

TE PŪTAKE

Training to support a decolonised, culturally appropriate workforce for an Indigenous approach to Psychedelic Assisted Therapy

TUHOE WHAKATAUKĪ:

Ka warea te ware
Ka area te Rangatira
Hongihongi te whewheia
Hongihongi te manehurangi
Kei au te rangatira

*(Ignorance is the oppressor
Vigilance is the liberator
Know your enemy so well you smell/know their scent
You must also know the scent of your vision/your goal
Only then can you say, I am liberated, I am empowered).*

Ihi Research wish to express our gratitude to the whānau of Te Pūtaka for the learnings and growth acquired through partnership of inquiry.

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GLOSSARY

Hapū	Subtribe; section of a large kinship group.
Hau	Vital essence, breath of life.
Hui	Gathering, meeting, assembly.
Iwi	Tribe.
Kaimahi	Worker, staff member.
Kaitiaki / Kaitiaki	Guardian, custodian, trustee.
Karakia	Prayer, incantation, ritual chant.
Kaupapa	Topic, policy, purpose, plan, philosophy.
Kawa	Protocol, rules, marae protocol.
Kōrero	To talk, speak, discuss.
Kore (Te Kore)	Realm of potential being, the void.
Kura	School, learning house.
Mana	Authority, control, inner essence, spiritual power.
Mana motuhake	Separate authority, autonomy, independence.
Mana whenua	People of the specific land.
Manaakitanga	Hospitality, kindness, generosity, support – the process of showing respect, generosity, and care for others.
Manawa	Heart, seat of emotions.
Māori	Indigenous people of Aotearoa.
Marae	ancestral house of whānau and hapū.
Mātauranga Māori	Māori knowledge, wisdom, understanding.
Māramatanga	Enlightenment, insight, understanding.
Mauri	Life force, vital essence of a being or object.
Mihi / Mihi whakatau	Greeting, acknowledgment.
Mirimiri	Traditional massage, healing through touch.
Mōhiotanga	Knowledge, awareness, understanding.
Ngākau	Heart, seat of emotions, mind.

Ngā atua	The gods, supernatural beings.
Noa	Free from restrictions of tapu, ordinary, unrestricted.
Nohopuku	Meditation, sitting in the stomach space.
Pō (Te Pō)	Darkness, night, the realm of becoming.
Pūrākau	Guide, story, ancient narrative.
Rangatahi	Young person, youth.
Rangiwaho (Marae)	Name of a marae (ancestral house).
Rangatiratanga	Chieftainship, sovereignty, right to exercise authority.
Rongoā Māori	Traditional Māori medicine, remedies, healing practices.
Tangata whenua	People of the land, local people, hosts, Indigenous people of the land.
Tapu	Sacred, prohibited, set apart, under restriction.
Taonga	Treasure, anything prized.
Te Ao Mārama	The world of light, the natural world of life and being.
Te Ara Tika	Guideline or correct pathway (often used in research ethics).
Te Pūtake	The root, origin, source, foundation.
Tikanga	Custom, correct procedure, protocol, customary system of values and practices.
Mana motuhake	Absolute sovereignty, self-determination.
Wairua	Spirit, soul.
Wairuatanga	Spirituality, spiritual system
Wānanga	Traditional learning space, higher learning institution.
Whakapapa	Genealogy, lineage, descent.
Whakawhanaungatanga	Process of establishing relationships, relating well to others.
Whānau	Extended family, family group.
Whanaungatanga	Relationship, kinship, sense of connection.
Whare Wānanga	Traditional house of learning.



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INTRODUCTION

Tū Wairua is an innovative response to problematic methamphetamine use (PMU), delivered in Te Tairāwhiti (Poverty Bay), on the eastern coast of Aotearoa. This programme is unique in its approach, being marae-based, bridging Māori wisdom, rangatiratanga, and rongoā Māori with Western biomedical scientific research (Hodge et al., 2025). The intentions of Tū Wairua are to improve collective health and healing through prioritising the interconnected nature of all things, all people, and all beings, such as psilocybin (Hodge et al., 2025).

Te Tairāwhiti is a predominantly rural and geographically isolated region with a significant Māori population. Whānau from Te Tairāwhiti experience disproportionately high rates of methamphetamine use (Yasbek et al., 2022). Despite the over-representation of Māori within addiction-related statistics, health interventions are frequently culturally incongruent, often designed and implemented by individuals or organisations with limited understanding of Kaupapa Māori and te ao Māori principles (Hodge et al., 2025; Wikaere et al., 2023). Globally, Māori and other Indigenous communities have continued to rely on and trust their own healers and practices for remedying spiritual, physical, and psychological disease. Traditional healing practices such as rongoā Māori are formed and conducted in a different metaphysical domain than Western epistemologies and have been subject to the same colonial subjugation as other Indigenous knowledges (Hodge et al., 2025; Savage et al., 2021; Wikaere et al., 2024).

To provide culturally safe and effective care, the design of a kaupapa Māori-based Psychedelic Assisted Therapy (PAT) response to methamphetamine use, Tū Wairua, is led by Māori elders, healers, and rongoā practitioners. Tikanga and kawa inform the 'hau' (vital essence), where sacred stories and knowledge

are woven together with clinical and scientific health approaches (Hodge et al., 2025). The delivery of this kaupapa calls for a need to unpack and redesign the contemporary PAT approach to fit within the realms of te ao Māori and prevent further colonisation.

Mana whenua of Rangiwaho¹ Marae articulated a collective aspiration to develop tikanga Māori to guide the safe and culturally appropriate use of a taonga species in Aotearoa (psilocybin-containing mushroom) for the treatment of addiction. This initiative seeks to address the enduring impacts of intergenerational trauma alongside broader mental, emotional, and spiritual health challenges, by fostering self-reflection, awareness, and openness to transformative change. Tū Wairua is situated within a marae-based context, designed by and for Māori, ensuring that culturally grounded practices remain central to the therapeutic process (Hodge et al., 2025).

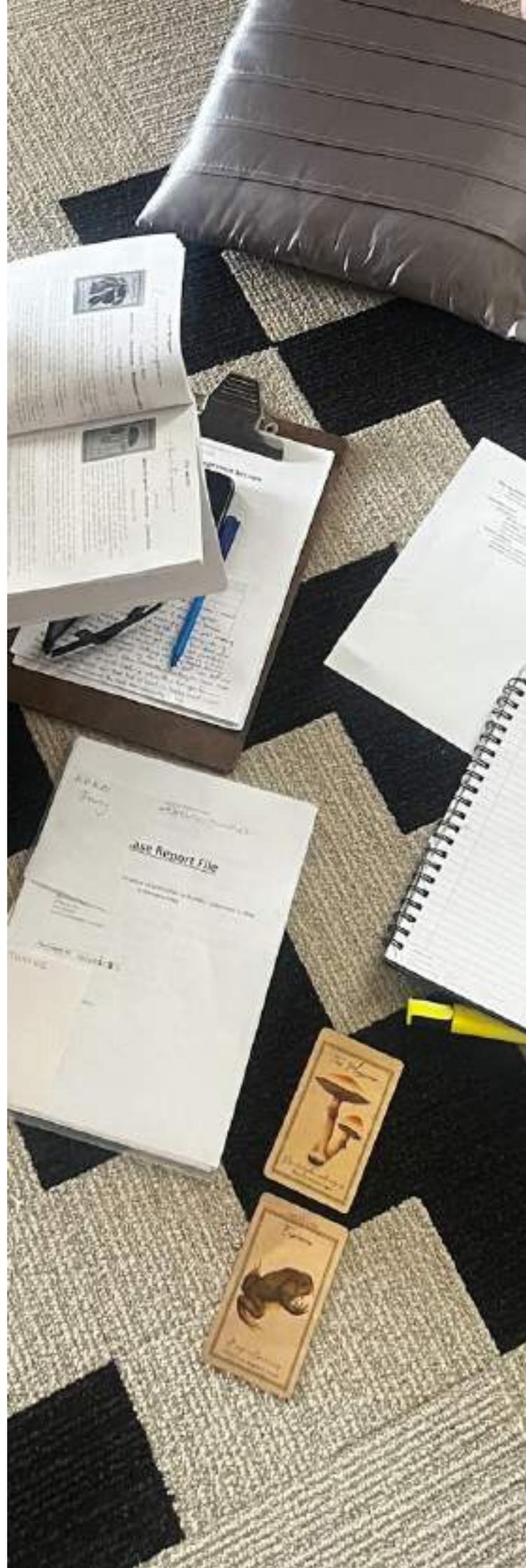
This project adopts a culturally appropriate methodological framework characterised by adaptability, flexibility, participatory engagement, and a foundation of supportive and respectful relationships. Central to this approach is the cultivation of trust, open communication, and mutual understanding among all stakeholders. A decolonising framework has been embedded within practitioner training to strengthen practitioners' capacity for client advocacy, uphold the principle of rangatiratanga, and facilitate a critical shift away from deficit-based, Western diagnostic paradigms (Hodge et al., 2025).

The purpose of this inquiry, led by Ihi Research, is to learn and understand the unique experience of blending Western PAT style training with a decolonising framework Te Pūtake to build a culturally responsive workforce.

¹ Rangiwaho Marae is located at the foot of the Wharerata ranges, its principal hapū are Ngāti Rangiwaho, Ngāti Meke and Ngāti Waipapa of Ngāi Tamanuhiri.

PURPOSE

Ihi Research has partnered with whānau at Rangiwaho Marae to conduct an appreciative inquiry of Te Pūtāke training to better understand the strengths, depths, and layers that a decolonising framework provides for innovative psilocybin therapy for PMU in Aotearoa. The purpose of this inquiry approach is to better understand how Te Pūtāke nurtures transformative change, learning, cultural restoration, and reclamation of a practice that has recently made a resurgence within the Global North (Mallott et al., 2025). At a time when psychedelic-assisted therapies are gaining global attention (Mallott et al., 2025; Sebben et al., 2024), this inquiry aims to articulate the decolonising and Indigenous approach that Te Pūtāke offers within Tū Wairua.



WHAKAPAPA

Te Pūtake is a decolonising, Whānau Ora approach to learning for kaitiaki (guides) and other kaimahi throughout health, justice, and social sectors, founded on a commitment to Te Tiriti o Te Waitangi. This training framework was established in Te Tairāwhiti, with the involvement of many kaitiaki and knowledge holders from the area. At the centre of this training is the primary understanding that whānau, hapū and iwi are optimal structures for enhancing wellbeing for whānau, and in this post-colonial setting, are optimal for delivering services for whānau.

The marae-based training offers a rich base of cultural knowledge and mātauranga that are applicable across a broad range of work fields, namely those fields in which kaimahi interact and support tangata whenua. Part of the delivery process is the intentional dismantling of internalised racism, colonialism, and patriarchy that exist within contemporary society and its structures. Although the systems and institutions of Aotearoa have seen change over time, their metaphysical and ontological frames are still those of Western epistemology, which are colonising by nature (Malnaldo-Torres, 2017).

Te Pūtake training challenges people's own limiting beliefs, values, and practices. The training upholds belief systems, values, and practices of tangata whenua and reflects a conscious effort to address the intergenerational trauma, impacts of colonisation, and health inequities experienced by Māori communities. This framework acknowledges the plight of Māori historically and challenges contemporary colonial narratives that blame individuals and whānau for systemic failures.

Further, Te Pūtake founders and leaders hold the vision of working through this historical conflict to find a resolution and provide solutions for kaimahi moving forward. There is a focus on restoring Indigenous knowledge, practices, and values to the centre of care. It challenges Western clinical models as the default framework for understanding wellbeing, instead privileging mātauranga Māori, whakapapa, and tikanga as vital sources of care. Te Pūtake training builds confidence in using healing practices such as karakia, pūrākau, and rongoā, and creating safe, relational spaces that honour whānau autonomy and collective strength.

The approach recognises that colonisation and intergenerational trauma underpin all challenges faced by whānau and that solutions must be grounded in mātauranga Māori, whānau-led responses to be effective.

For kaitiaki², learning is not just skills-based; it involves a process of cultural reclamation, critical consciousness, and deep reflection on the impact of colonisation. Decolonisation is not just about undoing colonisation, it's about the restoration and reassertion of mana motuhake (self-determination), and the reclamation of Māori knowledge systems, values, language, and ways of being.

² Trained support people who work within the Tū Wairua approach.

METHODOLOGICAL APPROACH

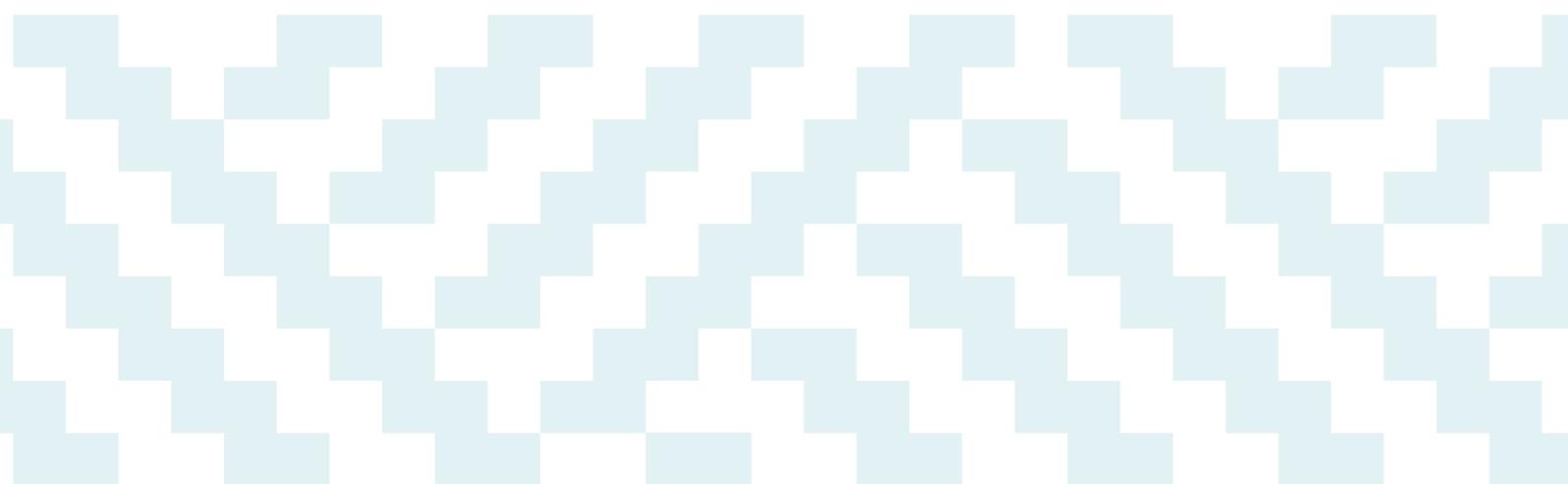
An Appreciative Inquiry approach is particularly well-suited for this research as it aligns with the strengths-based, mana-enhancing philosophy at the heart of mātauranga Māori and Whānau Ora. Rather than focusing on deficits or problems, Appreciative Inquiry seeks to understand what is working well, why it works, and how those strengths can be amplified. This is critical in Māori settings, where traditional research and evaluation methods have often pathologised Māori experiences and reinforced deficit narratives (Smith, 2000).

Appreciative Inquiry is a strengths-based methodological approach that seeks to identify and amplify the positive core of individuals, groups, or organisations. Rather than focusing on problems or deficits, it encourages participants to explore and build upon past successes, shared values, and collective aspirations. Appreciative Inquiry fosters a sense of agency and shared ownership over change processes, making it particularly suitable for contexts where inclusive and participatory research is valued (Howard, 2013).

When situated within a Kaupapa Māori philosophical framework, Appreciative Inquiry becomes a powerful tool for decolonising

research and centring Indigenous knowledge systems. Kaupapa Māori is more than a methodology; it is an overarching approach that asserts Māori self-determination, prioritises mātauranga Māori (Māori knowledge), and upholds values such as whanaungatanga (relationships) and manaakitanga (reciprocal care) throughout the research process (Cram, 2019; Pihama, 2015).

Both Kaupapa Māori and Appreciative Inquiry share a commitment to strengths-based inquiry and transformation, but Kaupapa Māori explicitly challenges deficit narratives and colonial structures by positioning Māori as knowledge holders and leaders in research (Smith, 2017; Sword, 2022). Integrating Appreciative Inquiry within Kaupapa Māori requires adherence to tikanga (Māori protocols) and ethical principles, ensuring that research design, implementation, and outcomes are culturally grounded and advance the aspirations of Māori communities (Rua, 2022). This dual approach not only amplifies Māori voice but also supports the creation of research that is transformative, relational, and grounded in Indigenous worldviews (Boulton, 2020; Gifford et al., 2023; Rangiwai, 2019).



KAUPAPA MĀORI

At its core, Kaupapa Māori research is conducted by Māori, for Māori, and with Māori, ensuring that research benefits Māori communities and upholds their cultural integrity (Cram, 2001). A Kaupapa Māori design is not a prescribed set of methods but rather how the research is framed. This includes the prioritisation of Māori rangatiratanga in research questions, methods, processes, and dissemination; the focus on generating solutions and aspirations from within Māori realities and the notion of action and commitment to change, and to Māori development (Smith, 1999). Kaupapa Māori as a research methodology ensures;

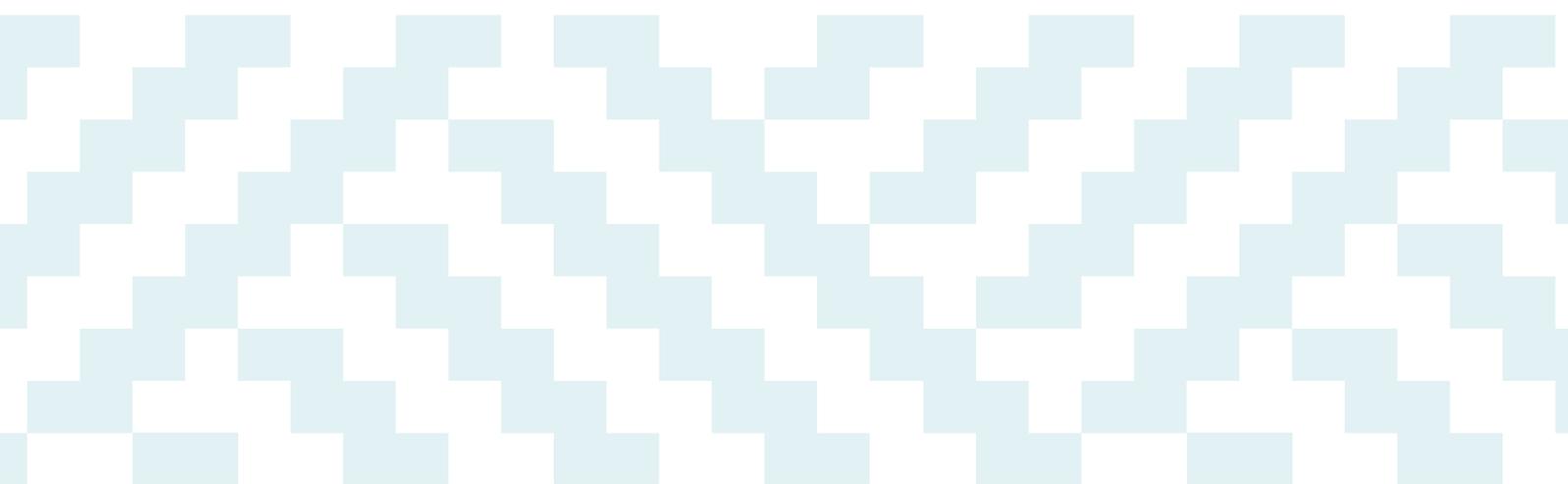
1. Māori design and implementation: The research process is guided by Māori protocols (tikanga) and values, ensuring cultural appropriateness and relevance (Hudson et al., 2010).
2. Collective ownership: The research is seen as a collective endeavour, with shared

ownership and responsibility between researchers and participants (Smith, 2012).

3. Critical analysis: Kaupapa Māori research includes a structural analysis of historical, political, social, and economic factors affecting Māori wellbeing (Cram, 2006).
4. Culturally safe practices: Researchers prioritise building strong, respectful relationships (whakawhanaungatanga) with participants and communities throughout the research process (Smith, 2012).

Kaupapa Māori is about recognising the strengths and aspirations of Māori, along with Māori rights to self-determination. This means the mana of participants will always be upheld, acknowledging their rights to self-determination through the research.

Data for this research was derived from two sources, documents and interviews.



LITERATURE REVIEW

A literature review investigating national and international literature on PAT was undertaken to provide an understanding of the principles of PAT and a mātauranga Māori approach.

Psychedelic-assisted therapy (PAT) has emerged as a promising mental health intervention globally (Hauskeller et al., 2024; Sebben et al., 2024). While this is a relatively new and innovative Western therapeutic approach, the origin of psychedelic use is embedded in Indigenous ceremonial and healing practices (Malott et al., 2025; Sebben et al., 2024).

This literature review explores the historical and contemporary landscape of PAT, with a focus on the implications of a Western and decolonial approach to the use of psychedelics in therapeutic settings. The literature highlights recommendations from Indigenous peoples across the globe to integrate and prioritise Indigenous knowledge and decolonising methodologies in training, research, and implementation of PAT (Celidwen et al., 2022; Gaughan et al., 2025; Hauskeller et al., 2023; Sebben et al., 2024). In response to the resurgence of psychedelic use within therapy, to avoid the ‘colonisation’ of these medicines, a decolonial approach is essential for practitioners and researchers working with psychedelics (Gaughan et al., 2025).

BACKGROUND TO PAT

PAT typically involves the administration of a psychedelic compound within structured therapy sessions, aimed at supporting psychological healing and personal transformation (Malott et al., 2025). Contemporary protocols often follow a three-phase structure: preparation, dosing, and integration, within an individualised

therapeutic dyad (ibid). Variations include the use of microdosing or low-dose psychedelics during traditional psychotherapy sessions, with therapists applying techniques such as guided reflection and interpretation while the participant is under the influence of the substance (Malott et al., 2023; Malott et al., 2025). During the past two decades, several small studies have shown that psychedelics such as ketamine and psilocybin can be beneficial in treating mental illness, including depression, obsessive-compulsive disorders, and anxiety (Malott et al., 2023, 2025; Piper, 2025).

Although framed as a recent development, the therapeutic use of psychedelics has existed within Indigenous cultures since time immemorial (Sebben et al., 2024). Many academics, lawyers, and global groups of Indigenous Peoples working within PAT fields have come together to question the use of psychotherapeutic frameworks and Western models of care for PAT alone (Hauskeller et al., 2023; Sebben et al., 2024).

Plant-based psychedelics such as ayahuasca, *Salvia divinorum*, and psilocybin-containing fungi have long been used ceremonially for spiritual and healing purposes in Indigenous communities (Hauskeller et al., 2023; Malott et al., 2025; Spiers et al., 2024), and worldwide, there are numerous examples of shamanic traditions that incorporate psychedelic plants. The resurgence of interest since the mid-2000s has reignited global attention on these compounds, with increasing investment in clinical trials, commercial ventures, and policy reform (Hauskeller et al., 2023). The medicalisation of psychedelic substances within the Western landscape has led to their ‘discovery’, and although viewing psychedelics through a Western medical framework proves

helpful for people struggling with mental health issues, viewing psychedelics only through this lens contributes further to the process of colonisation (Gaughan et al., 2025; Hauskeller et al., 2023).

INDIGENOUS CRITICISM

The resurgence of Western psychedelic research and practice has led to increasing concerns from many Indigenous Nations regarding cultural appropriation, lack of recognition of the sacred positioning of these medicines, exclusionary practices in research and praxis, and patenting of traditional medicines (Celidwen et al., 2023; Sebben et al., 2025), leading to 'Western colonial biopiracy' (Hauskeller et al., 2023).

Most current psychedelic-assisted therapy models developed globally reflect the colonial individualism of Western psychiatry, with preparation, dosing, and integration sessions happening on an individual basis between the participant and the therapist dyad (Malott, 2025). The results of such therapy reflect a strict medical lens to the phenomena, not accounting for wider spiritual, social, and cultural dimensions. This includes the way in which psychedelics themselves are viewed, in terms of the colonial axis of subject and object. Western thought continually invokes dualisms, between knower and known, natural and synthetic, subject and object, self and other (Hauskeller et al., 2023). As noted by Gaughan et al. (2025), these dynamic risks reproduce colonial patterns of knowledge extraction and appropriation unless counterbalanced by meaningful engagement with Indigenous epistemologies.

To date, internationally, there has been a lack of consultation and diversity in both therapists and participants, as the majority of psychedelic clinical trials do not involve Indigenous People or do not have protocols that are designed with cultural safety at the forefront (Fogg et al., 2021). The recent history of the resurgence

of psychedelic-assisted therapy globally calls for Indigenous representation and voice, training, and paradigms that reflect a holistic understanding of health and what wellness looks like (Celidwen et al., 2022).

TRAINING FOR PAT

Current PAT models in the Global North reflect Western psychiatric and psychotherapeutic frameworks, with an emphasis on individualism, clinical objectivity, and intrapsychic processes (Malott et al., 2025; Metzner, 1998). These protocols are typically delivered by therapists trained in Eurocentric models of mental health, with limited regard for cultural worldviews that differ from Western norms (Malott et al., 2025). Consequently, most clinical trials and practitioner training programs lack diversity in both their participant demographics and theoretical frameworks (Fogg et al., 2021).

These models often fail to consider the sociopolitical and historical contexts of distress, pathologising expressions of trauma or resistance that emerge from colonised experiences (Johnstone, 2022; Malott et al., 2023). As a result, Western mental health systems risk replicating structural violence by imposing rigid diagnostic categories and therapeutic norms rooted in settler colonial ideologies (Maldonado-Torres, 2017). Mental health counsellors, trained via colonial structures and norms, inaccurately label individual client distress and efforts at resistance against colonised contexts as pathology (Malott et al., 2023). As a result, coloniality profoundly influences psychology and related practices and fields (Maldonado-Torres, 2017).

DECOLONISATION TRAINING IN THERAPEUTIC PRACTICE

Decolonisation simply defined entails the 'undoing or dissolution of colonial rule' (Mignolo & Walsh, 2018). Gandhi (1998) argues that the rise of post-colonial concern sprang from the

disquieting observation that colonialism could not be defined as a bygone political force, but one that lingers into contemporary politics. The ramifications are still felt, and the modalities of colonial power are still active and wider ranging than once thought, including colonial modes of economic exportation and extraction, cultural eradication, and eradication of knowledge systems (Hauskeller et al., 2023; Ghandi, 1998).

In Aotearoa, colonisation devastated a Māori way of being (Leonard, 2021; Savage et al., 2021). Before European arrival in Aotearoa, Māori traditional health systems, such as rongoā Māori, maintained community wellbeing in an admirable state of flourishing (Wikaere, 2020). Māori health and epistemologies of health have been heavily impacted by colonisation. The enduring impacts manifest in poorer health, education, and judicial outcomes, a direct result of enduring structural and systemic racism across multiple settings (social welfare, health and disability, education, transitional and law enforcement, including prisons) (Savage et al., 2021; Wikaere et al., 2023).

Presently, medicinal, recreational, and dependent forms of substance abuse are prevalent in Indigenous communities, and Māori experience significant harms related to addictive substances, including methamphetamine (Wikaere et al., 2023; Yasbek et al., 2022). Approaches to problematic methamphetamine use and addiction are largely punitive and judicial (Yasbek et al., 2022). Current international and local evidence suggests that a punitive approach is not effective in combating the harms from methamphetamine, and many users are left without support and a lack of therapeutic intervention (ibid).

When decolonisation is embedded in mental health practice, a critical perspective that interrogates the colonising norms and practices is embedded in systems and contemporary psychopathy models (Maldonado-Torres, 2017). This is vital for client self-determination, collective agency and empowering healing in

a culturally restorative manner (Hauskeller et al., 2025; Mallott et al., 2025; Sebben et al., 2024). Further, decolonisation in addiction support challenges the pathology of sociopolitical distress, intergenerational trauma, and adverse experiences.

Decolonisation education involves complex, fluid, and ambiguous definitions. As expressed by Hauskeller et al. (2025), 'Decolonisation is a metaphor towards a different ethic', an approach which is defined outside of the logic of colonial dualisms. An approach away from Western epistemology allows for a wider branch of care, encompassing unreason, pleasure, paradoxes, and communal experiences (Hauskeller et al., 2022).

Although there are many different decolonial approaches (see Celidwen et al., 2022; Sebben et al., 2024). Broadly, there is agreement that counsellors and mental health workers should interrogate the histories of their training, models, and professional standards, especially if they are steeped in colonial histories that have enacted violence on Indigenous communities (Chan, 2024; Hauskeller et al., 2024). Cultural safety is an essential component of mental health service delivery, encompassing PAT therapy models (Hauskeller et al., 2023; Sebben et al., 2024). This begins with an acknowledgement of the Indigenous roots of psychedelic plant medicine.

SUMMARY OF FINDINGS

The resurgence of Psychedelic Assisted Therapy (PAT) within Western mental health systems represents both an opportunity for therapeutic innovation and a site of ongoing colonial tension. While PAT has demonstrated promise in addressing complex mental health challenges, its contemporary development has largely occurred within Eurocentric frameworks that risk perpetuating cultural appropriation, epistemic exclusion, and structural inequities (Sebben et al., 2024). As the literature demonstrates, Indigenous People across the globe have long engaged with psychedelic

plant medicines within deeply relational, spiritual, and community-oriented healing traditions (Sebben et al., 2024).

The literature highlights widespread Indigenous critique regarding the cultural incongruence of current PAT models, the exclusion of Indigenous voices from research and policy spaces, and the failure of conventional therapist training to interrogate colonial histories embedded within mental health systems (Malnado-Torres, 2017). Without deliberate decolonising approaches, PAT risks reinforcing rather than remedying the sociopolitical and historical traumas that underpin much of the psychological distress it seeks to address (Hauskeller et al., 2023). This body of evidence forms a strong recommendation from across the globe to prioritise and engage decolonial practices and methodologies when implementing PAT.

POSITIONING OF ANALYSIS

Historically, within Aotearoa New Zealand, policies and legislation intentionally disestablished Māori knowledge systems through criminalisation and assimilation (see Leonard et al., 2024; Savage et al., 2021; Salmond, 2012; Mikaere, 1994). In addition, tools of analysis and knowledge discovery predominant through the West meant that pre-colonial notions of reality were erased, and the discourse of whakapapa kōrero and its philosophy were undermined (Smith, 2000).

Particularly relevant to the work of Te Pūtake and the wider Tū Wairua kaupapa is the Tohunga Suppression Act of 1907 (Voyce, 1989). Though the aggressive disestablishment of rongoā, health and wellbeing, and spiritual knowledge (Wairuatanga) systems, Māori ways of being and knowing in the world were suppressed (Smith, 2000), many whānau losing all access to this knowledge.

Throughout history, generations of Indigenous peoples internationally held complex Indigenous knowledge systems that provide the theoretical world views and belief systems

through which Indigenous peoples understand reality (Walters et al., 2018). Traditional Māori health systems were developed using distinctly Indigenous world views and were understood via knowledge systems, passed on through generations (Walters et al., 2018; Wikaere, 2020).

Colonisation forcefully imposed Western world views and ways of being, oppressing Māori knowledge. Views of Māori and their worldview were overwhelmingly negative, being represented as the 'savage native', and the 'other'. (Smith, 2000). From a Māori perspective of holism, of being within a wider world, this meant a loss of navigation tools and safety, which was afforded through complex systems such as Wairuatanga. Importantly, for Rangiwaho Marae as part of Tū Wairua, was the acknowledgement of the loss of these systems and efforts to revitalise and incorporate Wairuatanga within Tū Wairua.

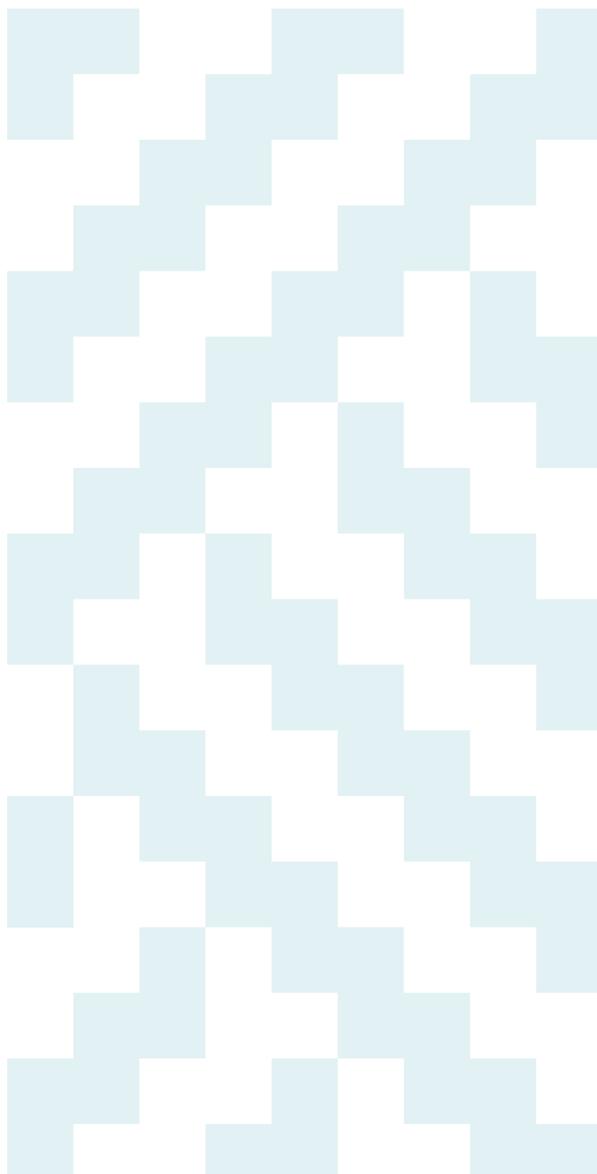




Photo credit: Tiffany Morgan

THEMATIC ANALYSIS

This thematic analysis is compiled from interviews with trainers of Te Pūtake and kaitieki. Overall, five interviews were conducted for this analysis.

Analysis occurred through the framework of Te Kore, Te Pō, and Te Ao Mārama to offer a culturally aligned and philosophically coherent analytic lens. This framework acknowledges the limitations of Western analytical traditions, which are premised on linear notions of time and rigid categorical distinctions. By contrast, Māori cosmology provides a relational ontology of space and time that is cyclical, generative, and interconnected. The stages of Te Kore speak to potentiality and beginnings, Te Pō represents the realms of gestation, struggle, and transformation, and Te Ao Mārama signifies emergence, illumination, and movement into clarity. Structuring the analysis through these stages allowed the findings to be presented as part of an unfolding whakapapa of knowledge, growth, and practice.

TE KORE

Te Kore, denoting the stage of unlimited potential. The realm between being and non-being, in which all things begin as potential before coming into existence. All things which come into creation have their roots in Te Kore, all things which will ever be are housed in this dimension. The conception of Tū Wairua began in Te Kore.

In 2023, during the initial design of Tū Wairua, architects of the kaupapa connected with mana whenua of Rangiwaho Marae to discuss the possibility of a culturally grounded, marae-based approach to psilocybin-assisted therapy. From the outset, whānau of Rangiwaho Marae insisted that if a culturally grounded

response was to move forth, there would need to be tikanga set. For the kaupapa to be tika, there needed to be a training framework that acknowledged colonisation, inter-generational trauma, and the pressures of systemic disadvantage, which many whānau face. Further, a decolonisation framework would enable the opportunity to incorporate practices which acknowledged Wairuatanga.

Wairuatanga as a system of care describes the tikanga within Māori systems, which pertains to navigating the celestial elements of the world. Further, Māori epistemology describes different processes of knowledge acquisition, knowledge that came and belonged to different dimensions, both celestial and earthly. Wairuatanga was associated with *kauwae runga* (the upper jaw - all things celestial), which describes cosmological knowledge including creation, ngā atua, astronomy, the heavens, ancestors, and the unseen elements (McLachlan, 2023; Smith, 2019).

For Rangiwaho to endorse a marae-based PAT model, there would need to be training alongside PAT that would give kaitieki the time, space, and knowledge to fully unpack and understand the wider historical, cultural, and political context in which the work was situated. Further, mana whenua of Rangiwaho wanted there to be an acknowledgement of the plight of tangata whenua, caused by epistemological assimilation, and the wider aspects of colonisation.

“Because we know the system, so we knew we needed to have a framework that actually acknowledged all the issues around the taonga as well as the plight of our people. Kaitieki would need to have that understanding, or else we were going to be setting ourselves up for challenges.” (Trainer)

“We’ve got to have a workforce or kaitieki who have the political analysis to realise and not go in with a model that blames people, yet again victimising them, realising we cannot perpetuate that because then we are just as bad as what they’ve gone through.” (Trainer)

Being the first kaupapa of its kind, there was no blueprint for marae-based PAT. The founders identified the need to integrate a supportive training model that:

- Acknowledged colonisation and intergenerational trauma.
- Addressed systemic disadvantage faced by many whānau.
- Provided tools and conflict resolution that would enable kaitieki to guide whānau in a culturally responsive and grounded way.

Te Pūtake was already running as decolonisation training supporting Whānau Ora kaimahi in their work. It was fluid and adaptable, able to fit different sectors such as health, or criminal justice. Importantly, it directly addressed the colonial narratives that often victimise tangata whenua and pathologise resistance.

For Te Pūtake to align within the wider Tū Wairua kaupapa, founders of both Te Pūtake and Tū Wairua collaborated to ensure that Te Pūtake would be appropriate. They agree it was an effective fit to complement the other training involved as part of the Tū Wairua kaupapa. Throughout this process, they consulted widely, meeting with scientists, neuropsychologists, mycologists, matakite, whānau, hapū, and iwi. The aim was to find common ground between mātauranga Māori and the Western scientific lens, and to ensure that Tū Wairua unfolded in an organic kaupapa Māori paradigm.

From this early collaboration and relationship building, mātauranga Māori guided the development of processes in Tū Wairua, such as the noho puku phase and Orangatū³. Te Pūtake, while delivered in modules, is unique,

as it is not so much about teaching another practice model, but about undergoing a cleansing process. A process where beliefs and assumptions can be unpacked, clearing the way for kaitieki to work with whānau from the space of the manawa⁴.

Trainers and collaborators of Te Pūtake and Tū Wairua felt that to walk forth into this new kaupapa, they would heed the guidance of tūpuna and Atua, on how to create a PAT process that would be tika. This meant collaboration and kōrero across the motu with elders, whānau, and experts, looking for pūrākau or whakapapa kōrero surrounding the taonga of psilocybin and its use. Although they didn’t discover kōrero related directly to the medicine itself, they found pūrākau which denoted the many shifting phases and changes which we go through as tangata whenua. Due to colonisation and the suppressive legislation throughout the 1900s, which undermined mātauranga Māori, some kōrero has been lost or long ago obscured, to prevent such kōrero being defined as witchcraft or demonology, as many aspects of Tōhungatanga once were.

It was not uncommon pre-colonisation for some types of knowledge to only be accessible in some places. Early recordings from settlers on Tōhungatanga, Matakite, rongoā and/or whare wānanga lore cite the mystery and secrecy that was involved in transmissions of these knowledges (see Whatahoro, 1913; Gudgeon, 1907). Mātauranga Māori itself is alive, and some aspects of mātauranga are only transmitted in the most tapu of instances.

Utilising tikanga, pūrākau, and whakapapa kōrero was instrumental in guiding the process of Tū Wairua, ensuring that it maintained the boundaries that tūpuna and Atua had set out, generations beforehand. Architects of Tū Wairua, alongside Te Pūtake trainers, gathered whakapapa kōrero and pūrākau that denote the journey of tangata whenua, shape-shifting through adversity and challenges. There are

³ These are phases of the psilocybin process including the ingestion and integration.

⁴ The manawa describes the heart space, with working from the manawa describing meeting a client from a place of non-judgement and compassion.

many instances of Atua and tangata whenua being able to transform terrestrial bodies - an example of this being the many pūrākau of Māui, who transformed himself into different bird forms in a quest to find his parents (Thornton, 1992, p. 60).

Trainers of Te Pūtaka likened this shapeshifting process to that which whānau would be going through, as they transformed and shifted the many layers they carried with them. Our people were known to do great things, and to carry this restorative and positive kōrero forward as guides for the whānau who embarked on this journey ensured the kaupapa was grounded in the voices of tūpuna.

TE PŌ

From the void, comes the perpetual night, Te Pō. The many layers of Te Pō tell of the great unfolding and reforming. This is the realm where creation begins, where unlimited potential begins to form and take shape. A discovering of things that are hidden. All things which come into creation flow through this cycle, and the person who decolonises is no different.

Te Pūtaka, occurring in a different space than that of a Western model, means that before there is learning, there is unlearning. Mātauranga Māori, in its essence, encouraged reflection of the past, the uncovering of whatever lay before to truly understand an intention before moving forth. Western time and space take on a linear construct, whilst te ao Māori concepts of time and space occur in a rhythmic, circular notion, representative of the observable patterns of the earth and nature.

One of the founders of Te Pūtaka likened the process of decolonisation training to whakawhātea. A cleansing of things that have been sitting within, so that kaitieki are liberated to meet people as their whole selves, and no longer with any judgements or beliefs that may sit unconsciously within their perceptions.

“So that whakawātea of things that have been sitting within the heart, the mind are removed, so that we liberate ourselves to be free of all that, so we can actually have really good model of, I wouldn’t say care, but the model of guidance for the kaitiaki, those receiving as well as the kaitiaki, those who are supporting.” (Trainer)

Like the creation story, Te Pūtaka training involves three phases. The beginning is Whakawhanaungatanga, the beginning of connection. Secondly, occurs the Whakawātea stage. The cleansing and undoing of colonial rule. And lastly, is the stage of Whakariterite. The stage of ‘making right’, where conflict resolution and Māori modes of communication can be restored, after the cleansing of prior-held beliefs and assumptions.

Trainers and kaitieki both described the training as challenging. It was an opportunity to reflect within your own mind, heart, desires, and further, training that questions the power dynamics involved in typical models of Western care. The way the teachings are designed can create a highly emotional space, and people often feel confronted, triggered, ashamed, or angry.

“Things are unfolding, things can be really emotional. Things are confronting for some whānau. You’re dealing with issues that may have been with you for a long time, be it trauma, be it the contradictions of some of the decisions that you yourself have made.” (Trainer)

Kōrero from one kaitieki described how confronting it was for them to be in the environment. Their experience growing up without mātauranga and an understanding of tikanga left them unsettled. During the training, they felt like ‘the baby in the room’. It was a stripping away of anything familiar and known, and for them, a huge learning experience in which they were able to let go of some of the ‘need to know’. They likened the experience to that of an ego death.

Another kaitieki spoke of the realisation they had when they came to understand exactly how loaded our beliefs and assumptions of the world and people are. They described how there were things they had taken for granted and had not examined, inadvertently taking these assumptions and beliefs to their work with people.

“You can still have really colonised ways of thinking and feeling and not realise it. You’d think, I mean, in education, we’ve done all the workshops and wānanga forever, and so I’ve been down that process. I thought I knew. But going to Te Pūtaka got me to dig deeper, and to look at it from a different perspective.” (Kaitieki).

For other kaitieki, the challenge arose as old memories or trauma resurfaced. The process of Te Pūtaka acted as a conduit for old beliefs, assumptions, and memories to be cleansed.

“It’s thinking and feeling you’ve got to do it. And it’s not just outward thinking, it’s inward thinking too, and personally, I don’t think you can be a good guider, a good quality kaitieki, without that inward thinking, without sharing, you know, without going in and cleaning some of your shit, which Te Pūtaka has helped me to do. Even though I thought I’d been there, done that, it’s helped me realise I’ve still got some work to do.” (Kaitieki)

The kaitieki explanations of the process demonstrate how Te Pūtaka is unique in the learning approach and differs to learning in Western models. Kōrero from both trainers and kaitieki describe the cleansing nature of the training, more focused on removing beliefs than on instilling more beliefs. The purpose of the training is rooted in learning to ‘not know’ and to unpack all previous beliefs before moving forward.

Some key enablers arose from analysis of interviews, as an integral part of the process of Te Pūtaka.

- **Marae-based**

Being marae-based has been essential in the delivery, ensuring that the Te Pūtaka kaupapa unfolded organically in wānanga space. Being place-based meant that tikanga was able to be expressed, not just through kōrero but through practical application, and people engaging with the training gained real-life understanding. Further, for Māori, it was noted as a space of comfort and ease, meaning the kōrero was able to be passed on in a space where whānau felt looked after and at home.

- **Utilising karakia, pūrākau**

During facilitation, trainers utilised traditional mātauranga Māori through exploring pūrākau to understand tikanga, and the ways in which these question and challenge people every day in their roles as kaitieki. A key aspect of this training is the relevance of pūrākau to our present learning, not as storytelling but as current guides in a contemporary space. Traditional practices are restored, and ensure safety for whānau and kaitieki, through the proper navigation of tapu and noa.

- **Tikanga-based**

The learning modules present a deepening of understandings of values and concepts such as whakawhanaungatanga. By slowing down and unpacking the intention and vitality of the practice, kaitieki were left with a deeper understanding and why they are so important in practice. The expression of tikanga was done notably well through the visiting of multiple marae, as it was shown how tikanga holds and shifts in different spaces and further how certain tikanga and learnings stay the same.

- **Collective learning approach**

Utilising a collective learning approach created a supportive environment. It is the concept of ako, of learning from each other, that further integrates and teaches more than a single ‘teacher’ is able to. Trainers and Kaitieki both described the learnings and insight they gained from others within the collective learning environment.

- **Conflict resolution**

Te Pūtake training involves holding a future vision and finding solutions to navigate to this place. Te Pūtake trainers wanted to engage in conflict resolution, to ensure that kaitieki have the capacity and the skills to move forward from the historical and inter-generational suffering. This is essential in their work.

“In saying that, our process is one about not leaving our whānau in the dark either. Having the analysis to understand it – ‘hey, this has been the system. This is colonisation, this isn’t you.’” (Trainer)

The wider systemic pain and trauma caused by colonisation is often internalised by those who have experienced it and by those who are working with people who have experienced it. Trainers express, when you start to understand the forces of the system, the structures that are being imposed, there’s some relief for both kaitieki and for whānau. Moving away from a model that pathologises resistance and further burdens kaimahi with the need to ‘fix’ whānau, provides relief and room to move. The breaking away of beliefs and values and the colonial axis of truth or false, of professional and client, leaves fertile ground for discovery and an innovative way of working alongside whānau.

“When people can go back and put it in perspective and then go through the trauma with their tipuna in terms of the timeline and the process, there’s a shift, there’s pain, there’s realisation, denial, the whole gambit. But we don’t leave them there. We take them through conflict resolution so they can try to deal with it in a productive way, so they have some tools to process it and focus on where the present issues lie, because it is systemic.” (Trainer)

TE AO MĀRAMA

After a long journey, Te ao Mārama is the beginning of the natural world. The blaze of day from the sky lights up all that was uncovered in Te Pō, it is the time of fruition. The pain of the journey through Te Pō is not as sharp, and

from this place of growth, we acknowledge the change, learnings, and challenges of the time before.

The journey that kaitieki takes through Te Pūtake has been reflective of the journey that whānau will take with the taonga, within the wider Tū Wairua kaupapa. Going through the preparation stages, the nohopuku and the realisation stages, and then integration stages afterwards. Similarly, whānau will be left with realisations, understandings, and feelings to reflect and integrate along their journey.

The training embodies the experiential side needed to ground mātauranga. Through being in the marae setting, and having real time experience, it grants trainees with the practical and lived experience to understand and see tikanga unfold, rather than just talk about it. With the training stretching out across four months, with two-day modules each time, kaitieki have space in between to reflect and integrate the learnings from each module.

The following section outlines the realisations which arose from the analysis, for both kaitieki and trainers.

- **A different world**

A realisation that arose for kaitieki from Te Pūtake is that kaupapa Māori working in a contemporary society is always going to be walking two worlds. Navigating the institutions which they collaborate with and work within, and te ao Māori. There are times when it may appear to be science vs. mātauranga, Māori vs. Western, or academic vs. ‘layman’, however, a learning within the design of Tū Wairua, was the collaboration of Te Pūtake and contemporary PAT training as being complementary. These two worldviews can operate simultaneously. Understanding that the concept of ‘vs’ in itself is a Western concept, once again inciting the binary aspect seen with dark vs. light, or subject and object. Moving outside of this paradigm means that two realities can exist at the same time, with two different knowledge systems walking alongside each other.

There will always be a space for mātauranga Māori and tikanga through the innovative Tū Wairua process, and similarly, the science that accompanies PAT can sit comfortably within it too.

“It’s an essential foundation for anyone working in Kaupapa Māori or Indigenous healing practice working with psychedelics. Because it helped reconnect it to the knowledge and the wisdom that has come from these cultures, and we are custodians of. And we’re helping guide people, but we want to draw back to the cultures that held this wisdom in the first place. So, it provided that.” (Kaitieki)

Te Pūtake has enabled trainers and founders to develop a model of care which aligns both scientifically, and with te ao Māori. It provides the safety and processes needed when people journey a *wairua*. The acknowledgement of Wairuatanga was important from the beginning for whānau of Rangiwaho, and Te Pūtake has demonstrated the value of this.

In some aspects, the conflict between two worlds was highlighted as a challenge, with kaitieki noting the length and time needed for training. For example, marae-based learning was noted as a key enabler, however, systemic difficulties sometimes got in the way, such as work commitments, and people not able to have appropriate time off for the amount of training that was involved.

- **A different view**

Viewing the Tū Wairua pilot through an Indigenous lens meant shifting from Western epistemology into Te Ao Māori - to understand more than a physicalist perspective of health. Although Whare Atua (taonga psilocybin species) do impact neurological function, a te ao Māori view allows for a framework that recognises all of hauora, alongside seeing impacts and changes for wider contexts, such as whakapapa and whānau.

“Believe in trusting our wairua and our intuition. Our manawa. I think this is so important in terms of being involved in this kaupapa, which is very wairua-driven.” (Trainer)

This included an understanding that being with the Whare Atua was a journey, that it was moving into ‘inner space’. Viewing PAT through an Indigenous lens means the focus isn’t solely on physical changes and functions, which would reside mainly in the tīnana and the hinengaro, but also understanding the journey from manawa and wairua perspectives. The PAT training provides the insight into a physicalist perspective of the medicine, whilst the training through Te Pūtake means that Tū Wairua is situated within a wider worldview, one that acknowledges the life and whakapapa of all things. This has meant that the psilocybin itself is treated with different tikanga and is addressed as a living being.

Te Pūtake has supported the development of mātauranga around the processes for utilising psilocybin in a manner that doesn’t risk ‘western biopiracy’ (Hauskeller et al., 2023), or the disenfranchisement of a plant from its natural environment.

Further, the multidimensional view provides expanded understanding around karakia, whakawhanaungatanga, pūrākau, and being able to sit with clients throughout PAT in a different manner than one that incites the subject/object axis. It ensures that kaitieki are moving into the stages of conducting PAT with understandings of how to navigate tapu and noa and keep whānau and themselves safe in the dimensions of wairuatanga.

The reframing of this - which happened through Te Pūtake - understanding the whakapapa of the Whare Atua, understanding it is taonga - completely changes the way people interact and engage with psilocybin itself and further, the way in which kaitieki guide whānau through their own processes in nohopuku. This truly embodies the term of ‘guiding’ someone through a PAT journey, as it is not used as a teaching experience by the professional, but

merely as a person who is present while the client embarks on their own journey with the medicine.

Further, the different perspective provided by Te Pūtake helped to unpack the colonial ideal of universality; that mainstream Western care should fit everyone appropriately, and if it doesn't, then this is a deficit of the individual, not the system. A kaitieki expresses that the mātauranga given through Te Pūtake further supported their understanding of this.

"It really takes for you to step outside, and as much as possible, try to identify and understand the complexity and the challenges that exist if the colonial worldviews don't resonate, or is destructive to your own mauri." (Kaitieki)

Noted by both trainers and trainees was the emphasis of navigating this dynamic. They described this process of experiencing the conflict when it arises and being able to navigate through that belief to resolution.

This kaitieki spoke of the process of decolonising as never being a completed one. It's a process of always being able to humble yourself, to check where you are at and to ensure that you are not looking at the client through a lens tainted by any preconceived judgements.

"For me, the risk is not so much what comes out of Te Pūtake, it's what comes from the person (guide) themselves who are still holding onto their own issues around power. That dynamic of the healing actually comes from the relationship between the whare atua and the person and being able to acknowledge that." (Trainer)

In contrast, Te Pūtake actively works to dismantle the colonial structures that generate harmful narratives about tangata whenua. As one kaitieki observed:

"I think our health system, our support services that are there, too often take the punitive approach. Even though they might have the kōrero of restorative practices and kaupapa

Māori, it's still layered within the punitive framework. And it shuts people down." (Kaitieki)

As trainers and whānau reach te ao Mārama, a summary of their combined learnings are:

- **Dissolution is essential:** In order for mātauranga Māori to be honoured, the undoing of colonial thought is first essential. Layering tikanga-based practices over a Western framework is not enough to disrupt the ongoing process of colonisation. Logics must first be actively dismantled.
- **Colonisation disrupted Māori knowledge systems:** The disruption and removing of Māori knowledge systems, such as Wairuatanga, actively contributes to the distress and pain of tangata whenua today. For Tū Wairua to honour whānau Māori, recognition and reintegration of these systems of mātauranga is essential.
- **Te Pūtake equipped whānau:** The tools for conflict resolution prepare kaitieki to work with whānau Māori, not in a traditional sense of introducing a practice model, but through creating an environment that allowed the unravelling, and then, the realisations that prepare kaitieki to sit in reciprocity with whānau.
- **Learning through the manawa:** Knowledge is embodied and lived through te ao Māori, and an emotionally evoking experience is evidence of successful mātauranga transmission.
- **Reciprocity and ako is essential:** Moving away from the colonial dyad is integral for building a model that decolonises and frees whānau, however, this remains an ongoing challenge for kaitieki due to wider systemic pressures.
- **Science and mātauranga can co-exist:** A Kaupapa Māori approach to PAT does not diminish or conflict with scientific knowledge but reframes it within a wider culturally contextual view.



DISCUSSION

In this section, we discuss the findings in relation to the existing literature, highlighting the knowledge gained through this inquiry. This discussion demonstrates how these insights contribute to local practice but also to the broader body of global knowledge on Indigenous approaches to plant medicine.

- **The importance of decolonisation**

From its conception, Tū Wairua stands as the first of its kind responding to a global call from Indigenous peoples to acknowledge and reclaim ancient practices, including the use of plant medicines, that have been sustained since time immemorial (Sebben et al., 2024). The kaupapa sought to work beyond mainstream paradigms that pathologise, victimise, and continue to blame Māori for systemic disadvantage. Current mental health systems and professional training, as shaped by Western institutions, risk replicating structural violence by imposing rigid diagnostic categories and therapeutic norms grounded in settler-colonial ideologies (Maldonado-Torres, 2017).

For the process to be tika, a marae-based response to PAT required an explicit commitment to decolonisation. The whānau of Rangiwhao and the architects of Te Pūtaka recognised that tikanga-based practices and mātauranga Māori could not simply be overlaid onto Western epistemologies, given their profound metaphysical differences. Western frameworks continually invoke dualisms—between knower and known, subject and object, self and other (Hauskeller et al., 2023)—whereas Māori epistemologies emphasise relationality, interconnectedness, and multiplicity. The involvement of Te Pūtaka training allowed for the dismantling of colonial structures that perpetuate harmful narratives about tangata whenua.

Te Pūtaka decolonial training establishes that for a kaupapa that works with whānau, such as PAT, to be grounded in kaupapa Māori there must first be a correction of the metaphysics and foundations of any kaupapa, to one that allows for mātauranga Māori. This reflection highlights the persistence of punitive, colonial logics even within services that may integrate kaupapa Māori principles. Undoing these logics requires more than adding rituals such as karakia or whakawhanaungatanga; it demands the deeper work of dismantling unconscious colonial imperialism that continues to permeate institutions, systems, and even personal worldviews.

As stated by Mignolo and Walsh (2018), decolonisation entails the 'undoing or dissolution of colonial rule'. Key to the process of decolonisation, is undoing what already is, before any more is done. Te Pūtaka has made it clear that to create a workforce that is able to respond to invasive colonial narratives, the continued blaming and victimising of Māori, and inter-generational systemic disadvantage, a decolonisation approach is necessary.

Evidence from both the literature and thematic analysis informs the conclusion that the incorporation of a model of decolonisation within a PAT pilot is integral to ensuring that PAT continues without further harming whānau Māori. This is specific in this case to PAT, however, all models of care that exist within the current systems and institutions benefit from the awareness that decolonisation training provides. In order to no longer replicate the colonial experience, intentional and conscious thought needs to be directed inward, to one's own experiences, beliefs, and qualifications.

- **Unique approach to learning**

The uniqueness of Te Pūtaka also lies in its approach to learning. Takirirangi Smith (2008) describes the contrast between Western knowledge systems, which locate memory and rational thought in the brain, and Māori systems, which locate them in the ngākau (manawa/heart). Within Māori epistemologies, knowledge and memory are embodied, protected and felt. Training within Te Pūtaka deliberately sought to evoke emotional responses – described by one trainer as “*blood on the floor*” – to ensure that knowledge was not only intellectualised but embodied throughout the whole being.

Smith (2000, 2008, 2019) further describes the relationality between celestial (kauwae runga) and terrestrial (kauwae raro) knowledge, and their links to māramatanga (enlightenment) and mōhiotanga (knowing). These frameworks reaffirm that knowledge is deeply embodied and relational, not abstracted or compartmentalised.

This perspective is particularly relevant to psilocybin. Under Western law and ideology, psilocybin is categorised as a “drug,” reinforcing a subject–object axis. In te ao Māori, however, the Whare Atua is recognised as a non-human being, with its own mauri, its own mind, heart, desires. This epistemological difference highlights the integral need for Indigenous framing when working with plant medicines. In the future, it’s imperative to continue to understand the impacts that arise from viewing psilocybin, and its use, through the Indigenous lens. Approaching PAT through a widened culturally sustaining lens creates space to understand outcomes of this treatment as broader than physiological changes and suggests a much wider shift that occurs for individuals and, therefore, for whānau, hapū, and iwi.

Just as the view of psilocybin is different through an indigenous lens, much so is the view of addiction and other illnesses. Just as psilocybin may be a drug (an object) within the West, people who suffer with addiction

are objectified, and often seen through a dehumanising lens of a drug user. The typical punitive approach has had minimal success as an approach to ‘drug using’ (Yasbek et al., 2022). An Indigenous perspective of addiction removes the pathology of the individual and further opens up a wide epistemic base to understand the roots of addiction. The loss of many systems of mātauranga Māori through aggressive legislation is a painful realisation. Wairuatanga, as a system, suffered heavily through the oppression of the Tōhunga Suppression Act of 1907 (Voyce, 1989), and the reality for whānau currently is the inter-generational disadvantage of living without this knowledge in their lives.

For someone who hasn’t experienced loss of this kind, it could be likened to walking through the world with a blindfold. Cited within Te Pūtaka is kōrero from a kaumātua gathered in the 1800s regarding the demise of Māori wellness, in which they expressed a key cause as te iwi Māori becoming ‘kahupō’. Kahupō means to be spiritually blind, meaning te iwi Māori had lost the sense of tapu, not only in themselves but in all things. Mauri was therefore vulnerable to attack and violation, a consequence being physical and mental deterioration, and eventually, death. Wairuatanga as a knowledge system encompassed these epistemologies and teachings needed to navigate the celestial realms, and the safety of the tikanga granted by navigating tapu and noa. Not having access to these ways of being and knowing leaves whānau open to transgressions of tapu, illness, and distress, occurring throughout the hinengaro, tīnana, wairua, and stored intergenerationally within whakapapa. Being stripped of the skills and mātauranga to navigate the celestial realms and the dimension of ‘a wairua’ can cause great distress for people.

Pre-colonial contact, many illnesses for Māori were described as those of a spiritual nature, and most sickness or disease was contributed to by the transgression of some tapu (Voyce, 1989). Illness, as everything else within te ao Māori, was seen as largely contextual and

having its basis in a wider description than that of a Western physicalist perspective; therefore, illness was treated with a holistic response. *Tapu, Noa, Mana, and Mauri*⁵ all have connection to the realms of wairuatanga, and much of tikanga has its basis in the proper ways to navigate celestial spaces.

Te Pūtake proposes a model of care that includes Wairuatanga, adding to the response to addiction for tangata whenua. For mana whenua of Rangiwaho, it was important that the illness of addiction was being approached through this worldview and understood as a symptom of wider distress due to the impacts of loss of mātauranga. A western epistemology which pathologises or labels a person as deficit, without recognising the mamae caused by being 'kahupō', would cause more harm to those people.

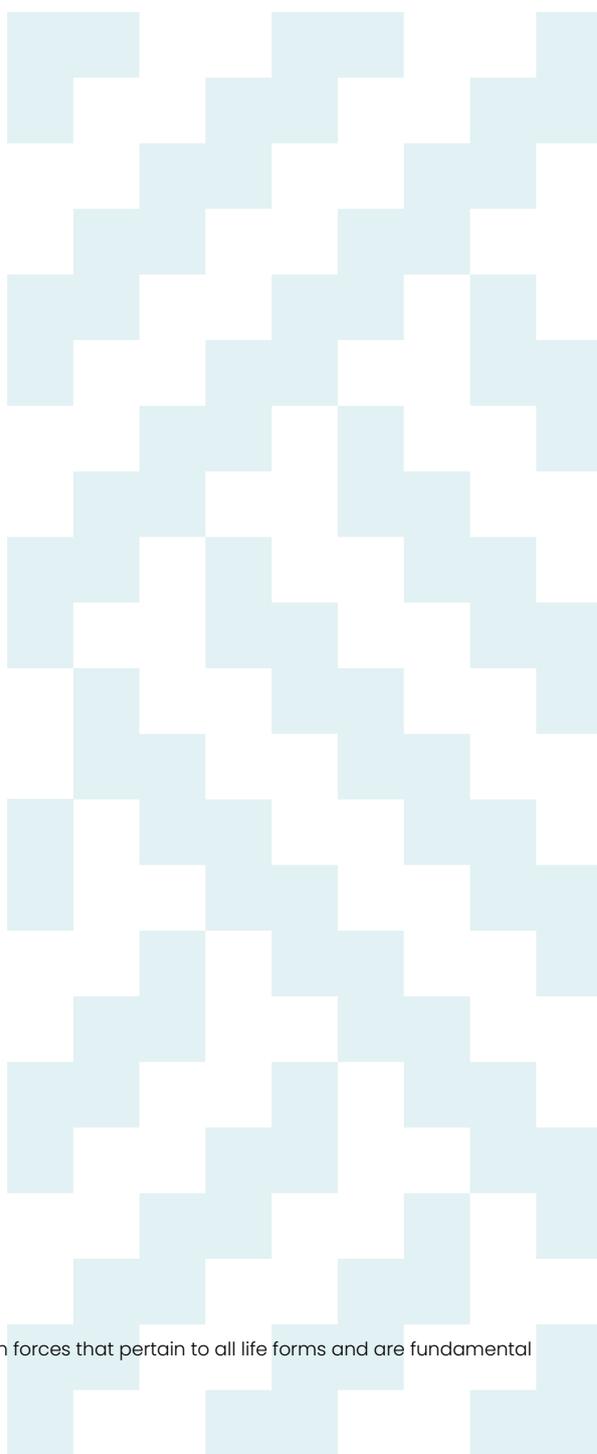
- **Removing the power dynamics in learning**

Te Pūtake training emphasised reciprocity, which lies at the heart of ako. This shift from power to reciprocity was identified as one of the most significant learnings for kaitiaki. However, it was also described as an ongoing challenge, as leaving the wānanga environment and re-entering colonial landscapes often reactivates hierarchical norms. Kaitiaki reflected on the continual need to resist slipping back into power-based dynamics when navigating te ao Pākehā alongside te ao Māori.

In order for this shift in dynamics to be maintainable, there is a need for a shift in the way which institutions and current siloed systems interact with each other and their leadership. For Tū Wairua to successfully form a culturally grounded approach, it was clear that there needed to be the creation of equal leadership between involved parties. As stated by a trainer of Te Pūtake:

"They (wider Tū Wairua collaborators) have at every single point possible given us the mana to make decisions. The resources came to the marae without question. There has never been a challenge about how it's worked. And having said that, we have had total accountability."
(Trainer)

The approach of Te Pūtake and the process of aligning it within a PAT model have proven to be a successful model of partnership, based on equality.



⁵ Tapu, Noa, Mana and Mauri are all concepts which describe unseen forces that pertain to all life forms and are fundamental reasons for the enacting of tikanga.



CONCLUSION

Evidence from this inquiry calls for a need to unpack and redesign the contemporary PAT approach to fit within the realms of te ao Māori and prevent further colonisation. Grounding PAT within a te ao Māori framework has not diminished the validity of science. Rather, it allows science to be situated within a broader worldview that recognises culture, ritual, and philosophy as integral to wellbeing. In this sense, Tū Wairua demonstrates that tikanga and mātauranga Māori can coexist with scientific inquiry, producing models of care that are both rigorous and culturally safe.

Te Pūtaka has proved to be an active invitation for the on-coming shift in treatment modalities and reflects the global call from Indigenous peoples to ensure that these medicines are recognised as they are. Te Pūtaka approach to decolonisation in practice demonstrates a successful model of engagement that dismantles colonial ideologies in practice. Te Pūtaka shows that it is possible. These innovative Western treatment modalities can be returned to their whakapapa. It is possible to create partnership with Māori in the creation and delivery. It is possible to honour mātauranga Māori and deliver a care system that is formed through it - and it is possible to still reap the scientific benefits of the medicine while ensuring that it belongs in a wider cultural worldview.

RECOMMENDATIONS

- Further resourcing and expansion of decolonisation training across future PAT models and other forms of psychedelic care
- Further resourcing to understand the wider impacts of the benefits of psychedelics, through an Indigenous lens.
- Development of a wider workforce of kaitieki, who have the capacity to work across different modalities
- Continued inquiry into the impacts of decolonisation training on professional practice

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Appendix 1:

METHODOLOGICAL APPROACH

We adopted an Appreciative Inquiry approach to evaluating this kaupapa Māori training because it aligns with the strengths-based, mana-enhancing principles central to mātauranga Māori and Whānau Ora. Appreciative Inquiry focuses on identifying and amplifying what works well, fostering agency and shared ownership of change, rather than reinforcing deficit narratives that have historically pathologised Māori experiences (Howard, 2013). When embedded within a Kaupapa Māori framework, this approach becomes a powerful tool for decolonising research, centring Māori knowledge, and upholding values such as whanaungatanga and manaakitanga (Cram, 2019; Pihama, 2015). Together, Kaupapa Māori and Appreciative Inquiry support transformative, culturally grounded research that positions Māori as knowledge holders and advances the aspirations of whānau and communities (Smith, 2017; Rua, 2022; Gifford et al., 2023).

INQUIRY QUESTIONS

1. How does Te Pūtake mātauranga Māori approach amplify kaitieki agency in challenging colonial narratives within recovery?
2. How does Te Pūtake safely and respectfully integrate traditional practitioners, Indigenous wisdom and Psychedelic Assisted Therapy (PAT)?
3. What strategies strengthen kaitieki resilience against systemic racism and Western mental health influences of PMU recovery?
4. What have kaitieki learnt about the process of introducing rongoā Māori into Psychedelic Assisted Therapy within an Indigenous marae setting?
5. What support/resource is required to ensure a 'decolonised culturally appropriate workforce' (Hodge et al., 2024) to support an Indigenous approach to PAT?

DATA COLLECTION PROCESS

This methodology adopts a primarily qualitative approach, as our focus is on understanding and appreciating the learning journey of kaitieki engaged in kaupapa Māori training. Rather than measuring outputs or relying on predetermined indicators. Through interviews, we seek to explore the depth and richness of participants' experiences—how the training has influenced their practice, strengthened their cultural confidence, and supported their mahi with whānau facing mental health and addiction challenges. Through narrative inquiry and co-designed kōrero, this approach honours the complexity of learning in kaupapa Māori contexts, providing space for diverse voices, stories, and reflections to shape the findings in a meaningful and authentic way. The data collection process followed a four-step process.

1. Whakawhanaungatanga and Relationship Building

Build trusted relationships with kaitieki, programme designers, and relevant marae/hapū stakeholders. This lays the foundation for ethical and culturally grounded engagement and ensures that the evaluation is led by kaupapa Māori values.

2. Co-Design of Research Tools

Co-design process to shape the research questions and data collection tools (e.g., interview schedules, prompts for storytelling, consent processes). This step ensures the tools reflect lived realities, respect cultural context, and use appropriate reo and metaphors.

- Run an online hui to collaboratively design the interview and kōrero guides.
- Prioritise questions that explore strengths, transformation, cultural identity, and connection to mātauranga Māori.
- Ensure tools allow for flexibility and relational dialogue rather than rigid questioning.

3. Narrative Inquiry Through Semi-Structured Interviews and Kōrero

Use narrative inquiry as the primary method to collect data. This means privileging personal stories and allowing participants to share their experiences of the training journey in their own words and worldview.

- Conduct kanohi-ki-te-kanohi interviews (where possible), or virtual kōrero if required.
- Frame sessions as whakawhiti kōrero, allowing participants to lead the direction of the conversation, supported by prompts from the co-designed guide.
- Capture how kaitiaki make sense of their learning, identity, and practice, and how this translates into their work with whānau.

4. Collective Sensemaking Hui

Bring participants back together to reflect on emerging findings and offer their interpretations. This supports mana motuhake and ensures the analysis remains grounded in participant perspectives, not just evaluator interpretation.

CULTURAL AND ETHICAL SAFEGUARDS

All data has been held with care and in accordance with Māori data sovereignty principles, as outlined in the Ngā Tikanga Paihere framework. Participants retain ownership over their stories and have had the opportunity to approve how their contributions are used in reporting. Findings are shared first with participants and key stakeholders to ensure transparency and accountability before any public dissemination occurs.

ETHICS

Our research adheres to strict ethical standards, ensuring informed consent and avoidance of harm to those who volunteer to take part. Ihi Research is a member of the New Zealand Evaluation Association and Mā te Rae – Māori Evaluation Association and the Aotearoa Social Value Network, we are committed to our researchers regularly attending workshops on ethics and follow ethical protocols. Our researchers also adhere to Māori ethical expectations as outlined in Te Ara Tika: Guidelines for Māori Research Ethics (Hudson et al., 2010).

Participants in our research are invited to participate, can decline without reason and withdraw their voice at any time until the submission of the report without giving a reason. Prior to recruitment, we inform participants about how the data will be used, the data collection process and their rights to

their own data. All data collected is kept confidential and in password-protected files and destroyed at the end of the research contract.

Māori data sovereignty is a crucial consideration in our research protocols and ethical procedures. We recognise the inherent rights and interests of Māori in relation to data about or from Māori people, language, culture, resources, or environments. We understand the importance of Māori control over the collection, ownership, and application of Māori data, ensuring that research practices respect and uphold the principles of mana motuhake (self-determination) as guaranteed by Te Tiriti o Waitangi. By incorporating Māori data sovereignty into research ethics, we foster more equitable, culturally appropriate, and beneficial research outcomes that empower Māori communities and contribute to their collective wellbeing

INTELLECTUAL PROPERTY RIGHTS

This inquiry incorporates significant mātauranga Māori, it is essential to approach the process with ethical consideration regarding intellectual property. One of the primary ethical constraints is ensuring that iwi and hapū maintain control over the intellectual property, including traditional knowledge, practices, and narratives. As researchers, we must uphold principles of mana motuhake and adhere to kaupapa Māori research protocols, ensuring any data or insights derived from mātauranga Māori should not be used or disseminated without the explicit permission of the knowledge holders. This ensures research mechanisms will be in place to ensure benefits from the evaluation are returned to the iwi prior to sharing with any third party.

Mana whenua retains full rights and ownership over their own intellectual and cultural property, including mātauranga, narratives, designs, and any knowledge shared. Any use, adaptation, or dissemination of this intellectual property remains under the authority and control of mana whenua, and cannot be reproduced, transferred, or commercialised without their explicit consent.

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