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Historical trajectories for reclaiming an indigenous identity in mental health interventions for Aotearoa/New Zealand—Māori values, biculturalism, and multiculturalism

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ABSTRACT

The Treaty of Waitangi (1840), signed between Māori (indigenous people) and the British Crown is today narrated as the foundation of New Zealand’s sovereignty. The theory of history and identity is mobilized to (1) articulate how historical narratives such as the story of the encounter between Māori and Pākehā (European New Zealanders) and the signing and subsequent violation of the Treaty between them furnish symbolic resources and possibility spaces that construct, mobilize, and manage ethnic identities; (2) deploy this historical narrative to make sense of the changes to Māori identity in the 20th century and its status and construction today; (3) consider the implications of this historical trajectory in describing mental health situations for Māori people today, including how indigenous values, processes, and constructs might be employed in mainstream, bicultural, and indigenous spaces (from clinical therapy and community-based interventions to social welfare delivery). Indigenous values such as whanaunganga (family relationships), wairua (spirituality), and whakapapa (genealogy) are introduced as indigenous concepts in mental health therapy, and linked to recent initiatives by government and iwi (tribes) to improve health and mental health for Māori through different implementation pathways involving more collectivistic structures.

“Mai i te urunga o Ngai Tāua te iwi Māori ki roto i ngā kāwai mātauranga ō Tāuiwi, ina, honotia te peka Māori ki te rākau rāwaho, he rerekē tōna hua me te rongo ō tōna kiko, he kawa. Kāti, tēnei te whakahoki ki ngā pataa kā kui mā, kā kuro mā.”

“Let us return to our origins. Since the time we as Māori were immersed in the knowledge streams of tāuiwi we have become like a branch, grafted to a foreign tree, producing fruit of a different quality and somewhat unpalatable. It is time we returned to the rootstock of our ancestors.” — Rangitihi Tahuparae

The Treaty of Waitangi (1840), signed between Māori (indigenous people of Aotearoa-the “land of the long white cloud”) and the British Crown is today narrated as the foundation of New Zealand’s sovereignty. A giant copy of the Treaty is enshrined as the symbolic heart of Te Papa (“Our Place”), the national museum in the nation’s capital, with one wing opening up into a Māori space and the other to a story of subsequent settlers. Such a bicultural approach to telling the story of the “Making the Peoples” of Aotearoa/New Zealand (see Belich (2007) and King (2003) for authoritative histories) is unique in the post-colonial world. The Principles of the Treaty are part of the charter of most public institutions, and Treaty is recognized as the basis of the nation’s claim to sovereignty. Despite this, Māori people are over-represented in negative social statistics in a manner quite similar to other indigenous peoples who have suffered colonization (Lawson-Te Aho & Liu, 2010). This intertwining of the positive and negative is at the heart of
our approach to theorizing about how the historical trajectory of Aotearoa/New Zealand has impacted on the mental health of its indigenous people, and provides current and future opportunities for improvement.

This article is composed of three parts: (1) it employs the theory of history and identity (Liu & Hilton, 2005; Liu & László, 2007) to narrate the encounter between Māori and Pākehā (New Zealander Europeans) in the 19th and 20th centuries as a source of symbolic resources as well as institutions for governance. (2) This historical narrative is employed to make sense of the changes to Māori identity in the 20th century and its status and construction today. (3) The implications of this historical trajectory are considered in describing mental health initiatives and the health situation for Māori today, examining how indigenous values, processes, and constructs might be adaptively deployed in mainstream, bicultural, and indigenous spaces.

A narrative of history and identity for managing ethno-Cultural diversity in Aotearoa/New Zealand

The concept of narratives of identity encompassing historical trajectories is at the centre of the theory of history and identity (Liu & Hilton, 2005; Liu & László, 2007). According to Liu and Sibley (2009), “Peoples that aspire to self-governance, like ethnic and national groups, seek to establish norms, traditions, and institutions that maintain temporal continuity between past, present, and future (Hilton & Liu, 2008; Liu & Hilton, 2005). History confers immortality to events and people by weaving them into stories Malinowski (1926) calls ‘narratives of origin’. These historical narratives allow a society to maintain continuity in the midst of change, as core symbols and the institutions and discourses associated with them are used to cope with difficult new situations” (p. 21). New Zealand’s manner of managing cultural diversity is distinct in that it embraces a partnership between indigenous people and Europeans1 as the symbolic core of its narrative of national identity.

We refer to an historical charter as a widely shared and iconic representation of history that tells a people where they come from, who they are, and where they should be going (Hilton & Liu, 2008). The foundational event in social representations of the history of New Zealand (Liu, Wilson, McClure, & Higgins, 1999) is the signing of the Treaty of Waitangi in 1840. The Treaty promised Māori the right to be citizens of the British Empire, and maintain full and undisturbed possession of their lands in return for ceding governorship and the exclusive right to purchase land by the British Crown. The curious thing about the Treaty is that while it is currently narrated as the foundation of the nation’s sovereignty (Orange, 2004), this narrative was constructed predominantly in the 20th century. It is a story put together after colonization, by which time the damage inflicted to indigenous people and their culture was already done (see Belich, 1986; especially the last chapter, for colonial era British views of Māori). As we argued previously, history and identity is a narrative, constructed from the facts, sometimes after the fact.

During the late 19th and early 20th century, the British colonized the land of Aotearoa and turned Māori people into subjects of New Zealand (see Belich, 1986). This occurred through warfare, disease, land alienation, legislation suppressing Māori customary practices, and industrialization. Liu and Robinson (2016) analyzed the colonial and subsequently New Zealand government’s Speeches from the Throne, signaling the incoming government’s legislative agenda from 1854 to the early 21st century. They found that bicultural discourses emphasizing the Treaty and other positive aspects of the Crown’s partnership with Māori were relatively rare in the 19th century.2 These became more prevalent in the early 20th century, and exploded into prominence from the 1970s on. While the exact causes of this pattern are hard to pinpoint precisely, one explanation provided by Sibley et al. (see Sibley & Liu, 2007; Sibley, Liu, Duckitt, & Khan, 2008) is that the biculturalism in New Zealand today is primarily symbolic, and was mobilized to fill a void in national identity meaning after Great Britain joined the European Economic Community and excluded New Zealanders from entitlement to British passports. Biculturalism as a dominant discourse used by political elites to manage ethno-cultural diversity is thus a child of the 1970s.

Piecing together the impacts of colonization after the fact, it would be naïve to assume that the study of the human psyche and behaviour was non-existent prior to European settlement, and arrogant to presume that precolonial Māori did not recognise the importance of mental health and have processes to uphold and restore mental health. To the contrary, in 1907 the Tohunga Suppression Act was passed by New Zealand’s Parliament in an active attempt to replace traditional Māori approaches to healing with ‘modern medicine’. In a prelude to this legislative act, popular media began publishing sensationalistic stories about the actions of tohunga (experts), which led to much public criticism and derision of Māori healing. Among the most outspoken critics was the reknowned medical doctor and politician Sir Maui Pomare (Voyce, 1989). Pomare is mostly recognised for his efforts to improve the health and living conditions of Māori as the first Māori medical doctor and eventually as Minister of Health as part of the governing New Zealand Reform Party from 1923 to 1925; his role in reversing Māori population loss is rightly celebrated (e.g., Māori numbers had declined from approximately 150,000 in 1820 to 46,000 in 1896, see Pool, 1977). However, even at the time, Pomare’s position regarding the practices of traditional healers was very unpopular among Māori and the Tohunga Suppression Act was viewed as a direct attack on Māori knowledge and methodologies (Durie, 2000).

Whether by design or coincidence, one of the catastrophic consequences of the Act was the marginalization of Māori knowledge associated with healing. Against this backdrop, the discipline of psychology in New Zealand, (which can be traced back to 1869 when the first courses in psychology were offered at a New Zealand university) began with a completely western definition, and without any accommodation of Māori knowledge. Thus the psychology profession in New Zealand was initiated entirely independent of indigenous cultural values — reacting to international trends in the discipline’s direction rather than breaking new ground and establishing a more localised approach to psychology, appropriate for all the people in the land.

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1 The Canadian charter, by contrast is between the French and British, two European peoples with far greater similarities as well as more historical enmity

2 They actually found no references to the Treaty in the speeches prior to the World Wars.
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