

NEGOTIATED SPACES: INTERSECTIONS OF CULTURE, JUSTICE, AND HEALING IN
NEW ZEALAND'S MENTAL HEALTH SYSTEM

by

LORIEN SAMILLE JORDAN

(Under the Direction of Desiree M. Seponski)

ABSTRACT

In New Zealand attempts to develop an inclusive bicultural mental health system requires negotiations between Indigenous and Western sciences and cultures. The negotiated spaces in the boundaries of these knowledge systems were the focus of this dissertation. Reporting on findings from a year-long critical ethnography of the mental health system in New Zealand, I placed specific focus on how service providers negotiate Indigenous-being in Westernized clinical settings. Drawing on decolonial theories, this study utilized a mix of participant observation, document analysis, and korero mai interviews as data. Interviews engaged a range of stakeholders in the mental health system in a dialogue regarding Indigenous and Western worldviews of health and healing; critiques of the mental health system in its current state; and the strategies used by practitioners to negotiate between cultural, clinical, Western, and Indigenous knowledges. This dissertation contains a review of New Zealand's current and historical perspective as a bicultural nation and the effects of colonialism on mental healthcare. Following this introduction, the dissertation comprises two manuscripts reporting on connected, yet unique analyses. The first manuscript is an autoethnographic account of the decolonialization process of a settler-colonial researcher. In this study, I sought to best understand my role in the

research to be accountable to my research participants and the community in which I lived and studied. Recommendations are made for scholars engaged in cross-cultural research. The second manuscript presents the findings from a situational analysis that maps the major positions taken and describes the negotiation strategies employed by service providers in navigating between the positions taken in integrating Indigenous knowledge with Western clinical worlds. The collection of these studies presented together contribute to the growing scholarship on integration of Indigenous and Western knowing and offer novel insight on decolonializing processes for research and therapeutic practice. Conclusions and recommendations for family therapists are provided at the end of this work. It is my hope that through this study, clinicians, researchers, and policymakers become more aware of how they enter the negotiated spaces of research and clinical practice, so treatment has resonance for all clients living in multi-cultural, yet, Western-dominant societies.

INDEX WORDS: Mental health, Indigenous, Māori, Pasifika, Negotiated spaces, Decolonial theory, Autoethnography, Situational analysis, Cross-cultural research, Biculturalism

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DEDICATION

Hara ahau i te tangata mohio ki te korero otira e tika ana kia mihi atu kia mihi mai

I am not a knowledgeable person at speaking, but it is right that we exchange greetings.

I dedicate this dissertation to all Indigenous and First World Peoples who have been forced from their lands due to oppression, poverty, colonization, natural disaster, violence, and fear- may there be peace and justice. And to those who seek to bring the pain of self and other into the light, who enter a discipline to transform it- may there be strength, wisdom, and above all- humility.

Tūtira mai ngā iwi, tātou tātou e Tūtira mai ngā iwi, tātou tātou e Whai-a te marama-tanga, me te aroha - e ngā iwi! Ki-a ko tapa tahi, Ki-a ko-tahi rā, Tātou tātou e Tā-tou tā-tou e E!! Hi aue hei!!!

*Line up together people, all of us, all of us, Stand in rows people, All of us, all of us
Seek after knowledge, and love of others – everyone. Think as one, Act as one, call ourselves one
people, and stay united. All of us, all of us.*

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

Kupu Whaktaki: Introduction

The legacy of colonialism and contemporary colonizing practices such as globalization perpetrate the development and maintenance of structural inequalities and systemic racism worldwide (Denzin, Lincoln, & Smith, 2008; Loomba, 2015). Colonization is a contextually specific form of oppression that eradicates diverse cultures, epistemologies, and ways of being (Bhabha, 2012; Mohanty, 1991). Globalization is the process by which organizations assume international influence (Friedman, 2000). Proponents of the globalization of public health have stimulated the rapid expansion of Westernized mental health practices across the world (Charlés & Samarasinghe, 2016; Kirmayer & Pedersen, 2014). These models of mental health promote concepts of wellbeing originating from cultural contexts such as the United States and Europe (Ibrahim & Heuer, 2016). Often, such models value individualized wellbeing as a universal goal (Charlés & Samarasinghe, 2016; Ibrahim & Heuer, 2016; Kirmayer & Pedersen, 2014) while negating Indigenous and local paradigms of health and healing (Mills & Fernando, 2014). The global expansion of mental health, therefore, is criticized as an overly homogenizing and, in effect, colonizing force (Arnett, 2008; Bermúdez, Muruthi, & Jordan, 2016; Watters, 2010).

Questions of colonization, healing, and justice are especially crucial in Aotearoa/New Zealand where Māori¹ and Pākehā² share an uneasy coexistence between themselves and a growing multicultural population. Aotearoa/New Zealand's unique political and bicultural history

¹ Māori- indigenous people of New Zealand

² Pākehā- New Zealand's settlers of European descent

developed from a legacy of colonialism and an increasing focus on Indigenous rights (Beddoe & Harrington, 2015; Liu, 2011; Smith, 2012). At the same time, psychotherapy in Aotearoa/New Zealand has been dominated by the values, principles, and theories relevant in the sociocultural contexts of the Western world (Beddoe & Harrington, 2015). An increasing number of mental health practitioners are challenging these models seeking to put therapy "in perspective and not accept uncritically the claims for a global profession" (Beddoe & Harrington, 2015, p. 34). These movements have resulted in an increasing commitment to bicultural and kaupapa Māori³ practices (Mahuika, 2008; Pihama, 2015).

Scholars have stated that a bicultural mental health system should deliver culturally safe services that recognize Māori and Pasifika rights and values (DeSouza, 2008). Government departments such as the Ministry of Health have promoted the adoption of Māori methods, the increase of the non-Pākehā workforce, and training practitioners for cultural competence (Conner et al., 2016; Milne, 2005). Yet, the system and its practitioners are trapped between two highly charged agendas: first, "the colonial ideal of a homogeneous society," and second, "the desire of Māori for recognition as people of the land, or Tangata Whenua, with specific rights" (DeSouza, 2006, p. 2). These agendas carry political, social, and personal discourses that influence both wellbeing and the practice of mental health (Durie, 2011; Elder, 2017; Okazaki, David, & Abelmann, 2008; Tapping, 1993; Waldegrave & Tamasese, 1993; Wirihana & Smith, 2014).

The overarching purpose of the current study is to explore the experiences of Aotearoa's mental health workers with particular focus on bicultural justice. Of interest was how therapists and other service providers negotiate the spaces between a colonial clinical agenda and an Indigenous cultural agenda. Predominant questions guiding this study were: 1) How has a

³ kaupapa Māori- philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.

growing awareness of the effects of colonization and cultural injustice been incorporated into the practices of mental health in Aotearoa/New Zealand? 2) How are therapists in Aotearoa/New Zealand supported in their use of Indigenous epistemologies? 3) How do mental health workers navigate and negotiate the mental health context in Aotearoa/New Zealand?

The current study builds on the existing literature of Indigenous mental health, decolonizing, and cross-cultural practices. The multifaceted social, political, and historical context of Aotearoa/New Zealand offers rare insight into the ways in which culture and justice intersect in mental health. Broader implications of this research move outside of Aotearoa and into the global context. As the helping professions continue to focus on social justice and global expansion research is needed to understand how culture, justice, and therapy can be bridged. In this project, I sought to further understand the complex negotiations that must occur between the spaces of systems and cultures. The findings from this study will be used to describe methods for family therapists and family scholars to utilize in developing culturally responsive practices that move beyond tokenism and essentialism.

A Note on Terminology

Throughout my time here in Aotearoa/New Zealand, I have been met with resistance when I name racism in my attempts to understand what people mean when they talk about culture. In New Zealand, nationality, ethnicity, race, and culture appear to be blanket terms that are intermingled, conflated, and confusing. Personally, I have struggled to fill out forms because I must identify my race and ethnicity as either European-New Zealand or "Other" as there are no "White" or "Caucasian" categories common to forms in the US. Part of the complexity of prizing apart racism, culture, and ethnicity here is in understanding terminology and labels. As such, I have made specific choices in how I have written about ethnic groups. When participants have

identified themselves with a cultural or ethnic group I refer to them as such. When I write in general about the people of Aotearoa/New Zealand my words have been intentionally chosen.

Māori. Māori are tangata whenua- the people of the land indigenous to Aotearoa.

Whereas, “New Zealander” was the term once used by traders to describe Māori by the 1830s, the term māori- meaning normal and common was adopted to differentiate between the out-of-the-ordinary foreigners and the ordinary people of Aotearoa (Pitama, Ririnui, & Mikaere, 2002).

Pākehā. Pākehā is a term that describes European people who are living in Aotearoa/New Zealand either through birth or migration. Some reject this term, which means paleness, as overtly political and derogatory. Others adopt the label Pākehā with a sense of belonging. In this dissertation I have written and referred to White, European migrants and New Zealand-born citizens as Pākehā aware that not all my participants identify this way. I use this word as a rejection of the "we are all one people" discourse (McCreanor, 1995) that promotes assimilation and a monocultural society to recognize Māori as the rightful people of the land.

Pasifika. Pasifika is a term derived from the Samoan translation of a Portuguese translation of a Latin phrase that refers to any person who was either Pacific Island-born or New Zealand-born who identifies with a Pacific heritage (Airini, Mila-Schaaf, Coxon, Mara, & Sanga, 2010). This term is contended. On one hand, it fails to signify the diversity inherent within the Pacific Island nations as represented in Aotearoa/New Zealand (Samu, 2010). On the other hand, it is used as a collectivizing term that politically symbolizes the Pacific peoples working in collaboration to advance common interests (Samu, 2010). In this spirit I use Pasifika as a pragmatic term to "encapsulate both unity and diversity" (Airini et al., 2010, p. 49).

Asian. In Aotearoa/New Zealand Asian is an indistinct ethnic label that simultaneously refers to people from a vast geographic region bordered by China, Indonesia, Japan, and

Afghanistan (Ho, 2015). The use of “Asian” as an ethnic grouping in Aotearoa is problematic and unable to represent its eclectic array of languages, religions, histories, traditions, beliefs, settlement motives, and places of origin (Ho, 2015; Rasanathan, Craig, & Perkins, 2006). Its usage has become a platform for advocacy and policy development (Rasanathan et al., 2006). In this dissertation, I have adopted the use of “Asian” when talking collectively about the group of migrants from Eastern nations who have settled in Aotearoa/New Zealand to align with other research in this area while fully aware of the issues inherent in this choice.

Tauīwi and Tangata Tiriti. Less commonly heard are the terms “Tauīwi” and “Tangata Tiriti.” Tau (strange, different) and Iwi (tribe) indicate any person who is non-Māori (Huygens, 2016). It has become shorthand for foreigners who do not identify as Pākehā, Pasifika, or Asian. I am Tauīwi yet I identify as a Tangata Tiriti (Huygens, 2011; 2014; 2016). “Tangata Tiriti” (treaty people) is a more recent expression not yet in common usage. As an aspirational political term, it denotes the decolonizing and bicultural efforts of Māori allies (Huygens, 2016). Originally intended for any non-Māori who relocated to Aotearoa/New Zealand after the signing of te Tiriti, it now symbolizes people who are allied to Māori causes (King, 2013).

Te reo Māori⁴: Using Māori language. Throughout this dissertation I use the terms, expressions, and whakatauki⁵ of Māori. Inclusion of these words honors my status as Tangata Tiriti and the place of importance that te reo has in Māoridom. Language is a taonga and crucial aspect of Māoritanga. It has been used as a weapon of decimation against Māori when their language was almost made extinct. In 1987, te reo became an official language of Aotearoa; since then, it has been revitalized along with Māori culture and political resistance.

⁴ te Reo Māori- the Māori language

⁵ Whakataukī- proverb, significant saying

In many instances there is no direct Māori to English translation. Most English translations are interpretations that have moved the cultural language of te reo from the Māori world into the English one. Whereas English is often linear, in te reo Māori one word has many meanings that speak to differing levels of a multidimensional cosmology. In the body of the dissertation I have used footnotes for readability and as a political gesture that maintains the centrality of te reo Māori. A glossary has been provided in Appendix A. The definitions in the glossary give multiple meanings of words so that more credence can be given to the depth and range of the meanings that each word represents.

Te Wahanga Tuatahi: The First Part

In its geographical isolation and with a population of just 4.7 million people (Kelsey, 2015), Aotearoa/New Zealand is a progressive country that is pledged to biculturalism and a "fundamental commitment to human rights and social justice" (Beddoe & Harrington, 2015, p. 34). The Aotearoa/New Zealand identity is founded on egalitarian ideals (Liu & Robinson, 2016) and the country is perceived to have some of the best race relations worldwide (Came, 2014). This claim is due to the unique status of Māori as a distinct group that shares guardianship of the land and contributes to the national identity and culture of Aotearoa/New Zealand (Huygens, 2016; Sibley et al., 2008). Pākehā and Māori negotiate this national identity yet the vestiges of colonialism ensure that almost "no institutions operate on Māori tikanga, cultural values, language, or worldviews" (Network Waitangi, 2016, p. 36).

No longer a British colony, Aotearoa/New Zealand remains tied to its colonial roots as an independent dominion of the Crown (Liu & Robinson, 2016). Contrary to its colonizing history Aotearoa is positioned as a social laboratory where, "in social justice, New Zealand has, for most of its modern history, been advancing the lantern into the future's blank mist" (Sherborne, 2008,

p. 1). Historically, it is claimed that Aotearoa is one of the only colonies to have been settled peacefully between colonizers and Indigenous (Liu & Robinson, 2016). Currently, it is the 4th most democratic (Economist Intelligence Unit, 2015) and least corrupt country in the world (Transparency International, 2017). It was the first nation where all women had the right to vote and the only country where women have held office in all of the highest government positions concurrently (Kelsey, 2015). Finally, it has begun reparations to Indigenous Māori for historical and destructive injustices enacted on behalf of the British crown (Edmonds, 2016).

The facts above describe a country that works for the advancement of civil and human rights, details used to advance Aotearoa/New Zealand's status on the world stage. These are facts which also obscure the historical and current day realities of colonization's effect on Māori and migrant populations (Paradies, 2016). Colonization is a dehumanizing process (Fanon, 1965) with palpable ramifications in contemporary New Zealand society. Here the British colonial project created intergroup relationships between the majority Pākehā and the minority non-Pākehā (Māori, Pasifika, and Asian) marked by injustice and inequality (Huygens, 2011).

Persistent and inexcusable socioeconomic inequalities and institutionalized racism contribute to the widening gap between Pākehā and non-Pākehā wellbeing (Cormack & Robson, 2010; Harris et al., 2006). Social indicators routinely show that non-Pākehā carry the burden of poor educational achievement, decreased health, increased mortality, higher rates of crime, institutionalization and imprisonment, and decreased socioeconomic stability (Mitrou et al., 2014; Reid, Taylor-Moore, & Varona, 2014). Māori and other non-Pākehā residents display high rates of mental health issues that often go untreated or are treated poorly. These problems directly correlate to the migration, intergenerational trauma, violations of the land, and loss of culture that have resulted from colonization (Durie, 2013; Muriwai, Houkamau, & Sibley, 2015).

In Aotearoa/New Zealand it has become clear that culture is the crucial link between social justice and mental health. Mental health research consistently shows that stable, meaningful, and secure cultural identity development is the best approach for positive psychological outcomes for Māori and Pasifika communities (Bennett & Liu, 2017). Mental health agencies, practitioners, researchers, and policymakers are routinely called on to develop culturally appropriate services, culturally safe practices, and culturally aligned perspectives of health and wellbeing (DeSouza, 2008; Pulotu-Endemann & Faleafa, 2016; Wepa, 2015). In effect, to be culturally responsive, the mental health system must advance the cultural rights and knowledge of all Aotearoa/New Zealanders, which will in turn promote health and wellbeing (Durie, 2011; Elder, 2017; Waldegrave & Tamasese, 1993; Wirihana & Smith, 2014). To achieve cultural justice, we must first understand the historical roots of cultural injustice. In the words of a Māori whakataukī: “Me hoki whakamuri, kia ahu whakamua, kaneke” (To improve, evolve, and move forward, we must reflect back to what has been) (Kāretu, 1999).

As a colonial nation the history of Aotearoa/New Zealand is often told beginning with the arrival of European settlers. For most of modern history, Māori were represented as Indigenous peoples who were overwhelmed by the arrival of Europeans and beseeched the British crown for protection (King, 2003). Telling the history this way is a colonially legitimizing narrative that perpetuates the Imperial myth of European dominance and providence (Bhabba, 2012). What becomes clear when learning precolonial Māori history is that Māori were anything but a submissive unsophisticated or overwhelmed people (Network Waitangi, 2016).

Land Fished from the Sea

Māui, a demi-god from the Māori ancestral land of Hawaiki, pulled a giant fish from the depths of the ocean (Moon, 2017). Over hundreds of years cuts in the fish that were made by

Maui's brothers deepened into gullies and mountains rose from the flesh. The giant fish became the North Island and Māui's waka- the South Island of Aotearoa (Moon, 2017). Between 1250 and 1300 CE voyagers from Eastern Polynesia migrated and settled across the islands (King, 2003). Whānau⁶ developed and connected through the ancestral migratory waka⁷ or geographical location to form Hapū⁸ (Durie, 1997). Hapū attended to each individual and whanau in undertaking the major tasks necessary for collective survival (Pitama et al., 2002). These migrant settlers became Tangata Whenua, later known as Māori (King, 2003).

The first known Europeans arrived in 1642 but it wasn't until the mid-1700s that the Europeans and Māori had extensive contact (Howe, 2003). In the early 1800s, Māori were invested in trade and traveled from Britain to the United States (Ward, 2015). Māori were highly literate and healthy, exceeding most European nations in literacy and longevity (Moon, 2017; Ward, 2015). In 1835, Māori rangatiras⁹ signed the Declaration of Independence of the United Tribes of Aotearoa which solidified their sovereignty and international presence (Moon, 2017).

A Fish Captured in the Net of Colonialism

During the early 1800s, traders and missionaries settled mostly peacefully alongside Māori (King, 2003). These relationships were mutually beneficial, and hapū made alliances with the settlers, providing land use, protection, and intermarriage into whānau (Moon, 2017). Māori treated the settlers with manaakitanga¹⁰ expecting that the visitors would respect Māori tikanga¹¹ and authority (Network Waitangi, 2016). Over time the numbers of British settlers continued to increase and brought lawlessness and a sense of entitlement to the land.

⁶ Whānau- extended family/kinship networks

⁷ Waka- canoe

⁸ Hapū- clans/subtribes, literally translated as womb

⁹ Rangatira- chief, person of high rank or honor

¹⁰ Manaakitanga- hospitality

¹¹ Tikanga- body of knowledge, values, ethics, customary practices, and laws

In 1840 534 Māori rangatira and the British Crown signed Te Tiriti O Waitangi¹² (Howe, 2003). Rangatira entered this alliance expecting the Crown to develop and maintain towns like those the rangatira saw in Europe. Governance of the towns would be the responsibility of the Crown. The original Tiriti confirmed Māori as having all authority, autonomy, and sovereignty over the land and people, while the Crown was responsible for its citizens (Jones & Linkhorn, 2017). At the time of the signing there was no English version although one was later erroneously translated (Network Waitangi, 2016). In Appendix B the direct contradictions between the original Tiriti and the English Treaty are evident.

Although the Crown originally held that they were not interested in another colony given the difficulty they had in colonialities such as India, the English translation of the treaty established Pākehā dominance and laid the groundwork for colonialization (Ward, 2015). Less than 20 years after the signing, disease, conflict, and alienation shifted the population from dominant Māori to dominant Pākehā (Jones & Linkhorn, 2017). As a result, violent land wars, forced assimilation, intentional displacement, the destruction of resource bases, the censure of te reo Māori, the destruction of Māori culture, and the decimation of Māori communities have occurred until the current day (Stevens, 2016).

Cultural (In)justice and Te Tiriti Today

Since the 1840s Māori have used every avenue available to confront the injustices of cultural domination made possible by treaty breaches (Belgrave, 2014). Direct action, protests, nonviolence movements, petitions to the Crown, and the creation of political parties have all slowly shifted public perceptions (Penehira, Green, Smith, & Aspin, 2014). Māoris' long fight accelerated in the public eye in 1975. That year the ongoing Waitangi Tribunals were developed

¹² Te Tiriti O Waitangi- Treaty of Waitangi, the founding document of New Zealand

to examine Tiriti violations (Ward, 2015). Successive governments have since made attempts to correct abuses of te Tiriti which have been largely unsuccessful. Among advocates for Māori revitalization, the fact that the Crown has failed to deliver "effective redress for historical breaches of the Treaty and to improve its relationship with contemporary Māori perpetuates the social and economic disadvantages Māori suffer" (Network Waitangi, 2016, p. 29).

Without successful reparations Pākehā culture remains dominant in most Aotearoa/New Zealand institutions. The effect of colonization on Māori is evident in the prisons, healthcare, poverty, living conditions, and education throughout the country. Even in the current day it is rare for non-Māori to know the pre-colonial history of Aotearoa (Belgrave, 2014). Most Pākehā have not faced the consequences of te Tiriti breaches or the privileges afforded by racism and colonial Imperialism (Huygens, 2011; 2014; 2016). In contrast there are Pākehā who, like Māori, honor Te Tiriti as tatau pounamu¹³ (Edmonds, 2016). To abide by te Tiriti means to follow the aspirations of biculturalism: to live as two peoples who share a country for mutual benefit (Huygens, 2014; 2016) rather than righting injustice with further injustice. Thus, the sacred agreement means that Māori have not taken their land by force of war nor do they ask for reparations that would disenfranchise New Zealanders today (Edmonds, 2016).

Biculturalism. The emergence of biculturalism is considered a significant advancement for social and political life in Aotearoa/New Zealand (Sibley & Liu, 2004). To embrace biculturalism means to recognize the place and authority of Māori in parallel and equal status with Pākehā (Culpitt, 1994). Biculturalism is both a goal (equal partnership between two groups) and a process (the righting of past injustices and re-empowerment of Indigenous peoples) (Ward & Liu, 2012). As a bicultural nation Aotearoa/New Zealand should actively incorporate Māori

¹³ Tatau pounamu- a sacred covenant

values and principles into the mainstream culture. At the same time the government should develop and implement policies to address historical and contemporary injustices including the redistribution of resources in favor of Māori (Edmonds, 2016).

Many New Zealanders ideologically agree with biculturalism. In reality, Pākehā often show resistance, anger, and opposition to the resource-specific actions of biculturalism (Sibley & Liu, 2004). Some Pākehā fear that the bicultural resurgence will result in their loss of rights, resources, and land (Matthewman, 2017). These Pākehā promote a "we are all one New Zealand" stance which is a thinly veiled attempt to ensure continued Pākehā cultural dominance (Matthewman, 2017; Sibley et al., 2008). To fulfill the promise of the te Tiriti, Māori mana¹⁴, needs, and culture must be made a central concern to the people and governance of Aotearoa/New Zealand (Stevens, 2016); "otherwise, we accept monocultural dominance, injustice and inequality as the norm" (Network Waitangi, 2016, p. 37).

Biculturalism versus multiculturalism. Complicating the political advancement of biculturalism is Aotearoa/New Zealand's growth as a multicultural society (DeSouza, 2006). Arguments based on the belief that biculturalism is no longer a relevant goal for contemporary societies have shifted attention to multiculturalism (Fleras, 2009). The argument for multiculturalism (Smits, 2011) is increasingly viewed with suspicion by Māori and allies (Huygens, 2014). Traditional multicultural frameworks place the dominant group as the central organizing culture from which other cultures are diverse (Huygens, 2016). Thus, multiculturalism legitimates the status quo of Pākehā centrality while giving a superficial and tokenistic nod to diversity (Huygens, 2016). Multiculturalism in effect has become a more palatable concept than biculturalism for Pākehā afraid to give up power.

¹⁴ Mana- prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object.

From the standpoint of Te Tiriti O Waitangi, multiculturalism is an inadequate theory to critically address the rights of Māori or their experiences of injustice (McGavock, Barnes, & McCreanor, 2012). A bicultural perspective that is grounded in the principles of te Tiriti does not negate other cultures. Instead other cultures are invited, honored, and respected in relationship to the bicultural center of Māori and non-Māori culture. Ideologically, biculturalism encourages egalitarianism, partnership, accountability, equity, and inclusiveness of multiple cultures while holding the treaty partners in equal status together. On the other hand, it is argued that multiculturalism supports these aspirational goals but keeps the majority population (Pākehā) at the center of power. See Figure 1.1 for a pictorial representation of the differences between multiculturalism and biculturalism. Being positioned as a bicultural nation with a multicultural population raises the question of what “culture” means in Aotearoa/New Zealand.

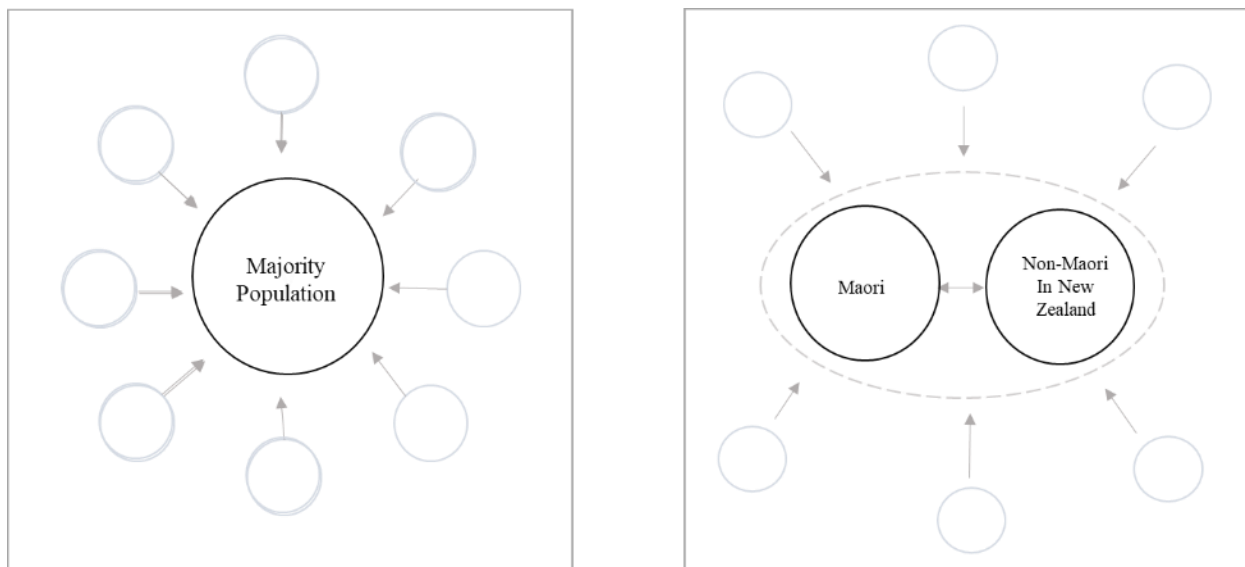


Figure 1.1. Multicultural versus Bicultural Models of Relating to Cultural Others. This figure illustrates the differences between how cultural others relate to those in the center of cultural models.

The Meaning of Culture in Aotearoa/New Zealand

The terms “culture,” “ethnicity,” and “race” have different and contested meanings, yet are often used interchangeably (Ibrahim & Heuer, 2016). At a basic level *culture* is the shared values, practices, and knowledge of specific groups of people (Cokely, Komarroju, King, Cunningham, & Muhammad, 2003). *Ethnicity* is a complex social construction created and sustained through intergroup processes to describe shared ancestries, geographies, and cultures (Cokely et al., 2003). The social construct of *race* is a classification system that groups people by physical traits, genetics, and ancestry (Ibrahim & Heuer, 2016).

In Aotearoa/New Zealand "race and racism have been underexplored and even avoided in research" (Revell, Papoutsaki, & Kolesova, 2014, p. 41); instead people are characterized by cultural ethnic groups. More commonly through *culturespeak* New Zealanders use culture to describe race and ethnicity (Goldsmith, 2003). When a New Zealander talks about culture they can simultaneously be describing race, ethnicity, nationality, and cultural practices. Culture has become the tool to draw boundaries around people and to explain, predict, and justify beliefs and behaviors (Goldsmith, 2003). It has also become an effective tool to justify inequality and shroud the inherent racism grounded in Imperial Colonialism (Rallu et al., 2006). The racism that is hidden by New Zealand's *culturespeak* is bound to ethnic group membership and increasingly commingled with nationality (Liu & Robinson, 2016; Rallu et al., 2006).

Ethnicity versus nationality. What ethnic identity one chooses to identify in Aotearoa/New Zealand is inseparable from the relationships between settler-colonizers, Indigenous Others, and various Others (Cormack & Robson, 2010). During the colonial project one's nationality created boundaries of ethnicity, denoting those who belonged to the nation and those who did not. In the 19th century, as the Māori population decreased, the term “New

Zealander” shifted from representing Māori to representing Europeans (Pearson, 2002). Today using the concept of New Zealander as a catch-all ethnic group is decidedly problematic (Smits, 2011). New Zealander is a national identity that regardless of ancestral background signifies "we are all one New Zealand" (Mikaere, 2004). Conflating national identity with ethnicity neglects the fact that the New Zealander identity is bound with unequal power relations and minimizes the salience that ethnicity has for Māori, Pacific, and Asian New Zealanders (Cormack & Robson, 2010). It claims a national identity that denies the existence of disparities between ethnic groups and the benefits of white privilege (Cormack & Robson, 2010).

Culture and Mental Health in Aotearoa/New Zealand

As is true in most settler-colonizer countries Indigenous people in Aotearoa experience poorer mental health outcomes directly related to the cascading effects of colonial legacies (MacIntyre et al., 2017; Paradies, 2016). "Loss of land, marginalization, the loss of language, the loss of freedom to practice one's culture and a diminished sense of collective identity are just a few of the multiple burdens of colonization" on mental health (Bennett & Liu, 2017, p. 4). Pasifika are in an untenable position as they frequently come from historically colonized island nations and are caught in between belonging and non-belonging in Pākehā and Māori biculturalism (Manuela & Anae, 2017; Mila-Schaaf & Hudson, 2009). The Asian population in Aotearoa/New Zealand has expressed high rates of distress due to poverty, alienation, and discrimination linked to the loss of cultural identity and the acculturative effects of migration (DeSouza, 2006; Ho & Ho, 2003; Kim & Hocking, 2016).

Overall Māori and Pasifika have the worst health indicators of any other people living in Aotearoa/New Zealand (Pulotu-Endemann & Faleafa, 2017). Māori have the highest rates of diagnosed mental illness and Pasifikas have the highest burden of unreported psychological

distress (Lee, Duck & Sibley, 2017; Ministry of Social Development, 2016). Suicidality is alarmingly high in Pasifika and Māori communities and alcohol and drug use are increasing within both (Tiatia-Seath, Lay-Yee, & Von Randow, 2017). The mental health and wellbeing of Asians in Aotearoa/New Zealand have received little public and professional attention (Lim, Mortensen, Feng & Yeo, 2015). Recent literature has shown that there are problems faced by Asian communities that have negative impacts on mental health such as drops in socioeconomic status, separation from family, experiences of racism, isolation, and a lack of culturally responsive services (Lee et al., 2017).

Among all non-Pākehā groups in Aotearoa/New Zealand there is a significant lack of service usage in mental health (Chow & Mulder, 2017; Lee et al., 2017; Tiatia-Seath et al., 2017). Research with Māori and Pasifika peoples in mental health consistently makes clear the value of utilizing cultural conceptualizations of health and healing for these populations (Durie, 2011; Elder, 2017). The disparity between reports of increased risks of ill-mental health and decreased use of services is due to cultural incongruity in the services provided (Cohen, 2014).

While most mental health Ministry directives require culturally safe and appropriate services, the funding, training, and even meaning of these services are not specified (Pulotu-Endemann & Faleafa, 2017). Long waiting lists, costs, and a lack of culturally competent or similar staff has disenfranchised Māori, Pasifika, and Asian communities from accessing relevant services (Lee et al., 2017). Recent studies have also found that racism influences the treatment decisions of Māori, Pasifika, and Asian clients by mainstream professionals (Lee et al., 2017). Social, cultural, and other contextual factors influence how one expresses psychological symptoms; for non-Pākehā these are either routinely undiagnosed or conversely overinflated in healthcare (Bennett & Liu, 2017; Lee et al., 2017).

Mental health system. Whereas mental health in the United States is a highly organized and hierarchical system with strict regulations, levels of professions and licenses, professional organizations, and certifications, Aotearoa/New Zealand's system is vastly different. Most New Zealanders do not access mental health services and doing so remains stigmatized (Thornicroft, Wyllie, Thornicroft, & Mehta, 2014). When a New Zealander does utilize mental health services it is typically through acute crisis hospitalization or the recommendation of general practitioners (Ministry of Health, 2016). Rather than seeing a psychotherapist in private practice clients have access to publicly funded District Health Boards or public and privately funded Non-Governmental Organizations (Ministry of Health, 2012). Clients could meet with any range of service providers who might have diverse and somewhat undefined roles (Health & Disability Commissioner, 2014). In Appendix C I describe the variety of professions and purposes within the mental health field in Aotearoa/New Zealand.

As Aotearoa/New Zealand's therapeutic field is so different than that of the United States the focus of my project changed over time. Given that most Māori and Pasifika service users access the system through mandated treatment in hospitals or in culturally specific services and community settings, I broadened my focus to include the wide range of service providers who are engaged in mental health healing. Remaining true to a lens of social justice and anticolonial theoretical orientation, I felt that to limit my study with clinicians in private practice would marginalize the needs and voices of the already marginalized minority populations.

Imbedded-Outsider Inquiry: Critical Ethnographic Methodology

From January 2017 to January 2018, I lived worked and learned in Aotearoa/New Zealand, funded by a Fulbright award. While there, I conducted the current research project. Originally, I shied away from calling my research an ethnography. Visions of past ethnographers

who were ethnocentric and held perspectives that colonized and fetishized the *other* filled me with fear (Carspecken, 1996; Madison, 2011). Nevertheless, it is the person, not the methodology that has the potential to *other*. Ethnography at its most basic is a descriptive study of culture (Clair, 2003). More complexly, cultures are contended spaces (Wright, 1998) a reality further complicated by my status as a settler-colonizer (Paquette, Beauregard, & Gunter, 2017) engaged in the historically colonizing practice of research (Smith, 2012).

After a time, I felt that not claiming my research as an ethnography put me at risk of covertly colluding with perspectives shaped by colonialism (Jordan & Yeomans, 1995; Smith, 2012). Therefore, I aligned with critical ethnography an approach that positions culture as "a contested process of meaning-making" (Wright, 1998, p. 9). Several epistemological assumptions shared by contemporary critical ethnographic traditions guided my research design. The first is a rejection of positivism and objectivism (Thomas, 1993). With this comes the recognition that there are multiple valid and possibly conflicting ways of knowing (Carspecken, 1996). The second is that science cannot and should not attempt neutrality (Madison, 2011). Researchers are politically driven, culturally situated, and value-laden (Madison, 2006). Third, given this political stance, researcher positionality should be made plain and considered at all stages of the research. Fourth, critical ethnographers are challenged to resist domestication. Resisting domestication refers to the researcher's intentional use of privilege to decenter hegemonic knowledge and re-center marginalized and silenced voices (Madison, 2006). Finally, researchers must reflexively attend to the self-other relational and transactional interactions of knowledge production in the continual negotiation of meaning (Foley & Valenzuela, 2008).

Critical ethnography is guided by critical theory to uncover relationships of culture with social structures, power, and oppression (Hardcastle et al., 2006). From the unlimited approaches

to critical ethnography available (Rhinehart, Barbour, & Pope, 2014; Carspecken, 1996; Madison, 2006; Thomas, 1993), two overarching forms have emerged (Foley & Valenzuela, 2005). Most common is the anthropology of cultural critiques the aim of which is to revise social theory through bringing awareness of social inequalities (Carspecken, 1996). Less common is when critical ethnography moves from cultural critiques to intentional activism contributing to changing unjust social conditions (Madison, 2006; Smith, 2014). While the aim of this dissertation is to alter unjust social conditions, I believe that this research in its current form is largely a cultural critique. In the following sections, I outline and explain the paradigmatic and methodological choices that I have made in shaping and completing this research as depicted in Table 1.1. Appendix D provides a detailed account of the time I spent in the field.

Critical Realism: The Nexus of Ontology and Epistemology

Critical Realism is a philosophy that at once addresses our being in the world (ontology) what we know about the world (epistemology) and how we believe we should act upon the world (ethics) (Houston, 2010, p. 76). It is a philosophical position that the world is essentially real and has tangible and intangible social structures that influence human *being* (Bhaskar, 1978). At the same time, it acknowledges that humans are socially constructive meaning-making systems within these structures (Houston, 2010). Thus, "despite its ontological realism, CR allows for a degree of epistemological relativism where the process of scientific knowledge is viewed as historically emergent, political, and imperfect" (Zachariadis, Scott, & Barrett, 2013, p. 3). Critical realism does not submit to the idea of a single reality. Instead, there are multi-layered distinct and interrelated domains of realities (Archer, Sharp, Stones, & Woodiwiss, 1999).

Table 1.1

Paradigmatic and Methodological Choices in Research Design

Ontological Orientation	Critical Realism: Philosophy of science describing relationships between natural and social worlds (Bhaskar, 1978), and the interaction of human experience in these domains (Houston, 2010).		
Theoretical Orientation	Decolonial Theories: Critical liberation theoretical orientation. Houses multiple social theories. This dissertation was most strongly guided by settler-colonialism (Wolfe, 1999), and anticolonialism (Dei, 2006), theories that seek social change by raising critical consciousness and systematically divesting colonial discourse and power.		
Axiology-Ethics	Tikanga-Biculturalism: Tikanga are Māori traditions and values which signifies appropriate and just actions and behaviors (Royal, 2004). Biculturalism stems from te Tiriti O Waitangi, instructing Māori and Pākehā interrelations and accountability (Huygens, 2016).		
Methodology	Critical Ethnography: Ethnography with a political purpose (Thomas, 1993) and ethical responsibility for social change (Madison, 2011).		
Data Collected	Participant Observation: 11 months total ▪ Family Centre ▪ Ministry meetings ▪ Cultural events	Document Analysis: ▪ Policy documents ▪ Social & news media ▪ Advertising ▪ Art and graffiti	Interviews: ▪ Kanohi ki te Kanohi (Face to Face) ▪ Participants: 30 ▪ First phase: 20 ▪ Second phase: 10
Analytic Methods	Critical Autoethnography: Analysis focused on the subjective self of the researcher within a specific social, cultural, political context (Reed-Danahay, 2017). Data used: field notes from participant observation, interview memos, document analysis.	Situational Analysis: Analysis that maps diverse elements of a social situation, to investigate complexities and tensions within (Clarke, 2005). Data used: interview data and interview memos.	

These domains include the underlying structures and causal powers in the world (the real domain) the events that occur (the actual domain) and the human experience (the empirical domain) of those events (see Figure 1.2; McEvoy & Richards, 2006). The task for a researcher from a critical realist framework is to examine how human agency (meanings, choices, understandings, and reasonings) interacts with social structures (enduring patterns, norms, cultures, and laws) (Houston, 2010). A situation of study might be the experiences of people who are influenced differently by structures they did not create. The structure (i.e., colonialism) is the same however, experiences of the social spheres and events stemming from those structures (i.e.,

privilege versus oppression) are different for different people (i.e., the colonizer versus the colonized). Thus, realities are at the same time plural and contingent (Archer et al., 1999). While not the original intention some researchers apply critical realism to develop studies that uncover and change unjust social processes (e.g., Houston, 2010).

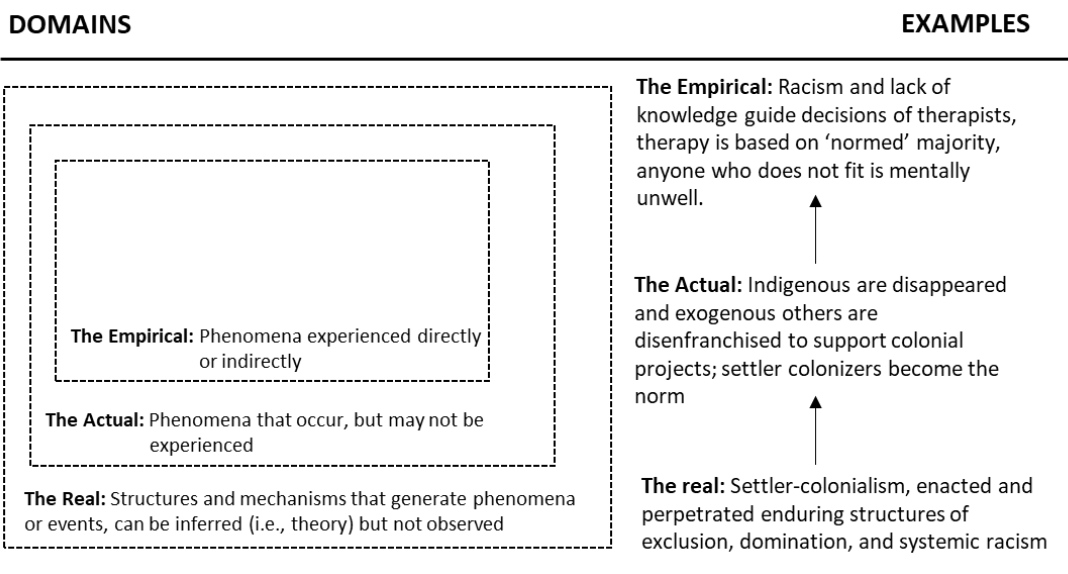


Figure 1.2. Stratified Ontology of Critical Realism. This figure illustrates the interrelated domains of social worlds, giving examples of each and was developed from information available in McEvoy & Richards, 2006.

Critical Realism was an appropriate philosophical grounding for this dissertation to simultaneously call to attention the reality of colonialism and the subjective effects of colonial power in Aotearoa. It assisted me in thinking through the different power structures and systems in place and how colonialism thereby authoring the lives of the colonized/colonizers. Learning the overt and covert historical and contemporary legacy of colonization was both a personal and professional journey that I embarked upon guided by decolonizing theory.

Theoretical Orientation: The Decolonial Turn

For this dissertation I traversed through the contested and varied theoretical interpretations within decolonial and decolonizing frameworks (Maldonado-Torres, 2011; Smith,

2008) to understand my position within the theories. Applying theory to my own experience I have turned to Decolonialism as an overarching theoretical orientation to best understand place, history, and contemporality in knowledge production. Decolonialism is not one specific theory but an orientation that houses a diverse family of theories. These theories have manifold positions and purposes, but are foundationally built upon the ideas that colonialism is an ongoing reality and that decolonizing remains an unfinished and ongoing business (Maldonado-Torres, 2011). Decolonialism deconstructs the ways in which the legacies of racism, Imperialism, and colonialism have unequally divided human social, cultural, political, spiritual, and economic capital (Smith, 2012). The central goals of decolonial research are "to identify and analyze the lingering effects of colonialism and to contribute to processes that dismantle those effects" (Butz & Besio, 2004, p. 350). Decolonial theories link back to critical realism both ontologically and epistemologically (Denzin et al., 2008). From a decolonial perspective, ontology is concerned with what it means to be human in a colonial world shaped by the colonial structures developed and made real through time. Epistemologically, knowledge production is transactional and produced through the relationships between Indigenous/foreign, Western/non-Western, and colonized/colonizer. Under this umbrella two theoretical frameworks have most guided my development. I have leaned on the knowledge built by settler-colonial (Veracini, 2010; Wolfe, 1999) and anticolonial scholars (Dei, 2006; Mahuika, 2008).

Settler-colonialism is a social theory that challenges the idea that we live in a post or neo colonial era (Banivanua Mar & Edmonds, 2010; Veracini, 2010). Instead settler-colonialism instructs us to look for the ways in which colonialism still exists in countries such as the United States and Aotearoa/New Zealand as well as examining new efforts at colonialism in these countries (Tuck & Yang, 2012). Settler-colonialism is an ongoing structure that relies on power,

social discourse, and spatial narratives to tell the story that the colony civilized an empty and wild land (Wolfe, 1999). Settler-colonialism is different from colonization in that the colonizers seek to maintain power over the Indigenous Others or to assimilate them into the colony-identity. On the other hand, settler-colonialists seek to eradicate the Indigenous Others while bringing Exogenous Others into the land to do the work of nation-building (Barker & Battell Lowman, 2015). Settler-colonialism is a core theory that has guided my own personal and reflective work in Aotearoa/New Zealand while anticolonial theory has helped me better understand how to approach research design and analysis.

Anticolonial theory is a contested framework that is often rooted in the social contexts in which it is emergent (Dei, 2006; Kamola, 2017). Across countries in Africa and Latin America, as well as in Aotearoa/New Zealand and the United States, anticolonial theory is situated in colonial relations of knowledge production and power (Dei, 2006). Anticolonial research calls for the critical analysis of power and to resist colonial representations of colonized knowledge (Mahuika, 2008). It is different than post-colonial theory in that the prefix “post” implies that the work of colonialism is finished (Pihama, 2015). Through the prefix “anti” an active and proactive theory is developed to resist the old and new colonial mentalities and powers (Smith, 2012). For this study anticolonial theory was particularly fitting. As an outsider from a colonial nation I seek to describe the lived experiences of Indigenous, Migratory, and Colonizer others. It is "on tricky ground" (Smith, 2008, p. 113) that Westernized researchers work in Indigenous research relationships. Traditional research from academic institutions is "inextricably linked to European imperialism and colonialism" and runs the risk of colluding with the colonial project (Smith, 2008, p. 2). In the application of anticolonial theory, I tried to prize apart what it means for me as a Western thinker living as an outsider in a colonial nation and studying alongside

colonized-colonizers. Indigenous research belongs within Indigenous epistemologies yet anticolonial research can forge "cross-cultural partnerships with, between, and among Indigenous researchers and 'allied others'" (Swadener & Mutua, 2008, p. 31).

Adopting an overarching decolonial theoretical orientation became a process of learning to value and challenge my ways of knowing while learning, appreciating, and consciously seeking out the knowledge of Pasifika and Māori. At the same time, I have been careful to avoid appropriating ways of knowing and calling them known by me. Thus, performing decolonial research meant claiming myself as a settler-colonial challenging my present-day manifestations of colonialism and working both within and against the very systems that privilege me (Cary, 2008). Decolonial research became as much a personal project as it was a structural one and led my critical analysis of self/other ethics.

Ethics

From the Pākehā/Westernized academic norms of my home and host countries my project was approved by the University of Georgia's Institutional Review Board and Massey University's Human Ethics Committee (Appendix E contains both universities' letters of approval). Pushing research ethics beyond Westernized regulatory mandates and guidelines I relied heavily on Māori researchers who have clarified the roles and goals of research ethics. In Indigenous research ethics is a crucial aspect of engagement grounded in Indigenous values. From an anticolonial standpoint a researcher's ethics guide her thinking about what it means to "be a moral person in an Indigenous, decolonized world" (Denzin et al., 2008, p. 23). As a non-Indigenous settler-colonial researcher I focused on the knowledge that any research with marginalized peoples can mirror, collude with, and recreate colonizing practices (Furness, Waimarie Nikora, Hodgetts, & Robertson, 2015).

Māori ancestral creation stories and the values therein foreground Māori ethics of providing foundational tikanga (Furness et al., 2015). Tikanga are practices that enhance life-sustaining relationships and preserve justice (Lang, 2007). One Māori research ethics framework (Hudson, Milne, Reynolds, Russell, & Smith, 2010) builds upon four tikanga (see Figure 1.3): whakapapa¹⁵, tika¹⁶, manaakitanga, and mana. As a non-Māori my role within research is to operate within the tikanga of Tangata Whenua as a Tangata Tiriti: a bicultural partner (Came, 2013). Through a tikanga-driven stance of bicultural ethics I become accountable to the ethics of my hosts and home country. Following the principles of the Te Tiriti O Waitangi (see Figure 1.3) I created research to encourage partnership, participation, and protection.

Smith (2008) proposes that the establishment and maintenance of a nurturing and reciprocal relationship between researcher, participants, and communities is the core of Indigenous ethics. The development of these relationships took on new meaning as I navigated the complexity of Aotearoa/New Zealand's social landscape. The tikanga of whakapapa required that I build relationships within the communities I studied (Pitama et al., 2002). After many months of being in the space of a learner, observer, listener, and helper I gradually nurtured whakawhānaungatanga, or the establishment of “whānau relationships, literally by means of identifying, through culturally appropriate means, your bodily linkage, your engagement, your connectedness, and therefore, an unspoken but implicit commitment to other people" (Bishop, 1998, p. 203). To foster these relationships, I also sought collaborative guidance from my key cultural advisors. I worked alongside and learned from Māori, Pākehā, and Samoan researchers who assisted me to shift my perspective on ethics and ethical being.

¹⁵ Whakapapa- genealogy, genealogical table, lineage, descent

¹⁶ Tika- truth, correctness, directness, justice, fairness, righteousness, right

semi-structured method (Spradley, 2016) to korero mai¹⁷ (Smith, 2002, as cited in Swadener & Mutua, 2008). In this approach my role as interview guide shifted as centrality was transferred to the participants and I became a follower in the interviews: an approach similar to my therapeutic method, collaborative language systems (Anderson & Goolishian, 1988), I abandoned my interview protocol following the lead of my participants. It became my responsibility "to listen to the stories and link the stories back to the information needs" of my project (Swadener & Mutua, 2008, p. 41).

As one of my cultural advisors counseled to safeguard manaakitanga, I had to learn to be small and humble myself in a way that did not disrespect the other's or my own mana or dignity (Came, 2013). In this way I sought to be aware of my power and the tikanga and mana of my participants (Mead & Mead, 2003; Pitama et al., 2002). I simultaneously applied ethics from my Western framework and my growing cultural understandings of Māori and Pasifika knowledge and history (Suaalii-Sauni & Fulu-Aiolupotea, 2014). Before engaging Māori as participants, they questioned me, my beliefs, and my history. They sought details about me to better decide if they would participate. It was an act of informed consent that went beyond paperwork and ultimately guided the subjectivity statement that follows (Came, 2013; Mead & Mead, 2003).

The Settler-Colonial Self in Research

I was born into a white, upper-middle class family in a southern town in the United States. I went to a school that utilized bussing; bringing in students from low-SES inner-city neighborhoods and rural farm towns to the large and well-funded school in my area. In these interactions, I saw but had no name for systemic inequality and structural racism. In turn, I felt shame for my whiteness, my social class, and all my privileged identities. Without words or

¹⁷ Korero mai- to tell stories, narratives from the past

understanding I attempted to both over-identify with my friends' social locations while at other times believing that “color blindness” was a just position. Since then I have gone through several phases of White-identity development (Helms, 1990). My comfort in my identity as a White person morphs as I face new experiences and become ever-more aware of the colonial project and the legacy it has had.

In the past few years I have grown my understanding of the process of privilege and oppression in life and therapy and research. This awareness fuels my belief and commitment to creating a socially just-oriented profession. At the same time, I work to attend to how my background shapes what I believe about justice and the methods of obtaining it. I recognize that many of my ideas of justice stem from a Protestant upbringing steeped in individualistic, democratic, and meritocratic Americanism (Dewey, 1933). Peering through Indigenous epistemology, that same view of justice and democracy can be marginalizing and disqualifying (McCaslin & Breton, 2008; Smith, 2012; 2014). The question of who I am in the Aotearoa/New Zealand collectivity has brought about a growing awareness of myself as a settler-colonial.

As a White American, I am a settler-colonial who speaks the language of the historical colonial project and promotes the contemporary colonial projects of scholarship and therapy (Cary, 2004). With this status comes the colonizing power of whiteness and a historical legacy of genocide and racism. Coming to Aotearoa/New Zealand I was considered an outsider, a *Tauīwi*. Being positioned as a non-*Pākehā* afforded me a certain level of trust and a different space to talk about racism, ethnicity and injustice. It was also tempting to erase from view the settler-colonizer history I carry. It was an active choice that I came to more fully understand my collective self in Aotearoa/New Zealand and the world. This decision was intentional guided by my critical ethnographic methodology (Madison, 2006).

Data Collection

The data collection for this project followed traditional ethnographic methods. From participant observation, informal interviews, intensive field notes, document analysis and interviews I collected a wealth of data.

Participant observation. Over the course of a year (January 2017 to January 2018) I lived and worked in Wellington, Aotearoa/New Zealand at a local family therapy, community development, and social policy research agency. During this time, I was allowed entrée into the complex social arenas of Aotearoa/New Zealand's mental health system. I assisted in writing grant applications and with research design, I sat in on family therapy sessions, community elder and cultural liaison meetings, attended a variety of formal and informal meetings and events, visited multiple offices of the Ministry of Health, met with national leaders, travelled to Samoa, and visited and volunteered at Marae for special events and community meetings. Throughout my time I took field notes either in situ or immediately following interactions. In New Zealand, I engaged four cultural advisors. Three advisors worked in the family therapy agency and one at a New Zealand University (Māori $n = 2$, Samoan $n = 1$, Pākehā $n = 1$).

Interviews. A total of 30 in-person interviews were conducted in two waves over a period of four months (June - October) around the country. Access to participants was gained through word of mouth and calls placed in professional organizations' newsletters. Interviews were conversational and did not have a formal interview protocol. Following the korero mai tradition of interviewing I began the non-structured interviews with a prompt (i.e., "What led to your interest in meeting with me today?") then followed the conversational direction of the participants and asked follow-up questions as needed. Interviews began with an informed consent process (Appendix F) were digitally audio recorded and conducted in a location known

and comfortable to the participants. The interviews lasted from 45 to 110 minutes (65 minutes on average). The aim of the interviews was to gather accounts from the people involved on how they operated and conceptualized within and between different social worlds and how they positioned themselves vis-à-vis each other. Each interview was transcribed verbatim and put into MAXQDA (VERBI, 2012). See table 1.2 for a demographic and occupational description of the participants.

Table 1.2

Participant Demographics and Occupational Characteristics

Demographics	N = 30	Occupation	N = 30
Culture/Ethnicity		Occupation	
	Māori 10	Psychotherapist	8
	Pākehā 9	Social worker	5
	Tauīwi 7	Psychologist	4
	Pasifika 4	Mental health advocate	3
Gender		Peer counselor	3
	Female 19	Psychiatric nurse	3
	Male 11	Whanau advisors	2
Region		Community advisors	2
	North Island 24	Setting	
	South Island 6	Non-governmental	9
Area		Kaupapa Māori	7
	Urban 24	University clinic	5
	Rural 6	District health board	5
		Private practice	2
		Governmental	2

Documents. A range of documents were included in my review and analysis.

Aotearoa/New Zealand is consistently ranked as one of the most transparent nations globally (Transparency International, 2017). One effect of this is that statistical data and reporting on all elements of social health and wellbeing are easily accessible. I obtained official policy documents and reports regarding mental health and culture to highlight the (at times) conflicting discourses released by governmental bodies as either aspirational (policy guidelines) or factual

(outcomes reports). I also collected informational documents from different mental health agencies I visited. These documents were often geared toward clients and/or community members who were accessing mental health services; examples can be seen in Appendix G. Along with a variety of mental health documents, I took photos of the places where Māori culture could be seen in public spaces. This process was telling as in most Indigenous-Colonial nations, there is an effort on the part of the settler-colonials to erase Indigenous people. The passive resistance to erasure was seen in the art and graffiti of Māori significance throughout the country. Appendix H gives examples of these sites of resistance. Finally, I conducted informal reviews of online and in-print articles from various news sources, human rights associations, and mental health organizations to develop a better understanding of the ways in which the public were engaging in dialogues of mental health, culture, and social justice.

Analysis

The analysis for this dissertation is focused on two methods. The first is Critical Autoethnography and the second is Situational Analysis. The method of critical autoethnography assisted my consideration of the influence that social structures have on ways of knowing for both myself and my participants. Critiques of early critical ethnographers focused on how researchers made stands toward social change while neglecting to focus on the power, privileges and positionality they had in creating their research (Jordan & Yeomans, 1995; Madison, 2011). These critiques suggested that researchers work reflexively to critically attend to self-other interactions in the mediation of knowledge production (Foley & Valenzuela, 2008). Termed *turning back*, the researcher actively acknowledges the inherent power, privilege, biases and assumptions that she holds in knowledge creation (Madison, 2011). My process of turning back, driven through writing an autoethnography, was a constant source of frustration and

enlightenment (Chapter 2). By turning my ethnographic gaze to myself I was positioned in the research and acknowledged my power, privileges, and biases. An uncomfortable part of this process was fully considering how representing the experiences, needs, and knowledge of my participants risked becoming an act of colonization (Madison, 2011).

I was also concerned with the ways in which Indigenous and non-Indigenous Aotearoa/New Zealanders negotiated the complex mental health system in the creation of bicultural justice. To best organize and make sense of the data, in Chapter 3, I employed situational analysis. Situational analysis is a research method derived from grounded theory that maps diverse elements of a social situation through investigating the complexities and tensions within that situation. As an analytical approach situational analysis complements the goals of critical ethnography (Clarke, 2003). In both, the researcher seeks to "reveal subjugated knowledges and marginalized perspectives and empirically decenter 'the knowing subject'" (Perez & Cannella, 2013, p. 506). In situational analysis this is achieved by the researcher's attention to all elements of a situation regardless of power or frequency; the differences, contradictions, and heterogeneity within the data are amplified through thick analysis to address the complexity of situations. Throughout the process of data analysis, the researcher seeks to understand what voices are missing and make silenced perspectives analytically audible (Clarke, 2005; Madison, 2011). This method fits well within a critical realist anticolonial ethnography as my goal was to analyze biculturalism in relationship with myself, others, and with nuanced structural power relations (Houston, 2010).

Chapter Sequence and Conclusion

This dissertation is the culmination of a year-long critical ethnography conducted in Aotearoa/New Zealand during the year 2017. The following two chapters (Chapters Two and

Three) are presented in manuscript format. Both chapters offer the results of related but distinct studies that address the challenges of social and cultural justice research and clinical work. Each chapter includes a review of the literature, methodology, findings and discussion about the respective study.

In Chapter Two the first manuscript is a critical autoethnography of conducting transcultural research in Aotearoa/New Zealand entitled, *Writing the space between self and other: An autoethnography of the settler-colonial in decolonial research*. Critical autoethnography is a culturally informed research practice that aligns with Māori ways of knowing. The study is grounded in differing theories to address issues of social (in)justice when engaging in cultural research with typically marginalized Indigenous Others. To write this autoethnography I actively challenged my Western academic background to call into the fore my American settler-colonial identity in the production of my research. Implications are offered to assist researchers in the process of self-awareness to engage in accountable transcultural mental health research.

Chapter Three, entitled "*Hopefully you've landed the waka on the shore*": *Negotiations for bicultural practice*, is a study of the cultural and clinical boundaries negotiated in the between spaces of Aotearoa/New Zealand's mental health system. More specifically I sought to understand how the boundaries between cultures were negotiated in the various discourses and constructions of meaning- of-experience. As a critical ethnographer I engaged as many voices as possible especially the voices of those who have typically been silent/silenced (Madison, 2006). Paper two includes the voices of Māori, Samoan, Chinese, Pākehā, and Tauīwi participants and the embedded socio-political and historical discourses of Aotearoa/New Zealand. This study makes evident the current bicultural injustices existent within the mental health system and the

ways in which people negotiate these injustices. Implications are offered to promote genuine engagement between clinicians in the creation of bicultural practice.

Chapter Four concludes this dissertation. The chapter brings together the results of both papers to more fully consider the clinical implications for family therapists in the United States, my home country of licensure, professional practice and residence. A final discussion offers points of clarification, contention and limitations of the overall design and results from this dissertation.

CHAPTER 2

WRITING THE SPACE BETWEEN SELF AND OTHER: AN AUTOETHNOGRAPHY OF
THE SETTLER-COLONIAL IN DECOLONIAL RESEARCH¹⁸

¹⁸ Jordan, L.S. To be submitted to *Qualitative Inquiry*.

Abstract

Anticolonial theorists suggest that to understand the ongoing structures of coloniality, the worlds of both colonized and colonizer must be understood. In this manuscript I use autoethnography as a methodological process to highlight the questioning, doubt and growth that I experienced as a settler colonial researcher engaged in an anticolonial research agenda. Field notes were composed throughout a 12-month ethnographic study, wherein I lived and worked as a participant-observer at a three tikanga family therapy agency in Aotearoa/New Zealand. Immersion in this complex bicultural context left me unable to answer the question: Can a white settler-colonial conduct culturally responsive research with Indigenous participants in an-other colonial nation? Applying theory to phenomenological experience, I made conscious the uncomfortable truths of colonialism and white supremacy. The resultant autoethnography came to life as an unintended consequence of my engagement in the bicultural hyphen spaces. Through the analytical frames of theory, I emerged with a new sense of self and a new sense of solidarity in anticolonial research. A series of critical reflections conclude this paper to assist researchers to develop the colonial self-awareness needed when conducting cross-cultural research in Indigenous-Colonial contexts.

Keywords: Cross-cultural research, Anticolonial Theory, Decolonialism, Biculturalism

Introduction

Colonialization is a living organism with roots, deep and insidious, at times invisible but always- already there. These roots wind their way around people of and in a land; gripping and pulling them down or supporting and lifting them high. When colonials see them, the roots are painful. We cover them, pretend they are not ours, that we do not see them. This dirt becomes our blindness, this dirt- it feeds and cultivates the roots, it helps them grow. It is the here as at home, but it took coming to the land of the long white cloud for me to finally see them.

These words came to me one morning at three a.m. as I awoke to the truth of the colonial world. To understand colonialism beyond theory left me paralyzed. How could I continue here, honestly and ethically, in this country and in this research? I came to Aotearoa¹⁹/New Zealand with a decolonizing research agenda without appreciating the epistemological error inherent in my plans. Here I met my settler-colonial self and began to understand that I was a tacit member of the colonial project. Colonialism is no mere historical event but a contemporary reality affecting the lives of people around the world (Kauanui, 2016). And it does more than desolating populations, cultures and lands: knowledge, minds, beliefs and behaviors have been colonized too. How does an academic colonialist see through the veil of white supremacy to deconstruct the processes of colonization? Does decolonizing research in the hands of a settler-colonial become re-colonizing?

To answer these questions, I turned my ethnographic gaze onto myself. I came to autoethnography as a process of naming and claiming my positionality as a settler-colonial. Drawing from the raw data of autobiographical vignettes I applied theory to my experience. As bell hooks (1991) wrote “I came to theory desperate, wanting to comprehend- to grasp what was

¹⁹ Aotearoa- the land of the long white cloud, Māori name for the North Island and later the entirety of New Zealand

happening around and within me . . . I saw in theory then a location for healing” (p. 1). The resultant autoethnography has become an inseparable part of my research.

First Rumbings: Carrying my Cultural Load

I didn't realize how quickly I was subsumed by Pākehā culture. We look alike (white), talk alike (English) but I am an alien in their culture- as if I picked up the wrong glasses. Although I could make out images they were fuzzy and misshapen. It is an isolating experience, to be in a place you feel you should fit into but don't. But why did I expect to fit in? Is this the centrality of whiteness? After all Māori have been made strangers in their own land, their language not widely used and their culture on display. At the same time, I grew weary of being ethnically identified as American. Every conversation with New Zealanders revolved around Trump and his mockery of America: I was treated as different and someone smart enough to get out. My internal struggle and feelings of sadness, impotence and fear for my country were invisible to them. This is the culture, the culture of a disaffected American that I brought into my study. I have since come to realize that my disillusionment was a symptom of privilege: in the US many people of color and people of indigenous communities are alienated and disenfranchised by our democracy, but they cannot all escape and wash their hands of it. Carrying this cultural load, I moved through Aotearoa interviewing therapists on experiences of cultural (in)justice. Between my fieldwork and interviews I stepped in and out of differing spheres of influence.

Context of the Study

For one year I lived in Aotearoa/New Zealand conducting an ethnography of the intersections of social justice and culture in mental health. My field site was a family therapy agency known for justice-oriented family therapy, community development, and social policy research (Waldegrave, 2009). The agency's work focuses on cultural belongingness, family

healing and self-determination (Waldegrave, Tamassese, Tuhaka, Campbell, 2003). Its unique focus acted as a proving ground for the experiences of the social justice therapist.

When I walked into the agency I entered a world of multi-cultures and bicultural accountability. On the road I traveled through a world of whiteness—or of white-*washed*-ness. My interview respondents had characteristics that loosely matched my own: almost always white *Tauīwi*²⁰ or *Pākehā*²¹. Given that the mental health system here is vastly over-represented by Māori clients (Wirihana & Smith, 2014) I wondered where the Māori therapists were (Durie, 2013). Upon closer inspection however, the mental health system here appeared to me to be underfunded, stigmatized, fragmented, complex and ultimately not representative of the people who use it (McIntyre et al., 2017; Pulotu-Endemann & Faleafa, 2016). Widening my net I included the institutions that most New Zealanders go to when they are in distress (hospitals, community agencies, and district health boards) and the professionals they are most likely to encounter (social workers, nurses, and *whānau*²² advisors) (Health & Disability Commissioner, 2014). Broadening my research focus brought me uncomfortably close to the feeling of being an insider/outsider in the negotiation of my settler-colonial self.

Insider/Outsider/Out-outsider?

The dissonance of being an insider (by virtue of my language, skin tone, and Westernized ontological systems) an outsider (a migrant with a de facto “American” ethnicity) and an out-outsider (a colonial hoping to create counter-colonial research with colonized others) was at times untenable. As an outsider my perspective on the culture of justice, mental health, and Māori–non-Māori relations was distinct. As an insider I could not escape my white, colonial

²⁰ *Tauīwi*- foreigner, European, non-Māori, colonist.

²¹ *Pākehā*- European New Zealander

²² *Whānau*- family

therapist-researcher identity working as I was in the multi-layered cultural contexts of colonial Aotearoa/New Zealand. This self, my *self*, has always been situated in Western academe—an institution that propagates and maintains the colonizing project (Maydell, 2010). Globalized mental health practices are also culpable for colonization and determinants of well-being are bound to the meanings determined by colonial ideologies (Okazaki, David, & Abelman, 2008). My fears of unconsciously extending Imperialist research resonated in questions that I found best answered through critically reflective autoethnography.

Methodology: Negotiating the Space between Self and Other

By default, researchers bring an element of autobiography to inquiry but in autoethnography the autobiographical itself is the data. Drawing from the ethnographic tradition (Madison, 2011), autoethnographers use autobiography to analyze the connections between self, other, and culture (Chang, 2007). Autoethnography has taken many forms (Ellis & Bochner, 2000) as varied as the perspectives of the authors and as diverse as the meanings and reasoning behind each text (Adams & Holman Jones, 2008). Critical autoethnography incorporates critical theory with the writing of self to understand contextually lived experience (Madison, 2011). My own autoethnography has grown from the work of feminist (Allen & Piercy, 2005; Allen-Collinson, 2013), Indigenous (Smith, 2012; Whitinui, 2014; Tomaselli, Dyll & Francis, 2008), and decolonizing (Nilson, 2017; Pathak, 2010) scholars. Each of these methods offers discursive critiques that connect personal experience with cultural, social, historical and political issues (Allen-Collinson, 2013; Chang, 2008, Ellis, Adams, Bochner, 2011; Holman Jones et al., 2013). By fusing theory to action, critical autoethnographers challenge obscured power and domination (Boylorn & Orde, 2016). As a platform for voices on the margins of science, autoethnography is research of resistance (Kovach, 2005).

Writing my role in the production of research served two overarching purposes. First, it was an effort to engage in a culturally accountable anticolonial study of *myself* in relation to *other*. By writing as both observer and observed I recognized that regardless of intention I am always engaged in the process of *othering* (Krumer-Nevo, 2012). Second, this autoethnography is a deconstruction of my colonial past, present, and future. It is a critical reflection on a journey through the historical and contemporary legacy of coloniality both in Aotearoa/New Zealand and within me. Methodologically, I became culturally humble, ethically critical, and consequentially political. I sought to understand whether and how a white scholar from a colonial nation could conduct non-exploitative culturally responsive research in colonial contexts (Aveling, 2013).

Data Creation and Analysis

Field notes were developed as data during the participant observation, interviews, and fieldwork. I also recorded more than 30 hours of a digital journal. The reflective process gave me a dedicated space for responding to cultural experiences and questioning my role in the research and the culture under study. Other field texts were collections of pamphlets from agencies and ministries (Appendix G) and photographs from public spaces (Appendix H).

The data collection and analysis were intertwined in an interactive process of reflective writing. Given the variety of methods, meanings, writings and purposes of autoethnography (Boylorn & Orbe, 2016) I was perplexed at how to organize a never-ending supply of data for analysis and writing. To structure the analysis, I leaned on theory. Everything that I write, experience, and understand is constructed through my theoretical understanding of myself in the world (Tenni, Smith, & Boucher, 2003). Therefore, I challenged myself to “attempt to identify and step outside the theoretical constructs upon which the writing of the data was predicated” (Tenni et al., 2003, p. 5). I applied the analytic frames of external theoretical constructs to the

internal data of my phenomenological experiences. Moving through theory, counternarratives, and fraught landscapes I (re)(de)constructed my cultural-colonial experience. Writing through experience, I reread vignettes and then perused theories from diverse fields to better make sense of the moments, encounters, and reactions that I had. Overall, I ended with hundreds of pages of writing in the attempt to funnel down from my experiences to answer my overarching question.

De or Re-Colonization: Decolonizing Whom? Who Decolonizes?

Before I departed for Aotearoa/New Zealand my understanding of decolonizing theory was purely academic. The increased use of decolonizing theories by white settler-colonial researchers has been critiqued as disconnecting theory from the place of colonization (Carlson, 2017; Martineau & Ritskes, 2014). I began to question my role in a decolonizing research agenda that was not accountable to indigenous peoples (Carlson, 2017). As someone who benefits from colonial power I continue to engage in the Western colonial projects of research and psychotherapy (Cohen, 2014). These engagements occurred without my understanding “the intense complexity of the colonial experience for both the colonized and the colonizer,” or having “the realization that groups, individuals, even whole nationalities, have experienced colonization both as victim and perpetrator” (Wright, 2001, p. 59).

Colonization of Time, Space, and Mind

Western Europe’s voyages of discovery pushed the reach of European powers from 67 to 84 percent of the globe between 1884 and 1914 (Ramsamy, 2006). European settlements around the world dispossessed people of land, desolated indigenous peoples and cultures, and systemically enslaved peoples (Fanon, 1965; Smith, 2012). European colonization asserted institutional and imperialist supremacy subjecting the world to “a single ‘universal’ regime of truth and power” (Shohat & Stam, 1997, p. 15). This universalist hegemonic regime is expressed

in the monocultural Eurocentric Christian-dominant ontological system pervading all aspects of former British colonies (Consedine & Consedine, 2012). While the act of colonization has waned, the associated powers continue to have profound effects on world citizens (Smith, 2012).

Decolonizing Movements and Research

The decolonization movement is the geopolitical act of colonial powers withdrawing and former colonies establishing political and economic independence (Turner, 2013).

Decolonization is also the self-liberation of indigenous peoples from internal colonization and the colonial mentality (David, 2011). Indigenous scholarship on the colonization of the mind led to the decolonizing turn in research (Smith, 2012). Decolonizing scholarship critically analyzes bodies of knowledge and processes of inquiry focusing primarily on the lives of Indigenous others. Theories of decolonizing research are grounded in critical evaluation of the devastating legacies of imperialism and colonialism (Darder, 2015). Decolonizing theories are deconstructions of hegemonic Western ontology and reconstructions of “epistemological approaches . . . anchored in the histories, cultures, languages, and cosmologies of the oppressed” (Darder, 2015, p. 70). Common themes in decolonizing approaches privilege Indigenous voices and methods, honor sacred cultural protocols, and create knowledge to benefit Indigenous communities (Aveling, 2013). Decolonizing research confronts gendered racialized classed hierarchies of Western colonial domination in the production of knowledge (Darder, 2015).

~~They I Came, They I Claimed~~ (?)

When Smith (2008) wrote, “They came, They saw, They named, They claimed” (p.80), she called attention to the function that research has performed as a tool for indigenous assimilation, acculturation, appropriation and annihilation. Consciously or not globalized cross-cultural research risks rendering epistemologies invisible when they fall outside monocultural

and Imperialistic worldviews (Mutua & Swadener, 2004). Decolonizing the structures of Western academia means directly confronting ideologies that promote, construct, and maintain the colonial vision of the world (Blodgett, Schinke, Smith, Peltier, & Pheasant, 2011).

In Aotearoa/New Zealand as in other colonial nations, “academic research practices . . . have relied extensively on remnant colonial discourses and structures of domination” (Butz & Besio, 2004, p. 350). Research here has been borne on the backs of the subjugated and native ‘others’ (Pratt, 1992). It was a paradoxical bind I put myself in as a privileged white Western academic seeking to be an “allied other” in the decolonizing project. A decolonizing agenda in research is beset with difficulty (Denzin & Lincoln, 2008). For white-American researchers, the problems are directly related to the situatedness of coloniality (Dreyer, 2016; Harding, 2016). In the hands of White academics, decolonization has been described as metaphorically re-centering white ideology to reconcile colonial guilt and complicity (Tuck & Yang, 2012). Decolonizing in this view should be singularly accountable to indigenous futurity and indigenous justice, not the academic self-interest of a colonialist. Otherwise, the colonial mind risks being at once paternalistic (the “helping” colonizer), desolating (misrepresenting, essentializing or silencing), and culturally appropriating and commodifying (claiming and benefiting from indigenous knowledge) (Bishop, 1998).

Paralysis of Privilege

Colonial researchers who want to be authentically involved in Indigenous research can reach a “crisis of legitimacy” (Jones, 2012, p. 101). In Aotearoa/New Zealand this crisis has created a double bind for Pākehā who become unable to “distinguish between their role in Māori-centered research and their role in research in a New Zealand society, which involves Māori among other [cultural groups]” (Tolich, 2002, p. 176). Pākehā who can no longer

discriminate if, how, or when to include Māori in their research reach a state of immobilization (Hotere-Barnes, 2015). This paralysis is a subjective state produced by feelings of guilt, anger, denial and frustration (Crawford, 2016) restraining self–other cultural participation (Matthewman, 2017). It arises from fear of making mistakes, colluding with colonizing practices or creating negative cross-cultural encounters (Crawford, 2016; Hotere-Barnes, 2015). In research communities Pākehā paralysis has given rise to the purposeful exclusion of Māori for fear of delegitimization, misrepresentation or tokenization (McLeod, 2015).

Because I was a non-indigenous scholar in dialogue with Indigenous scholarship my paralysis was already always becoming. On a liminal threshold of the philosophical and the emotional, of the space between self and other I was stuck in ambivalent limbo. I lacked cultural knowledge in a country mired in a complicated relationship with culture (Sanders & Munford, 2015). I was fearful that in my unknowing state I would promote the undisclosed racism that underpins most cultural encounters in Aotearoa/New Zealand (Came, 2015). I was also deeply committed to not using naiveté as an excuse. The more time I spent in a country whose mental health system, forensic institutions and other systems of oppression were overrun with Māori (Shepherd & Phillips, 2016), the more evident it became that I could not ignore Māori voices just because the work was uncomfortable. In my position not engaging with those most affected by the colonization of mental health would be an act of injustice.

Meeting my Colonial Self

If as Fanon (1965) wrote, it is the colonized who must liberate themselves from colonization does the burden of decolonization rest with them alone (Davis, Denis, & Sinclair, 2017)? Colonialism is an ideology that projects a paternalistic view of the world one often driven by religion and Christianity in particular (Consedine & Consedine, 2012). Colonialists believed

that the right to claim lands and people was theirs as members of the superior race (Smith, 2012). Included within this superiority was the duty to rescue/save or extinguish/civilize Indigenous peoples (Wolfe, 2006). Early colonial acts set the stage for colonial modernity's structures of racialized classist and gendered epistemologies and the reproduction of violence worldwide (Adams, Dobles, Gomez, Kurtis, & Molina, 2015). For a colonizer or settler-colonial researcher to conduct decolonizing research she must recognize and reject these vestiges and contemporary realities of colonial power.

Traversing the fraught landscapes of decolonizing, decolonial, postcolonial and anticolonial theories I *settled* with anticolonialism as a structure to frame my research and activism. According to Cannella and Manuelito (2008), an anticolonial agenda explores how knowledge production can produce new forms of exclusion and erasure to facilitate social action. As a culturally and ethically responsive theoretical stance, anticolonialism instructs dominant groups to accountably divest themselves of the privileges they acquired by participation in colonial culture (Coulthard, 2010). With anticolonialism as the goal of my research (Carlson, 2017), decolonialism was the first step I took in atonement (Lang, 2005). Making the subconscious conscious I sought hidden places of colonial control and met with the uncomfortable truths of my complicity in settler-colonialism (Boudreau Morris, 2017).

Settler-Colonialism Theory and Being

Rather than colonization, the settlement of the United States and New Zealand rests on the foundations of settler-colonialism (Veracini, 2010). Colonization and settler-colonialism are related but have different purposes, outcomes and contrasting functions of indigenous-colonizer relations (Glenn, 2015; Veracini, 2013). Colonization occurs when the metropole exploits the resources and people of another land for its own benefit (Veracini, 2011; Glenn, 2015). With no

other reason to stay the colonizer leaves after the resources are exhausted. The goal of settler-colonialism, by contrast, is to establish a permanent colony typically a political, social, and cultural replica of the metropole (Glen, 2015). The goal of permanence demands the elimination of the Indigenous (Wolfe, 2006; Veracini, 2010; 2013). Genocide, violence, forced removal, confinement to reservations and cultural and biological assimilation are all ways of disappearing the people who live on the desired land (Glenn, 2015; Steinman, 2015). In settler-colonial theory, colonialism is recognized as a distinct and complex social structure with continuity through time and constitutive effects today (Wolfe, 2006).

*Like a good little colonialist, growing up in the southeastern United States, the only time I saw or heard of Indians was on tourist holidays. I loved our trips to Cherokee, NC- at the time run down and pervaded with the feeling of a sideshow carnival. On the main streets, lined with souvenir shops stuffed with dime-store Indians, turquoise, and moccasins, it was the spectacle of the chickens that most mesmerized me—chickens inside glass boxes with tiny toy pianos, each one different yet all the same. When you dropped a coin into the box, the chicken would jolt into action and peck out a tune on the piano. At the end of the show, a pellet of food popped out as his reward. It didn't occur to me then that the chicken was electrically shocked every time I dropped a coin. I simply marveled at its cleverness and indulged in a feeling of benevolence for supplying his feed. Shamefully, I remember the entertainment of my goodwill, and the cruelty of humans in boxing up and starving living things of their nature. So too were the Cherokee boxed into a reservation; their reward, ticket sales to performances of their genocide. What fun I had, under the canopy of trees, being one with the Indian in the spectacular "real-life" reenactments of the (re)move(al) of the Cherokee! My mom never liked going to Cherokee; she said it made her feel sad and uncomfortable. To learn **our** history, the history of **Americans** off to Colonial*

Williamsburg we went. I admired the gentility of our settler-forefathers. How civil it all was, in the wild reaches of the settlements. Williamsburg was easy, even comfortable. It did not carry the strange sad impermanence of Cherokee. Williamsburg felt permanent.

The permanence of settler societies as in the United States means that colonialism is not a historical moment. It is a continuous structure and one that requires maintenance. Colonialism is perpetuated by the continual erasure of indigenous populations and the exploitation of marginalized and exogenous “others” (Veracini, 2010; Wolfe, 2006). The feeling of transitory insubstantiality in Cherokee speaks well to the fact that for settler-colonialism to succeed the indigenous other must always be disappearing (Smith, 2012). As indigeneity recedes settler-colonists inherit the right to everything that belonged to the Indigenous- resources, land, culture and spirituality (Smith, 2012). In contemporary society Indigenous disappearance anchors settler-colonialism and is sewn into the fabric of nationhood (Veracini, 2011).

Settler-colonialism’s being a structure and not just a historical series of events (Kauanui, 2016) promotes the normalization of the settler. Today settler-coloniality is based on a history of male dominance supported through globalization, individualism, capitalism and meritocracy (Markus, 2017). The trick of colonialism is that to succeed it must “cover its tracks” (Veracini, 2011, p.3). Through rationalizations and false histories and sciences, colonialism denies its violence making itself seem inevitable, immutable, and natural (Tuck & McKenzie, 2015; Tuck & Yang, 2012). Colonialism situates white privilege, racism, classism, waste and violence (Macoun & Strakosch, 2013). The ideology of colonialism is driven by white supremacy which permeates and narrates all aspects of society (Wolfe, 2006; Regan, 2010; Davis et al., 2017).

Contextualizing White Privilege: The Emergence of Self in White Supremacy

White supremacy is not only a self-conscious racism promoted by White peoples. It is a political, cultural and economic process that privileges white people over all others that is fueled by the belief of White superiority. The colonial project has always been fueled, rationalized and maintained through white supremacy (hooks, 1989). Contextually, undergirding colonialism's triangular construction of "otherness" it underscores the "constitutive hegemony of the settler" (Veracini, 2010). The settler is at the top of this triangle. At the bottom on opposite but equivalent points are the indigenous other and the "exogenous other" (Veracini, 2013). Exogenous others (slaves, migrants, refugees) were and continue to be crucial to the success of the colonial project. They are kept in marginalized and subordinate positions to serve the needs of the settler-colonial powers. The racialization of indigenous and exogenous others positioned non-Europeans as inferior to the supremacy of whiteness (Glenn, 2016).

The pōwhiri is a ceremony of welcome. Guests to a sacred place are invited in by the hosts, as speeches, songs, and hongis²³ are shared and the living meet among the dead. As a guest I am manuhiri, and as such I am presented with a wero²⁴. How I handle this sets the tone for the remainder of the day. Traditionally the wero takes the form of warriors, battle yells, and threatening gestures. The interaction concludes when the warriors set down a symbol of peace to be picked up by the manuhiri. When I was welcomed into the kaupapa Māori²⁵ agency at the powhiri today, my kaikōrero²⁶ introduced me as ko ia te tamahine o (the daughter of) Trump. Looking up, I understood te reo²⁷ enough to know this was in jest but a wero all the same. With

²³ Hongi- to press noses in greeting.

²⁴ Wero- challenge

²⁵ Kaupapa Māori- doctrine that incorporated the knowledge, skills, attitudes and values of Māori society.

²⁶ Kaikōrero- speaker

²⁷ Te reo- language

shame, I looked to the tangata whenua²⁸, and I could not disagree. Māori in this hui²⁹ knew me no differently: from their eyes- his whiteness, paternalism, supremacy, individualistic bombasticism, were as much mine. When Trump protects white supremacy, he isn't just protecting the deplorables; he is protecting me. He creates the conditions in which I can deny the salience of white supremacy by pointing fingers to those in Charlottesville. The more invisible white supremacy is, the more normal it becomes, and the more complicit I am in its maintenance. Not seeing it for what it is relegates it to Nazi, Fascist, white nationalist identities: bestowing the belief that white supremacy is action rather than foundation. As I sat there, I watched myself being watched, and in that moment, I mentally bent down and picked up the offering of peace by accepting this truth about myself and the reality of my positionality.

White privilege is a crucial analytic frame for family therapy, naming the unearned rights of white people (Hernandez-Wolfe & McDowell, 2013). Problematically the facile adoption of white privilege conceals the structures that create its conditions. Whiteness is situated as innocent rather than agentic in the creation of privilege. My nascent understanding of white supremacy emerged viscerally as I realized that I cannot claim to have white privilege without the existence of white supremacy. White supremacy is the driver, reason and symptom of settler-colonial nations' dominance and desolation of indigenous peoples and exogenous others.

Much like the chicken, white supremacy jolts me unconsciously into action to grasp at the pellet- white privilege as my reward.

Anticolonialism as Bicultural Solidarity

The amnesia of colonial mentality aside “colonialism has not been alone in its journey through the ages . . . with it have come resistance, refusal, and the agency of the oppressed. With

²⁸ Tangata whenua- people of the land

²⁹ Hui- meeting

it has come anticolonialism” (Kempf, 2009, p. 14). Anticolonialism has a variety of meanings involving different people, places, purposes, and histories (Bermúdez, Muruthi, & Jordan, 2016). As an intentionally political and activist-based theory anticolonialism is a “resistance-based approach to understanding and countering colonialism” (Kempf, 2009, p. 26). Like black feminist intersectionality (Collins, 2002; Crenshaw, 1989), anticolonial analysis questions “intersections of class, gender, ethnicity, disability, sexuality, racial, linguistic, and religion-based oppressions” within colonial processes (Kempf, 2009, p. 14). To prize apart the complexity of colonialism anticolonial theory evaluates the interwoven experiences of colonized and colonizer (Dei & Kempf, 2006). Through the holistic appraisal of both it functions as a tool of resistance for the oppressed and a tool of accountability for the oppressor (Kempf, 2009).

Anticolonialism: Survival as Resistance

Settler colonies have a persistent obligation to deny the presence of indigenous and exogenous others while hiding the resultant inequalities (Smith, 2011; Veracini, 2010). Persistence and resistance become the weapons of the oppressed for countering the blindness of colonial reality (Veracini, 2011). The presence of indigeneity defies settler-colonial tendencies to deny collusion in colonial injustice, appropriation of indigenous culture, and denial of modern indigenous existence (Veracini, 2011, Wolfe, 2006). The mere act of survival problematizes settler-colonials’ willful ignorance of their complicity in the colonial project.

The United States has done an excellent job of erasing the Indian from our memory, just as my memory of Cherokee faded with the next roadside attraction. In Aotearoa, I faced the reality of Indigenous resistance, as Māori existence is everywhere there. Markers of Māoridom prompted a nagging recognition that this presence was absent in the U.S. Characterizations have made cartoons of the people of the American land. Sports teams, high school mascots, and

Halloween costumes all dehumanize and make unreal the Indian reality. History is whitewashed. The Native American has become a faded and distorted photocopy of itself, preserved in our memories as both static and replaceable. In Cherokee, it is likewise impossible to ignore that the place is now a North Carolinian city, rather than a people and a nation. This was part of the sadness and discomfort my mother felt and the shame I now feel. Cherokee continues to exist, in spite of colonial efforts to make it disappear and become something else.

Anticolonialism: Movements of Accountability

The role of the colonial in anticolonial research is to be aware of and confront the reality of coloniality (Macoun & Strakosch, 2013). By critiquing the ways colonialism intersects with systems of dominance and oppression, anticolonial action becomes rooted in one's subjective experience as a settler-colonial (Bloom & Carnine, 2016). Awareness of colonial mentality allows for the deconstruction of privilege as a mysterious result of unseen forces (Glenn, 2015; Snelgrove, Dhamoon, & Corntassel, 2014). Once aware, the settler-colonial becomes accountable to "unsettle the settler within" (Regan, 2010).

Resistance and Accountability: Solidarity in the Hyphen Spaces

Michelle Fine (1994) described the hyphen as a political tool that can separate or merge identities. In indigenous-colonialist research, the discursive hyphen when left unchecked generates unbridgeable chasms between the civilized and the uncivilized as in the romanticized distinction between savage and Western man; it preserves space between researched and researcher (Jones & Jenkins, 2008). By using it purposefully however, researchers can challenge the binary modifiers that delineate between the epistemological us and them, colonizer and colonized, and indigenous and foreign perspectives (Stewart, 2016; Tuck & Yang, 2012). The hyphen attaches *us*, the researcher to *them*, the researched. But without the purposeful inclusion

of the hyphen we author the other as independent of our creation of their written identities (Cunliffe & Karunanayake, 2013). To work the hyphen means working to bridge the chasm of self and other and resist the ease of othering (Fine, 1994; Stewart, 2016).

The hyphen in “Māori-Pākehā” for me represents spaces of connection, difference and bicultural accountability. Biculturalism has a complicated political history in Aotearoa/New Zealand at times separating Māori and Pākehā even in the best efforts to join them (McDonald, 2016). The bicultural relationship between Māori and Pākehā was an offering Māori presented to the British Crown at the signing of *Te Tiriti O Waitangi* (Huygens, 2016). Te Tiriti recognized Pākehās’ right to reside in Aotearoa under the Crown’s governance which was superseded by Māori sovereignty (Network Waitangi, 2016). In contemporary Aotearoa/New Zealand biculturalism aspirationally places Māori parallel with Pākehā (Culpitt, 1994). This is a goal—the equal partnership between two groups—and a process (the righting of past injustices and re-empowerment of Indigenous peoples; Ward & Liu, 2012).

In anticolonial research solidarity can emerge from the hyphen space of biculturalism (Cunliffe & Karunanayake, 2013). It is the political practice of co-existence rather than denial of Indigenous existence (Bell, 2008). The power of bicultural solidarity is the creation of shared accountability and opportunity (Fraser & Briggs, 2016). The accountability of a Pākehā researcher is for working toward righting the wrongs of colonialism while being careful to not commit more in the process. Through the bicultural lens I became accountable for confronting my colonial identity. I experienced my part in colonialism with discomfort and shame. Simply withdrawing from the messiness of cross-cultural research is another way of erasing the cultural ‘other’. Unlike Māori who must continuously navigate between two worlds in their own country, I felt entitled to decide whether I would engage with the Indigenous other. What I didn't

recognize at first but is now exceptionally clear to me is that the decision was not mine. Māori practitioners must decide whether they will accept, collaborate with, and share knowledge with me their colonial other. It fell on my shoulders to become acceptable to Māori. As I walked alongside Māori and Pasifika scholars and clinicians my sense of self changed. A new sense of purpose emerged from the past grounded in feelings of solidarity and a commitment to living in the discomfort of those bicultural spaces to ethically engage in research with Māori participants.

Culturally Just Research: Reflections for Colonial Researchers

Cross-cultural research in family therapy is still developing. Many scholars in this area commit themselves to critical, transformative and culturally responsive agendas (Bermúdez et al., 2016; McDowell, 2015; Seponski et al., 2013). The goal of increasing the well-being of marginalized communities has many potential benefits. There is also a risk of unintentional reproduction of colonial ideology when the dynamic is one of a settler-colonial researcher working in colonial spaces. Interactions between colonial researchers and Indigenous researched exist in “highly asymmetrical relations of domination and subordination” (Pratt, 1992, p. 4). Although we seek to give voice to participants we also speak for them and narrate their realities through our situated lenses (Fine, 1994). We do so as “inventors of some questions and repressors of others, shapers of the very contexts we study . . . interpreters of others’ stories and narrators of our own” (Fine, 1994, p. 13).

After I concluded that research on mental health in Aotearoa/New Zealand could not overlook Māori experience, I questioned my positionality as interpreter and narrator of others. At every stage of research, I asked *Why do I want to do this work? Who does it benefit? What are my motives, goals, and intentions? How do I know that good intentions are just intentions? How do I recognize when the work becomes an act of theater?* These are just some of the questions

colonialist researchers must ask themselves in the pursuit of anticolonial research. To further aid settler-colonial researchers interested in anticolonial work I offer the following critical reflections that I encountered during my time in Aotearoa/New Zealand. These reflections are applicable to cross-cultural researchers developing projects in bicultural hyphen spaces. They are grounded in the analysis of my experience in Aotearoa and are intended to support practitioners from other settler cultures who question their engagement in culturally responsive research. The suggestions are described below, and outlined in Table 2.1.

Table 2.1

Reflections for Colonial Researchers in Culturally Just Research

Step	Problem	Action	Reflective Questions
Transform Knowledge	<ul style="list-style-type: none"> It is a privilege to not be aware of and challenge the reality of colonialism for Indigenous and other minoritized communities 	<ul style="list-style-type: none"> Learn the hidden histories of the country, land, and people of your nation 	<ul style="list-style-type: none"> Where did I learn the history of the US? What did I learn about the US pre-colonialism? How did these learnings effect my current day beliefs about American Indians, immigrants, refugees, and descendants of slaves? How does this knowledge impact the research I conduct?
Know Colonial Identities	<ul style="list-style-type: none"> The normalization of whiteness, has been developed through the process of settler colonialism, in which the Indigenous other is relocated, assimilated, or decimated and the exogenous other is used for nation building. 	<ul style="list-style-type: none"> Learn the structural and concurrent processes of settler-colonialism. 	<ul style="list-style-type: none"> How did my family come to this country? Did they come with hopes or from fear? Were they forced from their homeland through slavery or persecution? What cultural protocols and traditions from my family's homeland do we continue? Which ones have we abandoned? Can I ever know my homeland, my genealogy? How did my family settle in one place over another? How did they acquire land? Or what forces kept them from doing so? How did colonialism bring about my family's acculturation or assimilation?
Un-Disappear the Always Disappeared	<ul style="list-style-type: none"> We are connected to Indigenous by our occupation of their land Ignoring this reality continues the process of settler-colonialism 	<ul style="list-style-type: none"> Learn the history and current day reality of the land on which you work and live 	<ul style="list-style-type: none"> Who was initially on this land? Who resides there now? How did that come to be? Was there forced relocation? Where are they now? To what effect?

- | | | | |
|--|---|---|--|
| Know the Settler-Colonial Within | <ul style="list-style-type: none"> ▪ Learning our role in the colonial project can produce uncomfortable feelings of shame, guilt, anger, and resentment. | <ul style="list-style-type: none"> ▪ Become comfortable in discomfort ▪ Be challenged ▪ Share power ▪ Give up control | <ul style="list-style-type: none"> ▪ What discomfort do I feel (shame, guilt, anger)? From where does it stem? ▪ Where do I feel this discomfort? When? Who with? What do I do in those moments? ▪ How do I acknowledge this discomfort? How do I keep the discomfort central rather than ignoring it? ▪ Does my discomfort parallel the discomfort of others? How is it similar? Different? |
| Rethink Social Justice and Reframe Solidarity | <ul style="list-style-type: none"> ▪ Social justice researchers risk promoting justice based on democratic and Christian based ideas of justice ▪ Being an ally means being in alliance between two people or groups. It is the right of the minoritized other to invite the majority other to become an ally | <ul style="list-style-type: none"> ▪ Consider how your personal commitments are a function of your interests and worldviews are linked to another's goals. ▪ Learn about the risks of being an ally, and the differences of working in solidarity | <ul style="list-style-type: none"> ▪ How does my research interest connect to the research interests of the community under study? ▪ How did I become interested in this community? ▪ What purpose will this research serve for myself and the community? ▪ How will I know when the research no longer benefits the community? What will I do when I recognize this? ▪ How does my own liberation and healing come out of the liberation and healing of the community I study? |

Transforming Knowledge: Not-knowing is a Place of Privilege and Violence

One afternoon, I held a focus group with adolescents in the office space where my colleague conducted therapy. The following morning, I woke with a start, remembering that I had left the juice and cups out around her office. I went in early to clean up, but when I pulled in, she was there. I could see the anger, hurt, and frustration in her face, and her words came quickly and assertively. I knew I had done something to violate her trust, but I didn't understand. In the U.S., it is normal to share office spaces, especially in therapy clinics. But she stopped engaging with me, and I felt attacked, wounded, and confused. Later, my cultural advisor explained the sacredness of Māori spaces and the tapu³⁰ of bringing food into them. A critical friend challenged me to translate this experience with my colleague to the broader picture in

³⁰ Tapu- prohibition

order to better understand how my purpose and intentions in research might be limited by my own scope. As I reflected on this one moment that had seemed so small to me, I realized how easily, for all my desire to be culturally responsive, I could tramp over the existence of my colleague's space, culture, and right to being in one simple gesture. This was the totality of the normalcy of colonial identity, and I could not continue to be in the space of accountability and claim ignorance as my excuse.

The settler-colonial ability to remain uninformed, unaware and unchallenging of the reality of colonialism is the privilege of not-knowing (Carlson, 2017; Snelgrove, Dhamoon, & Cornthassel, 2014). Settler-colonials are capable of and culpable for remaining ignorant of the living history of colonialism and its structural effects on social, political and cultural worlds. This ignorance leads to complicity in the status quo of coloniality structures (Regan, 2010). The researcher's ability to choose whether to engage with the discomfiting emotions of anti-colonial work demonstrates the privilege of not-knowing (Boudreau Morris, 2017). Choosing not to participate is a sign of colluding in the "cultural politics of refusal" (Bell, 2004, p. 92) a refusal that assumes that colonial structures, institutions, and ideologies are natural and a denial that diminishes other cultures, knowledges and ways of being and living (Nogueira, 2012).

The genocidal violence of settler-colonialism has been historicized. Placing colonialism in the past shrouds the institutional processes that continue to disappear Indigenous peoples and marginalize exogenous others. Not-knowing the structural continuity of colonialism, overlooks the violence of assimilation, appropriation and disenfranchisement. Not-knowing the modernity of colonialism is the violence of white supremacy. Historical settler epistemology was grounded in a supremacist gendered racialized and hierarchized vision of the world (Seawright, 2014). Research under the "white racial frame" (Feagon, 2012, p. 7) reproduces social, economic and

political violence in the dehumanization, decimation and exploitation of Indigenous peoples and people of color (Bonds & Inwood, 2016).

Anticolonial research first challenges settler-colonial scholars to understand history from the margins. To prize apart the role of colonialism in today's academic and social worlds we must look back to settler-colonials' building of the world. Learning the historical legacy of colonialism allows a better discernment of how "the logic, tenets, and identities engendered by settler colonialism persist and continue to shape race, gender, class, and sexual divisions, privileges, and oppressions into the present" (Glenn, 2015, p. 57). By transforming colonial knowledge, we make spaces for our settler-colonial identities to emerge. Learning the history can help us as we translate forward the ways in which our actions, behaviors and intentions are read and felt by those we are in relationships with.

Colonial Identity: Unless you are Indigenous, You are a Settler

Building alliances across cultural hyphen spaces requires non-indigenous researchers to contextually situate colonial identities (Boudreau-Morris, 2017). Scholarship on settler-colonialism is rapidly expanding. It is invaluable as a tool for learning the role of colonialism as a system of current rather than historical processes and structures. The analytic frame of settler-colonialism provides an intersectional approach to reflexive interrogation of our social locations. To understand our social locations, we must first understand our spatial locations (Soja, 2010).

We cannot decontextualize ourselves—writing as if from nowhere. Non-Indigenous anticolonial researchers recognize their occupation of Indigenous homelands and acknowledge the role of settlement in their professional and personal lives. This occupation sustains colonial institutions benefitting settler-colonials and perpetuating cultural genocide (Davis et al., 2017). Our settler-colonial identities are grounded in the lands we occupy. Acknowledging that all non-

indigenous people are settlers does not mean saying that all settlers are created equal (Snelgrove et al., 2014). The bedrock of settler-colonialism relies on differentiated forms of subject formation (Snelgrove et al., 2014) and the “construction of inferior otherness” (Veracini, 2010, p. 103). The formation of the colonial subject has variously privileged some while disenfranchising others.

One cannot fully and responsibly undertake the goals of anticolonial research, social justice, or cross-cultural research without being accountable for one’s social and spatial identities. To discern these, we can ask: How did my family come to this country? Did they come with hopes or from fear? Were they forced from their homeland through slavery or persecution? What cultural protocols and traditions from my family’s homeland do we continue? Which ones have we abandoned? Can I ever know my homeland, my genealogy? How did my family settle in a particular area over another of the country? How did they acquire land? Or what forces kept them from doing so? How did colonialism bring about my family’s acculturation or assimilation? Identifying our relocation, settlement and cultural histories lets us pick apart the normalization of the colonial mentality to call out the deceptiveness of white supremacy (Smith, 2012).

Un-Disappear the Always Disappeared: On Whose Land do you Stand?

A marae is a turangawaewae- a place of standing and belonging- it is a community grounds for Māori. It is an honor to noho marae³¹ as a tauivi and to sleep in te wharenuui. Te wharenuui is a sacred structure resembling a human body (see Appendix P for images of a te wharenuui). When you enter it, you enter the sacred space where the knowledge of whanau and the history of the land are kept. I woke one night and heard the sounds of sleep around me. I

³¹ Noho marae- stay on a marae, typically overnight

looked at the heke³² that represent the ribs of the whātua³³ who protects and keeps me warm. I thought about the place as tūrangawaewae³⁴, and I realized I did not know where my place was to stand or belong. The next morning, my cultural liaison challenged me to consider that the place where I belong was once another's.

The colonial mentality limits our ability to know the reality of Indigenous land and people (Carlson, 2017). But recognized or not we are connected to the Indigenous peoples of the land we occupy (Carlson, 2017) and how we situate those connections is a question of responsibility (Snelgrove et al., 2014). We are responsible for learning the modernity of indigeneity; we are accountable for knowing on whose land we stand. Once we learn the genealogy of the land we can start to unravel the complex web of relationships we have as occupiers to the people of the land. The disentanglement starts when we ask, who was initially on this land? Who resides there now? How did that come to be? Was there forced relocation? Where are they now? To what effect?

Our exploration cannot end with the past but rather the past must propel us forward. A dangerous and covert effect of indigeneity is when the non-Indigenous essentialize or freeze Indigenous culture. The frozen identity of Indigenous peoples diverts attention from present-day socio-political achievements and knowledges (Stewart, 2016). It simultaneously paints Indigenous peoples as objects of condemnation and pity (Davis et al., 2017). The distortions of coloniality (Carlson, 2017) mean that non-indigenous people can never know the "indigenous worldview, history, and experience" (Kovach, 2009, p. 161–62). This does not mean that we are unaccountable. Researchers in indigenous-colonialist hyphen spaces are accountable to the

³² Heke- rafter, beam

³³ Whātua- ancestor

³⁴ Tūrangawaewae- place where one has the rights of residence and belonging through kinship and whakapapa.

living, growing and always progressing perspectives, experiences, epistemologies, cosmologies and languages of the land on which we stand (Carlson, 2017).

Places of Challenge: Knowing the Settler-Colonial Within

In Indigenous-Colonialist research tension builds as we consider the fact that the Indigenous self cannot exist separately from the colonial self. This is the bicultural hyphen space that is both connective and divisive, an uncomfortable place where cross-cultural research relationships exist. Engaging with counter-narratives is inherently uncomfortable to settler-colonials because they must first admit their culpability (Davis et al., 2017). Forging anticolonial solidarity in research requires that we sit in discomfort, allow ourselves to be challenged, give up control and certainty and stay committed to the existence of difference.

The discovery of settler-colonial identities can produce feelings of shame and guilt. But denying the existence of painful emotions forces Indigenous peoples to live with the pain of their colonial realities while we withdraw from our own (Stewart, 2016). Becoming comfortable (but not complacent) with discomfort allows solidarity to emerge from “an embodied place of connectivity that is essential to reconciliation” (Regan, 2010, p. 12). Wrestling with the weight of our complicity in colonialism can be overwhelming. Entering cross-cultural research through shame destabilizes the stable footing required for solidarity. Anticolonial research involves an appreciation of both the colonial and indigenous experience. To allow negative emotionality erase our experience limits movement between the uniqueness of the colonial-indigenous hyphen spaces (Humphrey, 2007). Remaining grounded in our sense of belongingness lets us maintain our commitments of relational accountability to ourselves and others (Bloom & Carnine, 2016).

Ultimately the unknown confronts researchers in cross-cultural encounters that can provoke uncertainty. What we learn in these relationships is often “not what we were prepared to

know” (Jones, 2012, p. 4). Communities may deny us entry; we may enter spaces of misunderstanding, conflict and tension. Communities may challenge our intentions and question our findings, means and methods. The limits of understanding across cultures can create disappointment and frustration and lead to a retreat into colonial epistemological superiority (Stewart, 2016). Colonials involved in anticolonial research can subvert the settler-colonial within and push back on colonialized institutions and practices to embrace the productive tensions between knowledge systems (Carlson, 2017).

Rethinking Social Justice, Reframing Solidarity

Anticolonial research requires a critical accounting of the meanings and purposes of social justice (McLeod, 2015). Christianity and other colonial agendas have influenced many of our current social justice discourses (Reisch, 2002). Despite our best intentions, social justice researchers often fall prey to perpetuating the colonizing discourses they hope to counter (Consedine & Consedine, 2012). By rethinking social justice, we can make the space needed for Indigenous justice dialogues to emerge. Reframing our ideas of justice does not mean that we are allies with our Indigenous others. To be an ally means to enter into an alliance—an agreement between parties. It is not the right of the settler-colonial to decide to be allied to groups or causes (Boudreau Morris, 2017). It is the choice of the community to bridge and invite us into the alliances we desire.

Through this autoethnography I reframed my aspirations for social justice as taking a stance of solidarity (Mohanty, 2003). While allyship and solidarity have similar aspirational goals, there are subtle but significant differences between them. An ally is a person of privilege who uses that privilege to further the goals of oppressed or marginalized communities (Edwards, 2007). Complaints about the ally stance are that it becomes a type of theater performed from

paternalistic desire or the need to assuage privileged guilt (McKenzie, 2017). Solidarity is a position that a person takes alongside others who share similar goals (Chouliaraki, 2013). Like the family systems theory of equifinality (Bertalanffy, 1968) solidarity accomplishes its goals—possibly different ones- through different means.

One's commitment to solidarity movements is a function of how one's interests and worldviews are linked to one's goals. Such seeming self-interest is not rooted in ambition, personal advancement or amelioration of guilt. It is a worldview according to which we are all connected by virtue of our humanity (Chouliaraki, 2013). This interest stems from a person's "willingness to carry out the requirements of a pattern of social action because he or she sees it as stemming from his or her own basic nature as a person" (Kanter, 1968, p. 502). Working against settler-colonialism in solidarity with marginalized others means first understanding how the hidden places of colonial control affect our own wellbeing (Sharma & Wright, 2008). The multidimensional and intersectional effects emphasize the fact that to disrupt colonialism is for each us our own good and not just the good of Indigeneity (Snelgrove et al., 2014).

Conclusion: Ka Mua, Ka Muri - Walking Backwards into the Future

In their own homeland Māori have no choice but to navigate the bicultural hyphen spaces between Māori-Pākehā worlds (Mika & Stewart, 2017; Stewart, 2016). Colonial researchers stand in places of privilege which allows them to engage in or deny hyphen spaces (Jones, 2012). This means we can choose *not* to tell the story of the other; or can choose to tell the story of the other and pretend it is *pure*. A third way develops when we tell the story of the other but make it clear that it is our story too (Fine, 1994). For me bicultural engagement was my ethical duty as a tauīwi, a visitor to Māori lands (Lang, 2005). I abandoned my naive ideas of conducting kaupapa Māori research (Aveling, 2013) and focused on the intentional inclusion of Māori voices (Mika

& Stewart, 2017). By working with critical friends, learning cultural protocols, making *noho marae* visits and generally engaging in the messiness of intercultural life I entered the hyphen spaces (Nicholls, 2009). Working the hyphen also meant extending my bicultural solidarity to my own homeland and untangling my socio-political positionality as a Tauwiwi from a colonial nation (Wagle & Cantaffa, 2008). Entering the indigenous-colonialist hyphen spaces requires interrogation of settler-colonialism's overwhelming influence (Lang, 2005).

The autoethnography that emerged and made conscious the uncomfortable truths of power and privilege was an unintended consequence of my engagement in the hyphen spaces. Throughout my dissertation work I was tempted to deny my place in the research. The bicultural hyphen space appeared to separate me as I fought against the dissonance of what makes science "science" (Harding, 2016). Theoretically I believed in the validity of autoethnography as a social science methodology. But the closer I came to write, the louder the words ". . . just not for me" echoed within. This echo was the siren-song of colonialism calling me to remove myself and my experience in the effort to produce *pure* knowledge (Orbe & Boylon, 2016). Just as the colonial project requires the invisibility of the oppressed, colonial science requires the invisibility of individuals, difference and self (Harding, 2016; Smith, 2008). Being in the hyphen spaces also meant confronting the invisible cloak of colonial science (Fine, 1994) that declares autoethnography to be atheoretical, ungeneralizable and *soft* (Maydell, 2010).

Colonial arguments against autoethnography suggest that it is an act of solipsism that cannot represent the range of difference and similarity in intercultural experience (Orbe & Boylon, 2016). I suggest as have others before me, that critical reflexivity is crucial for ethical cross-cultural research (Aveling, 2013; Nilson, 2017; Pollack & Eldridge, 2016). Moving forward without fully exploring our experiences with culture, other and history allows us to

author participants from an undisclosed position of colonial bias (Cunliffe & Karunanayake, 2013). Just as we endeavor to know the objects of our study we must also know our past and the past of our place (Bloom & Carnine, 2016).

The Māori whakataukī³⁵ “ka mua, ka muri” guides us to *walk backwards into the future* (Kāretu, 1999). I end this paper as many hui begin in Aotearoa/New Zealand. The pepeha³⁶ communicates identity, establishing the speaker’s temporal location of whakapapa³⁷ and connection to the land (Morgan, 2006). It makes visible intersecting histories to develop the relational positionality of speaker and listener (Love, 2002). I deliver my pepeha out of order as it is in this order that I could first speak it. Moving through memories of my childhood and not until I prepared to leave Aotearoa/New Zealand could I answer ko wai ahau (who am I). My pepeha (table 2.2.) is my current place in the world stemming from my ancestral past, on the path I travel into the future towards solidarity.

Table 2.2

Pepeha

<i>Ko Warwoman toku maunga,</i>	<i>My mountain is Warwoman,</i>
<i>Ko Tallulah toku awa,</i>	<i>My river is Tallulah,</i>
<i>Ko hia toku waka,</i>	<i>My waka is many,</i>
<i>Ko Tiamana raua Kōtarana te Iwi,</i>	<i>My ancestors come from Germany and Scotland,</i>
<i>Ko Jordan raua ko Sheriff te Hapu</i>	<i>My kinship group is Jordan and Sheriff,</i>
<i>Ko whero paru Georgia turangawaewae,</i>	<i>My place of standing is on Georgia’s red clay,</i>
<i>Ko Emory, Rheba, Sam, Eleanor oku mātua,</i>	<i>My grandparents are Emory, Rheba, Sam, Eleanor,</i>
<i>Ko Lee toku papara,</i>	<i>My father is Lee,</i>
<i>Ko Samille toku whaea,</i>	<i>My mother is Samille,</i>
<i>Ko Collin toku tungane,</i>	<i>My brother is Collin,</i>
<i>Ko Stephen taku tane,</i>	<i>My husband is Stephen,</i>
<i>Ko Lorien toku ingoa.</i>	<i>My name is Lorien.</i>

Warwoman is the mountain where my ancestors settled, named for a Beloved Cherokee.

Tallulah is the river that feeds our mountain, named by the Hitchiti. Many are the ships that

³⁵ Whakataukī- proverb, significant saying, cryptic saying, aphorism.

³⁶ Pepeha- saying of the ancestors, of words and metaphor to encapsulate many Māori values and humanities

³⁷ Whakapapa- genealogy

brought my family to this land, for many reasons. Germany and Scotland are the countries from which my family came. A generalization, as my bloodlines are many, these are the two we most often identify. Jordan and Sheriff are my kinship group. The red clay earth of Georgia is where I stand, emerging from my family tree. Emory, Rheba, Sam, and Eleanor are the bloodline of my ancestors, that I follow through my grandparents. Lee and Samille are the parents who nurtured me. Stephen is the source of my comfort and stability. Because of all these things, I am, and am always, becoming Lorien.

CHAPTER 3

“HOPEFULLY YOU’VE LANDED THE WAKA ON THE SHORE”: NEGOTIATIONS FOR
BICULTURAL PRACTICE³⁸

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Abstract

The development of bicultural mental health practice is one that promotes the principles of te Tiriti O Waitangi while attending to the colonial history and contemporary reality of Aotearoa/New Zealand's communities. Scholars, clinicians and policymakers must enter the spaces between the boundaries of Indigenous and Western knowing to negotiate and innovate for bicultural methods of healing. In this paper I report on findings from a situational analysis of the negotiated spaces. Through iterative map-making I cartographically charted the discursive positions described by participants in negotiating between Indigenous and Western knowledge systems. In total six major negotiation positions emerged, which were revealed in the actions, stakeholders, and institutionalized discourses that negotiate and constitute bicultural practice: Opposition, Resistance, Assimilation, Maneuvering, Unsettling, and Bridging. Findings indicate that while there is genuine engagement in the in-between spaces of Indigenous and Western knowing, largely negotiations from Western systems have been superficial. Implications for policymakers and clinicians are made for movement towards biculturalism.

Keywords: *bicultural mental health, situational analysis, negotiated spaces*

“Hopefully you’ve landed the waka on the shore”: Negotiated Spaces in Bicultural Practice

Introduction: A Bicultural Context

In Aotearoa/New Zealand those who work in the mental health system operate between the intercultural boundaries of a bicultural society (Durie, 2011; Mila-Schaaf & Hudson, 2009a). There are cultural differences between the bodies of knowledge that constitute Westernized mental health and Indigenous holistic wellbeing (NiaNai, Bush, & Epston, 2016). There are also historical power differences between the colonizing practices of mental health and the Indigenous resistance to pathologization (Cohen, 2014). The spaces between these cultural and sociopolitical boundaries are negotiated spaces: junctions between intersecting interests and epistemologies. Within these negotiated spaces, possibilities exist for the creation of a just and culturally responsive mental health field that holds both Western and Indigenous knowledge and ways of knowing to be valid (Mila-Schaaf & Hudson, 2009a; 2009b). However, negotiations in the in-between spaces must be navigated by all actors in the mental health system in order for the system to adequately and appropriately respond to the needs of clients. Without genuine negotiation, these boundaries put workers and clients alike at risk of being “caught-between-two-worlds” (Waldram, 2004). The negotiations within the boundaries of the Indigenous and Western worldviews are the focus of the current study.

Drawing on the negotiated spaces theoretical framework (Mila-Schaaf & Hudson, 2009a; 2009b) I report on the findings from a year-long critical ethnography of cultural justice in New Zealand’s mental health system. Data from the interviews were analyzed iteratively through the situational analysis positional mapping procedure (Clarke, 2005) to develop a cartography (McDowell, 2015) of the negotiated spaces between Indigenous and Westernized paradigms. This paper begins with a brief introduction to the contested spaces of bicultural practice and the

theory of negotiated spaces. Moving into a detailed account of the situational analysis methodology and findings, I highlight the negotiation strategies that promote or hinder the integration of the Western clinical and Indigenous cultural worlds. In closing, I discuss how therapists and policymakers might navigate these spaces intentionally to enact culturally responsive bicultural practices.

Throughout this paper I refer to Indigenous and Westernized paradigms, epistemologies and cultures. Without the space to write of the overwhelming diversity between Māori and Pasifika cosmologies, scientific methods, ways of healing and beliefs of wellbeing, the terms are pragmatic choices. I use the term *Indigenous* as scholars have before me, drawing on ideas put forth by Smith (2008) and Mila-Schaaf and Hudson (2009a; 2009b) to discuss the paradigms of Māori and Pasifika knowledge and culture. Similarly, the term *Western* is an oversimplification that also draws on previous scholarship (Cohen, 2014).

Aotearoa/New Zealand's unique stance as a bicultural nation developed out of the signing of Te Tiriti O Waitangi by Māori and the British Crown in 1840. The treaty proposed that Māori and Tauīwi would live together in equitable balance with responsibilities for partnership, protection of culture and resources and guaranteed participation in society for all (Came & Tudor, 2016). Although the British did not follow the articles of the Treaty, instead using them to legitimize Aotearoa/New Zealand's colonialization, the principles of the Treaty contain a foundational blueprint for the creation of a just bicultural society (Came & Tudor, 2016; Green et al., 2014). Following the principles and spirit of Te Tiriti would ensure that a bicultural mental health system would be a system in which:

Two autonomous, culturally diverse and culturally unique groups, Māori and Pākehā/Tau Iwi, choose to encounter themselves and each other, developing their cultural identities in two separate groups and then binding together as one within the wider context of a unitary psychotherapy community (Green et al., 2014, p. 132).

The creation of a bicultural mental health system in Aotearoa/New Zealand has been largely aspirational (Crocket, 2013) and practices currently remain dominated by the monocultural lens of Westernized psychological science (Cohen, 2014). Increasingly however, arguments are being made against the monocultural mental health system as failing and endangering Indigenous wellbeing (Durie, 2011; Waldegrave, 1985; Wirihana & Smith, 2014). In response to the shortcomings of mainstream mental healthcare, the rise of Indigenous science has created a cultural resistance against the colonization of mental health (Cohen, 2014). The Indigenous resistance has placed pressure on policymakers and practitioners to incorporate cultural and clinical methods in the formation of bicultural practice (Crocket, 2013).

Progress has been made as a small number of agencies and non-governmental organizations have integrated Indigenous and Western healing (NiaNai et al., 2016). The Māori and Pacific workforce has also increased (Pulotu-Endemann & Faleafa, 2016) and cultural competency requirements for all clinicians have been put into place (Crockett, 2013). These efforts however, are diminished by the lack of a comprehensive and unified theory of bicultural mental health, a lack of funding and a lack of agreement among practitioners regarding the utility of attending to culture in mental health (Crocket, 2013; Ministry of Health, 2017). What has emerged are dueling worlds of cultural and clinical practices often placed in opposition to each other as they vie for shrinking financial support (Health Research Council, 2017).

In Aotearoa/New Zealand psychological services are dependent upon medicalized, individualized, and institutionalized Western bio-psycho-social models of mental health (Cohen, 2014), methods that can conflict with the worldviews and healing practices of therapists and clients of Indigenous heritages (Durie, 2011; Tamasese, Peteru, Waldegrave, & Bush, 2005).

Theoretical Framework: Negotiated Spaces

The negotiated spaces framework is a conceptual frame that describes the relationships, intersecting interests and processes of meaning-making between differing knowledge paradigms. Originally developed to illustrate the relationships between Mātauranga Māori and Western science, it has been expanded to include pan-Pacific indigenous knowledge (Hudson, Roberts, Smith, Tiakiwai, & Hemi, 2012; Mila-Schaaf & Hudson, 2009a, 2009b). These spaces are “the in-between terrain where distinctive worldviews and knowledge bases enter into some form of engagement or relationship to potentially be expanded and innovated” (Mila-Schaaf & Hudson, 2009b, p. 116). The negotiated space framework acknowledges Indigenous and Western sciences as equally important and valid and implies that neither system is complete without the other. These in-between spaces and the meeting grounds of knowledge systems create possibilities for a bridge across cultural divides (Hudson et al., 2012).

The negotiated spaces framework was originally introduced to counter the argument that Indigenous scholars become caught between the two worlds of Indigenous cosmology and Western practice (Hudson et al., 2012; Mila-Schaaf & Hudson, 2009b). When negotiated spaces are entered purposefully encounters can explore, construct and allow an understanding of the different and possibly conflicting ideas and values across paradigms (Mila-Schaaf & Hudson, 2009a). Knowledges in the negotiated spaces furthermore, cannot be relegated to precolonial primitive or essentialized knowledges (Mila-Schaaf & Hudson, 2009b). Instead Indigenous and Western paradigms are recognized as always in flux and innovating unconstrained by static ideas of what Indigenous and Western knowledges ought to be. Rather than creating a metaknowledge the goal of entering a negotiated space is to augment, innovate and strengthen systems of knowing (Mila-Schaaf & Hudson, 2009b). As such those in the negotiated spaces must decenter

the power of Western science and guard against the assimilation and appropriation of Indigeneity. Doing so allows both epistemological systems to “uphold the integrity of the cultural knowledge bases” while innovating dynamic and interrelated methods of knowing (Mila-Schaaf & Hudson, 2009b, p. 30).

Negotiated Spaces in Bicultural Mental Health

The negotiated spaces framework has largely been described conceptually whereas I believe that it is also an applied space wherein relationships are central. There is a dynamic interplay that occurs within and between the knowledge creators and holders at the boundaries between epistemologies. These boundaries must be intentionally and respectfully encountered in order to balance the values and ideas of knowing. Through deliberative negotiations, critical appraisal and knowledge exchange the knowledge systems can be reconstructed as inclusive rather than competing (Hudson et al., 2012).

Mental health workers in Aotearoa/New Zealand are in this negotiated space whether they recognize it or not. Pākehās (New Zealand Europeans) predominate in the workforce while Māori and Pacific peoples are over-represented as clients (Lee, Duck, & Sibley, 2017). Māori and Pacific workers who provide services within a mainstream mental health system work in a system that is dominated by Western psychological science. Clinicians and clients alike are forced into the negotiated spaces where differing cosmologies, epistemologies and methods of healing are at play (Wharewera-Mika et al., 2016).

In this study, I sought to understand how the boundaries between Indigenous cultural and Western clinical paradigms are situated within various bicultural discourses and practices. Of specific interest are the ways in which clinical and cultural workers negotiate between models to advance the goals of bicultural practice. The research question guiding this study was, “How do

service providers negotiate the boundaries between Indigenous cultural and Western clinical paradigms within the discourse of bicultural mental health practice?” When conceptualizing how to best frame this research I drew upon the sensitizing theoretical components of the negotiated spaces framework (Mila-Schaaf & Hudson, 2009a) and the methodological approach of situational analysis (Clarke, 2005).

Methodology: Meaning Through Mapping

Situational analysis is a methodology and analytical framework that developed out of grounded theory traditions (Clarke, 2005). Rooted in interpretivism the belief that there is no one representation that can account for diverse experiences of complex phenomena is intrinsic to situational analysis (Strong, Vegter, Chondos, & McIntosh, 2017). Situational analysis enables researchers to map out the complexities found within data rather than reduce, flatten and homogenize it (Clarke, Friese, & Washburn, 2017). Utilizing mapmaking therefore, the result of a situational analysis is a portrait of variation rather than a theory of thematic consensus (Clarke et al., 2017). The cartographic approach of situational analysis was well suited for the goals of the current study as it enabled me to map the vying interests and influences of stakeholders while also seeking to understand the marginalized positions within the data (Perez & Cannella, 2013).

Data Collection

From June 1 to October 30, 2017 in-person interviews were conducted throughout Aotearoa/New Zealand for this research. Interview data were collected from a range of practitioners involved in the mental health system. The interviews were non-structured and conversational and lasted from 45 to 110 minutes each (65 minutes average). Each interview began with an informed consent process and was recorded via digital audio. Upon the completion of each interview the recordings were transcribed verbatim into MAXQDA (VERBI,

2012). Before data collection and fieldwork began the ethical review boards of universities in New Zealand (HE #4000017974) and the United States (IRB #00004419) approved this study.

Participants and Recruitment

The interviews were conducted with a variety of key informants, utilizing maximum variation sampling to capture shared and divergent experiences across a heterogeneous population (Patton, 2002). Thirty service providers (20 females and 10 males) from different professions were recruited through email invitations sent to professional organizations, district health boards and by word-of-mouth. The sampling criterion was based on Aotearoa/New Zealand's geographical variation (urban $n = 24$ versus rural $n = 6$; North Island $n = 24$ versus South Island $n = 6$) and its cultural variation (Māori $n = 10$, Pākehā $n = 9$, Pasifika $n = 4$, and Tauīwi $n = 7$). Participants were also recruited who mirrored the variation in mental health service types (psychotherapists $n = 8$, social workers $n = 5$, psychologists $n = 4$, mental health advocates $n = 3$, peer counselors $n = 3$, psychiatric nurses $n = 3$, whānau advisors $n = 2$, and community advisors $n = 2$), and the variation of practice setting (non-governmental organizations $n = 9$, kaupapa Māori agencies $n = 7$, university clinics $n = 5$, district health boards $n = 5$, private practice $n = 2$, and governmental organizations $n = 2$). Participants' ages ranged from 26-61. Rather than using pseudonyms, in the current manuscript participants are labeled with the letter P and the number that represents the order in which they were interviewed. For example, the first participant is labeled P1, Table 1.2 gives details of the participants who were interviewed.

Analysis Phase One: Initial and Focused Coding

Analysis occurred in two iterative phases of constant comparative coding (Charmaz, 2006) and situational analysis mapping (Clarke, 2005). During initial coding I immersed myself in the data reading each transcript multiple times. Reading line-by-line I generated provisional

and tentative codes grounded in the data and participants' words. Comparing codes across cases I revised, merged, discarded and highlighted codes as needed. Moving to focused coding I synthesized and expanded the data creating possible themes relevant to my research questions. I also maintained a list of infrequent yet relevant codes. Each theme and marginalized code was plotted on a whiteboard as I began positional mapmaking. Appendix I displays the initial codebook and Appendix J the final themes represented as negotiation strategies and positions.

Analysis Phase Two: Integration of Coding and Mapping

Overall, situational analysis is a process of abductive thinking and visual map-making to move creatively between the specific to the abstract. The final product of data analysis is the creation of sensitizing concepts and integrated analytics (Clarke, 2005). My analysis process is described in detail below. This process is notably dependent on my own experience of the data, and as such when writing about emergent themes or missing-ness, it refers to what emerged and was missing in my eyes. It should also be noted that, while the analysis is described linearly, this is for the ease of writing. In truth, analysis was messy, challenging, iterative, and generative. I began mapping the data once initial coding was underway and as maps were created, they iteratively influenced my coding process and future interviews. I mapped themes as they emerged and combined/reduced themes as I mapped. I also watched for marginalized positions and returned to the data as needed for further explication. The key tool in the mapping exercises was a 4' x 6' whiteboard which allowed me to continually rework the maps as new data emerged. Redrawing relevant maps in a sketchpad I maintained a record of my progress. The maps were worked until they could no longer be meaningfully expanded to capture the complexity of the negotiated spaces. My analytic strategy followed the three mapmaking

exercises as described by Clarke (2005) and outlined below. These maps include situational maps, social worlds/arenas maps, and positional maps.

Situational maps. The situational map is an analytic strategy to articulate all elements in the situation, while examining the relationships among and between the elements (Clarke, 2005). These maps are not typically included in the final research report and instead are an analytic exercise used to consider the whole of the situation, inform analytic insights, and to guide researchers in deciding which leads to pursue. All pertinent elements are included in the first “messy” map. These maps are abstract and free-form representations that visually lay out all analytically pertinent “human, nonhuman, material, and symbolic/discursive elements” (Clarke, 2005, p. 87). These maps tend to be systemic and inclusive. After several iterations, moving from messy to ordered, the situational maps are used to visually analyze the relationships between the elements. The relational analysis of situational maps involves drawing lines between each element and attempting to describe the nature of the relationships. These relational analyses can also be focused on how the relationship between elements co-construct one another. In Appendix L, an example of my messy maps (Map A) is then followed by relational maps (Maps B, and C).

Social worlds/arenas mapping. Social worlds/arenas maps are “cartographies of collective commitments, relations, and sites of action” (Clarke, 2005, p. 86). Captured within these maps are the various stakeholders and the ways in which they organize, which are depicted on two levels, social arenas and social worlds. Social arenas are broad spheres of commonalities in which social worlds intersect and interact. Social worlds are collectives of individuals who share common interests and who contribute to the meanings of each social world. Individuals belong to multiple social worlds that can both overlap and clash (den Outer, Handley, & Price, 2013). Individuals and social worlds have a stake in the social arena in which they interact.

In this analytic exercise, I incorporated larger sociopolitical and historical institutions as I sought to understand the negotiated spaces. Positioning Indigenous and Western as the social arenas, I mapped the social worlds that constitute or diverge from Indigenous and Western paradigms, as described in participant interviews. The maps graphically depict meaningful summaries of the power positions of various stakeholders in the creation of bicultural practice. In Appendix K, early (Map D) and later examples (Map E, F) of the social worlds/arenas maps are included which give one example of the complexity and variation negotiated in the effort to create bicultural practice. These maps portray the social worlds, or the collectives, who have a stake in the integration of the cultural and clinical social arenas. As new collectives were revealed to me through the data, I charted them on the whiteboard. I then moved back and forth through the data and the map to place the organizations in the location most aligned with their level of power and the interest they had in either advancing or inhibiting the creation of bicultural practice. While in the present study, many groups have a developed interest in the integration of clinical and cultural arenas, those depicted in the current map emerged during data analysis.

Positional maps. From the creation of the situational maps and social worlds/arenas maps, I began to understand more deeply the various positions of my participants, as they sought to navigate the demands, needs and expectations of the social worlds intersecting and conflicting within the dual social arenas. My analysis shifted to positional map-making to theorize about the negotiation strategies developed as my participants negotiated the divide between social arenas. In Appendix L, Maps G and H provide examples of working positional maps.

Positional mapping captures positions of discourse that are illuminated through participant experience. In this study one overarching map of bicultural discourse emerged and

two semantic axes were identified: alignment with Westernized-clinical models (Y axis) and alignment with Indigenous-cultural models (X axis). A line drawn from the bottom left to the top right corners indicated the bicultural integration trajectory. Themes and codes related to negotiations between Indigenous and Westernized paradigms were then mapped along the axes. Appendix M provides images of early working positional maps. As themes and codes appeared to relate to each other, I began to create overarching Positions. These positions were indicative of the stances that were made in response to biculturalism. Within each position, strategies utilized to maintain the position are noted.

Findings: Negotiation Strategies in Bicultural Practice

In Figure 3.1 an example of the major discourses of bicultural practice are mapped. These are the discourse positions that clinicians and policymakers traverse and negotiate. Figure 3.2 is a map of the major negotiation positions taken in the boundaries of these discourse positions. In total six positions emerged including: Opposition, Resistance, Assimilation, Maneuvering, Unsettling, and Bridging. These discursive positions are categorized using terms that most accurately reflected the ideas, concepts and behaviors described by participants.

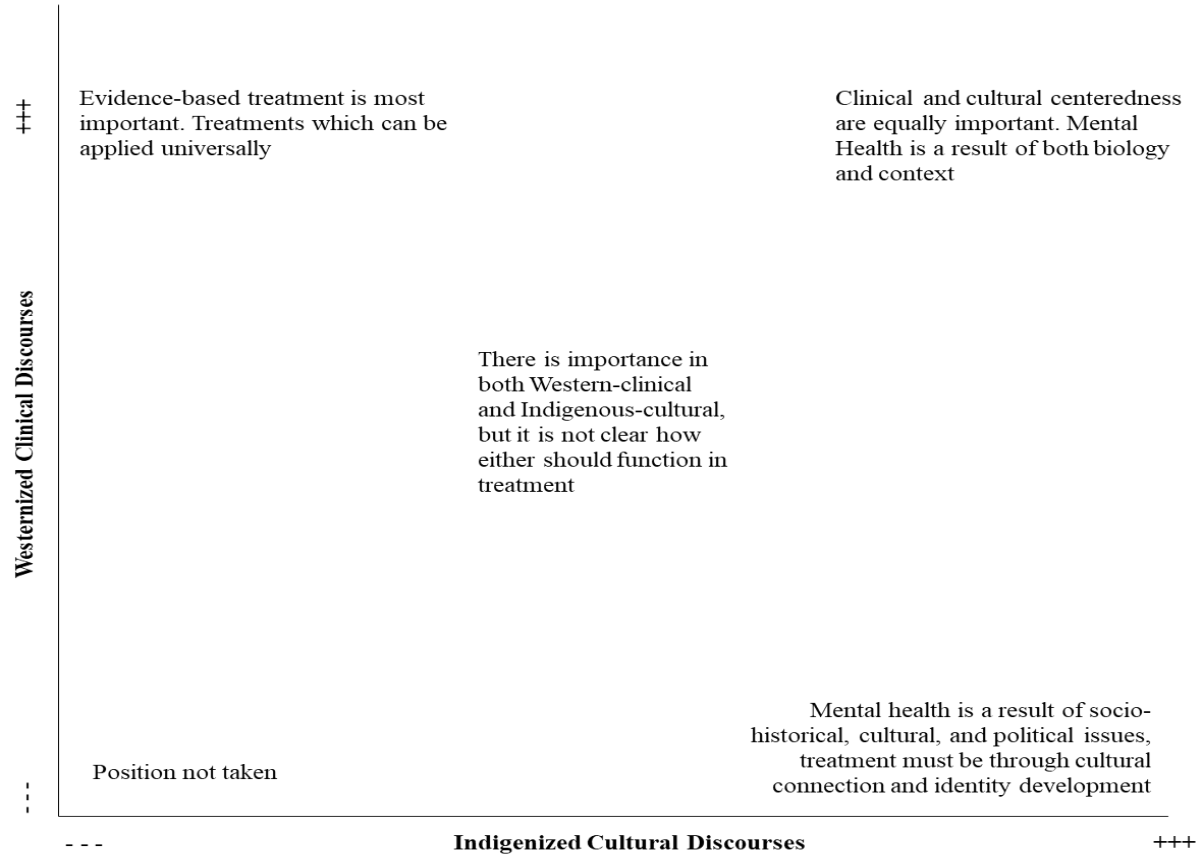


Figure 3.1. Bicultural Discourse Positions. This figure illustrates the Westernized and Indigenized positions of discourse taken in bicultural mental health debate.

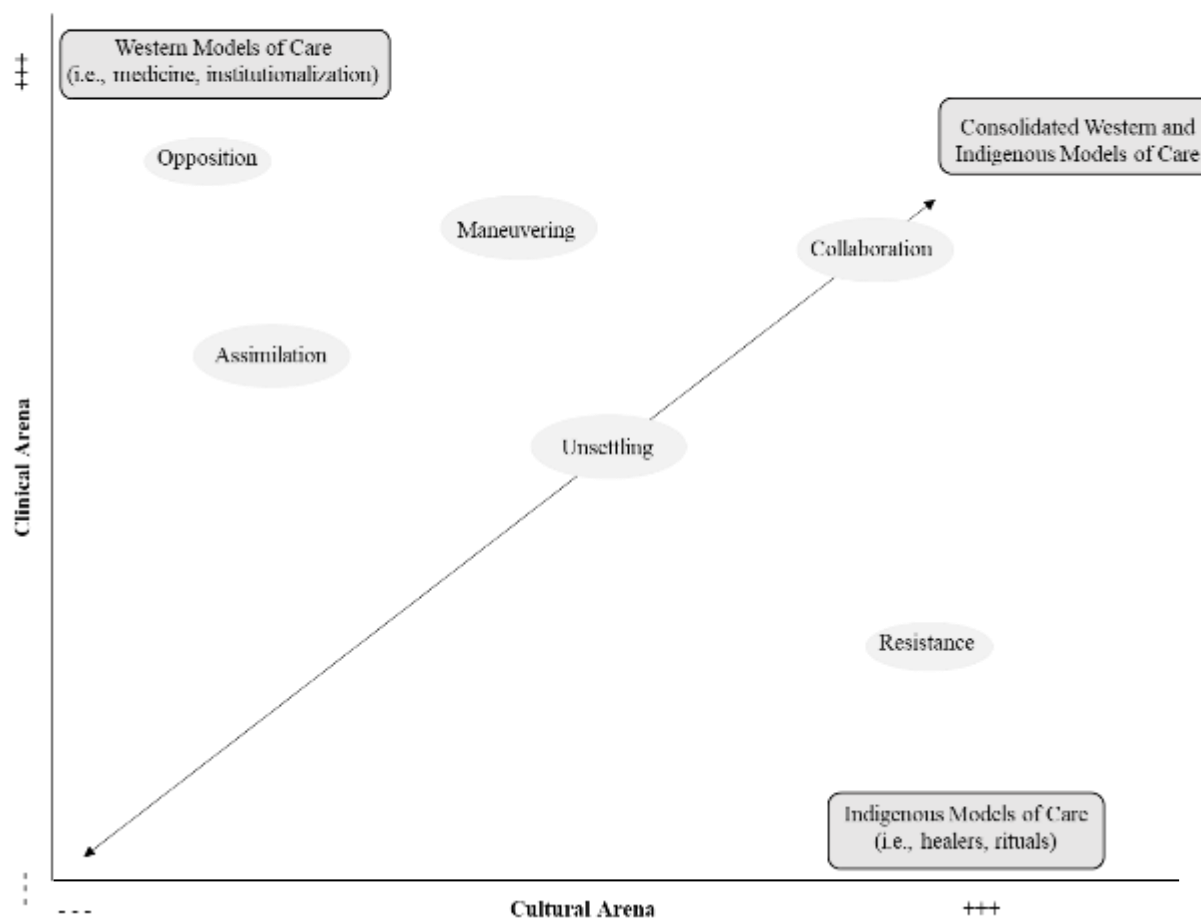


Figure 3.2. Positions in the Negotiated Spaces. This figure illustrates the discursive positions taken by stakeholders in the negotiation of bicultural practice.

Position 1 – Opposition: Negotiating through Minimizing and Scapegoating

Opposition, a negotiation tactic utilized most often by those with the greatest power, was the method proponents of Western methods used to resist bicultural integration. Stakeholders used opposition as a strategic maneuver to maintain power and position clinical models as superior to cultural models. The interest of promoting clinical practices over cultural practices hinge on a variety of educational, philosophical and professional factors. Clinical work is also

promoted through the policy-driven demand for agencies to use evidence-based practices which are often incongruent with Indigenous paradigms. As described by one participant:

“We have our biomedical model, the core of psychiatry and the center of our mental health system, that is not conducive to a bicultural model. It locates illness within the person and often to a physical malfunction in the body and that doesn’t fit well with Māoridom” (P6).

Participants articulated the overt and covert processes that mainstream clinical paradigms used to deny genuine integration with Indigenous worldviews through denying the salience of culture to scapegoating cultural *others*.

Minimizing. Rejection of Indigenous paradigms occurs through both passive and intentional minimization. As described by one participant:

“In the real world it’s quite different, you get a lot of psychologists laughing at a culturally specific approach... calling it window dressing” (P7).

Passively, professionals in positions of power oppose cultural models by ignoring accepted cultural protocols relaying messages that they are unimportant and do not matter. One participant described how these methods occur in day-to-day practices:

“I’ll often be in situations where I know it should be happening and it doesn’t. I feel it acutely, but it doesn’t seem to be recognized by others that it’s missing. When I say, ‘Why isn’t it happening?’ I’m treated in a manner dismisses not only the topic but my stance on it” (P13).

There are also active minimization strategies wherein someone in authority speaks out against culture. These methods are belittling to Indigenous approaches and the people who practice them. A tactic is highlighted in the following:

“When the American man from Texas, who’s our top clinical psychiatrist, entered the room sat with us and he said ‘clinical takes precedence over cultural any day. That’s how it’s gonna be...’ in front of three Māori from this world it feels completely disrespectful, and then you know our people ain’t gonna matter” (P14).

Minimization in whatever form is a powerful negation of culture, context and history. It is one that publicly rejects the importance of culture within healing and often the people who practice

that culture. By minimizing the salience of culture in treatment and wellbeing, Oppositional discourses have succeeded in shrinking the availability of funding for Indigenous services. Throughout the country participants were a part of or could describe the kaupapa service organizations that have lost contracts and priority funding. As one participant shared”

“Culture is the first thing to go when money is on the table” (P16).

As described by P19 whose kaupapa Māori service lost funding from the local District Health Board:

“We had a contract through the mental health sector, then they decided it didn’t fit and the contract was actually taken away from us.”

Scapegoating. There is an overriding social discourse in Aotearoa/New Zealand similar to other meritocratic societies, where merit-based beliefs are used to blame marginalized communities for their disenfranchisement (McNamee & Miller, 2009). As described by one participant:

“This idea is quite widespread in New Zealand society, why don’t Māori just get past their issues like, why are they still stuck in the past talking about issues these issues” (P2)?

These ideas contribute Oppositional negotiation tactics by moving social discourses of meritocracy into the clinical community. In the clinical arena scapegoating occurs when clinicians and policymakers oppose the integration of cultural models by attributing mental health problems on clients’ decisions. Placing blame on the client locates mental health within the person and it directly ignores a complicated history of cultural trauma such as that of colonization. Scapegoating also denies the healing aspects of culture and the unique contributions of one’s culture to wellness, as described by P2:

“I think fundamentally it’s failing to link mental health problems with colonization and that if those links were made and we were seeing all of these impacts because of the history of dispossession, loss of their culture, loss of their land. If we were viewing it

from that perspective, then we would be looking at very different solutions. And as long as we see the problem rooted in individuals we will never tackle those other issues.”

Scapegoating emerged during interviews when some participants resorted to blaming clients.

Some participants shared their reactionary stances against Indigenous bicultural practice, feeling that Indigenous people would make poor decisions if given the power over their treatment.

“And I could feel this not so great stuff coming out, but part of me was thinking you want Māori for Māori? We know single mothers do very poorly in all of our statistics- how does that decision support creating the kind of world that you want” (P6)?

The above quote was one where the clinician connected being a single mother with making poor choices for her and her children’s futures which was then connected to the decisions of an entire community. Reflections such as these revealed the centrality of scapegoating as a societal tactic and the subtle ways in which these ideas can infuse belief systems within mental health.

Position 2 – Resistance: Negotiating through Manaakitanga

The Opposition position taken by Western stakeholders was mirrored through the discursive position of Resistance. Resistance has been the preferred course of action that Māori have taken in guarding against colonization (Cohen, 2014). In mental health Opposition might be a strategy to maintain power but resistance is a negotiation tactic to fight power. This position is taken to resist the dominance and colonizing effects of clinical-Pākehā mental health. Clinical models not created with the unique needs and resources of Indigenous communities can have adverse effects on communities by negating culture and context. As described by P2:

“I think using western psychiatric and psychological models on an indigenous population is deeply offensive and it’s deeply destructive to be transplanting those models.”

Thus, cultural Resistance negotiates its power through mobilization of resources and guardianship of protocols and practices. In te reo Māori kaitiaki are guardians and protectors. Resistance based stakeholders become kaitiaki when they refuse to accept or comply with the demands of mainstream services that could endanger communities. In addition, Resistance

stakeholders seek to protect the appropriation of Indigenous methods, philosophies and approaches and recreate by Western paradigms. As described by participant P28, Māori models are at risk of being rebranded as the creation of Pākehā practitioners. These instances occur when Pākehās interested in Indigenous healing work collaboratively with Māori and Pasifika healers. Taking these models, the Pākehās later advance Indigenous models of practice onto the world academic stage becoming known for the models. These experiences have left many Indigenous practitioners wary of collaboration, and resistant to:

“...working with people who do not share the balance of power” (P28).

As described above a level of committed resistance is crucial to the longevity of cultural models, as they are prey to being colonized by Western paradigms. It is also resisting the idea that culture is static as described by one participant who said:

“I challenge my people to remember that culture is not just a box you can tick- in Māoridom, there is a function behind culture” (P16).

The essentialization of culture is a colonial practice which as one participant shared in mental health, colonization must always be guarded against:

“Every time we enter a discipline we have had to transform it, make it more relevant to the culture and not the western way of being and doing. We know these ways of working, they are our traditions, when they are ‘discovered’ by the west, suddenly we need to be certified and licensed to do them. It is another act of colonization all over again” (P29).

Manaakitanga. Cultural resistance is largely a process whereby stakeholders work to have their voices heard and taken seriously within the mainstream, involving both covert and overt actions. Resistance-based negotiations are strengthened through manaakitanga; values of hospitality, support and generosity. In this study manaakitanga emerged as a process of resistance whereby clinicians support each other, guide clients to culturally-safe practitioners and educate communities on rights and resources. As P24 described:

“I always make sure they get their sources, that they get the support they need but make sure they get it from the right sources. So, I become like a sieve.”

Just as teaching clients about their rights changes how clients approach the system so does providing safe referrals. Many stakeholders described the selective efforts they made to guide clients towards culturally responsive clinicians and practices.

“I might say ‘I know a Pākehā who I trust absolutely with Māori, don’t go to anybody else. You have the right to push that referral because they have a sensitivity and a respect for Māori. Go to that one, don’t go to the 50 other cause they’re gonna hurt ya” (P15).

Through manaakitanga practitioners aim to develop secured senses of identity and connection, contribute and participate and maintain peaceful and prosperous communities gaining liberation from the effects of oppression and historical trauma. Liberation occurs through community conscientization practices as P20 stated:

“The path to health has to be in empowering people, politicizing them and supporting [them]”.

A thought echoed in the words of P17:

“It’s all around trying to conscientize our own.”

In the Resistance stance clinicians coach clients on their rights so that the clients can become self rather than system-determined. In effect, it is working covertly to change the system by changing the ways people utilize the system. A process described by P14, who said:

“Whenever I can I’ll sit alongside these people and I will say, ‘I’m sorry whānau you need to go in with your code of rights, because this is about your rights’.”

While cultural resistance has seen increased availability of cultural services focused on collective wellness and healing, resistance carries consequences. Resisting the dominant narrative of Western-clinical superiority puts practitioners at risk of being politicized, depicted as non-hirable and excluded from government funding. A process described by P17 who stated:

“The reality is that people like us that do this work, we can’t get a job at the hospital. I’m too dark and I’m politicized and there’s no way they were going to have me.”

Position 3 – Assimilation: Negotiation through Conforming and Kūpapa

Assimilation negotiates the absorption of Indigeneity by dominant Western services. Cultural workers, approaches and organizations become subsumed and integrated into the mainstream, assimilating to the standards therein. Although cultural protocols have a role in treatment they are limited and overall the practices of culturally-based clinicians become indistinguishable from the clinical members. As one participant said of the Assimilation position:

“I mean basically what we have on offer is a Western model with some Māori clip-ons.”

The assimilation position provides alleviation from the possible excluding consequences of Opposition and Resistance. However, assimilation places Indigenous methods at risk of unequal and ill-balanced integration. A process described by P8:

“You can be bicultural within our culture. As long as you don’t make too much song and dance about it we’ll let you do this.”

Conforming. There was among participants a level of awareness about their tendencies to assimilate into the system. Stakeholders described conforming to the ideologies and practices of the clinical world as intentional because it is too challenging to do otherwise. Assimilation was most often attributed to the struggle to stay afloat in an underfunded and understaffed mental health system. Most participants described the mental health system in a manner similar to P8 who stated it is:

“At the bottom of cliff and all we do is accommodate the problems with culture and perpetuate the issue.”

Given the state of the mental health system many described feeling powerless to fight unjust or culturally-neglectful practices.

“I find it easy to assimilate to the system that I’m working in, and I’m really conscious that’s not necessarily a good thing. So, I guess it comes down to a choice with each client, with each moment. And quite often I don’t see that I have a lot of power to do anything. So, I just kind of go along” (P10).

Feelings of being constrained by policies and the requirements of funding also contributed to assimilative negotiations. In the following quote the participant describes his reasoning for assimilation in the workplace:

“I view it important to follow the rules and to do what the organization requires, because I don’t think it would be responsible for me as a practitioner to decide I am going to make up new ways of working just because I disagree with management.... I recognize that in my professional role I am relatively powerless... If I were speaking up regularly against injustices I see going on in my workplace I probably wouldn’t be in a job anymore and I’d just be pushing shit uphill” (P2).

Kūpapa. In the Assimilation stance there are those who conform to Westernized practices and then those who are viewed as Kūpapa. Like Uncle Toms or sellouts, a kūpapa is someone who works within and is coopted by Pākehā institutions. In the discursive position of Assimilation *kūpapa* cultural workers negotiate away the integrity, principles and needs of Indigenous communities to further their ambitions and personal gains. As P24 described:

“So, you have Māori name, you have a Māori plan, but you still think white.”

Of all the strategies and positions described by stakeholders, kūpapa brought about the most anger, disappointment and sadness among Māori and Pasifika participants. It was viewed by participants as a process of internalized colonization rather than an intentional decision to conform to mainstream practices. The Māori and Pasifika who kūpapa into the mainstream become more competitive hires than the cultural workers who resist described by P18, who stated:

“In this region if you’re a Māori guy who’s who can talk the talk and smile the smile you’re in. Forget the rest of us.”

Employing kūpapa workers allows mainstream services to fulfill governmental funding priorities (i.e., Māori workforce) while having Māori on staff that provide mainstream rather than cultural

services. The resistance negotiators felt that they were pitted against those from the Assimilation position as they competed for ever-shrinking resources. As P14 described:

“So, you’re not necessary, and then you got your house niggers that will talk, that are brown on the outside and white underneath... You’ve got the kūpapas, which are like the sellouts, within our world you’ve got all these different variations of labeling that impacts on our own people. There are people that are all of those things with good intentions, but they’re frowned upon by their own for selling us out. At the end of the day assimilation did its job and did it well. It separated us, it divided us, and it conquered our thinking.”

Position 4- Maneuvering: Negotiating through Tokenism

Maneuvering is a negotiation practice whereby those in power give the appearance of being culturally integrated to maintain dominance. Within the negotiated space, these actions are a means to an end to satisfy funding or licensing requirements rather than a genuine engagement with bicultural practices. As P6 stated:

“It is a very shallow superficial way of looking at mental health services.”

Further described by P2:

“If they’re not from the dominant European culture, it is an add-on rather than anything integral to services.”

Tokenism. Maneuvering is best depicted by the tokenistic actions of policies, agencies and individuals who engage in superficial ways with culture. Described by all participants in this study, tokenism produces culture as “lip service”, “window dressing”, a “tick in the box” or a “check list.” Maneuvering and tokenism was described by participants as ranging from governmental directives to individual clinicians, intentional and unintentional practices and for deceitful or meaningful purposes. Tokenism appears to be a mostly unconscious maneuvering negotiation by agencies and clinicians who believe they are meaningfully integrating services. Government entities involved have created several mental health blueprints for engaging Māori workforce, culture and clients (Pulotu-Endemann & Faleafa, 2016; Wharewera-Mika et al., 2016). There are requirements in place that require that mental health practices follow the

principles of the Tiriti O Waitangi. Without clear consensus on how to enact these principles, boilerplate policies and methods of cultural inclusion have dominated mental health practice (Crocket, 2013). Tokenism points to a larger issue that there is a lack of genuine policy involvement and funding opportunities which stymie meaningful bicultural integration. The policies in place suggest that culture is important but do not offer ways for agencies and practices to fulfill those policies (Appendix N; Mental Health Commission, 2012. For example, one participant described how:

“Part of the Treaty of Waitangi says if you want a mental health worker to be Māori that should be provided to you, like part of that participation is that is key. You can’t get that, it doesn’t exist” (P21).

When policies are verbally aligned with the principles in the Tiriti O Waitangi, but there are no safeguards to protect the requirements then, as P10 suggests:

“It is the kind of thing we can just chuck aside without much legislative obligation. I don’t see that we have a specific law that enforces us to do that cultural work.”

Another participant pointed to the superficial use of te reo Māori in official documents, attempts largely seen as political moves to gain favor and possibly placate Māori. As P18 described:

“Use the language to soft sew and put a veneer over the policy... used to make us feel it’s alright and not make us suspicious.”

Similarly, efforts to increase Māori and Pasifika representation in the workforce are experienced as efforts to appease the communities, funding agencies and policy requirements. As described by P8:

“Government will go, ‘We’ve got so many more Māori and Pacific.’ That’s great, but ultimately, we need resources here as well. That’s the important thing it’s not *either/or* it’s *and*.”

Indigenous workers described how they were used to fill spots required for funding. As stated by P22: “I suppose when they’ve needed an extra body in the training I’d go along. They want to make sure they are being culturally appropriate, or you know increase responses.”

The lack of an engaged workforce, the use of tokenistic gestures and the lack of funding were often attributed to the fact that Pākehā mostly led the negotiations for cultural inclusion. As stated by P7:

“I think while there’s efforts, they’re still being led by Pākehā or by ethnic minorities who’ve like flourished in a Pākehā system. On a superficial level it’s still top down.”

Position 5- Unsettling: Negotiating through Decolonization

The discursive position of Unsettling is one in which stakeholders work to “unsettle the settler within” (Regan, 2010). For Indigenous and Pākehā alike working towards cultural integration in mental health can be an inherently uncomfortable process. Unsettling refers to an active process of decolonizing the colonial and colonized selves which is an act of choosing discomfort by purposefully engaging with difficult dialogues to work towards a more just system. Part of being unsettled is learning to sit in the discomfort of providing culturally-aligned services when one is not of that culture. As P10 shared:

“That discomfort of being a non-Māori clinician working with a Māori client, that discomfort is something I don’t think can ever go away. And I don’t think it should. I think it should only go away when the system enables it so that there isn’t an issue. I guess that discomfort is something we experience as individuals but is kind of like a consequence of the historical context”.

These feelings of discomfort extend to Māori and Pasifika participants who experienced unsettling feelings of working in the negotiated spaces. Highlighting the challenge of working in two worlds, P18 shared:

“It wears you down, working in the community, involved with our whānau, and when you start trying to address that you are marginalized within the whānau, hapū³⁹, iwi⁴⁰. You still have to function, but you are still marginalized, and you know you are marginalized. I don’t know how to describe the layers of marginalization that happen.”

³⁹ Hapū- clans/subtribes, literally translated as womb

⁴⁰ Iwi- extended kinship group, tribe, nation, people, nationality, race

Decolonizing. Decolonization was described by one participant as a process whereby:

“I refuse to accept personal responsibility for something that happened years ago, but I will accept personal responsibility for changing the way I behave, think about, and do things” (P13).

Through decolonizing, people unlearn the history and processes that they were taught and internalized. Focus is placed not only on the historical effects of colonization but the ways in which inequality is perpetuated through current colonial practices such as mainstream mental health. Described by P10 as a reflective process where:

“I’m a lot more reflective now of ‘am I pathologizing what’s existing?’ I’m a lot more conscious if I’m trying to put Western-oriented psychology with clients from different cultures; am I colonizing?”

Position 6- Collaboration: Negotiating through Bridging

The negotiated spaces framework describes the boundaries between two worlds, the chasm in-between knowledges where there are infinite possibilities for connection. In the Collaboration position, stakeholders negotiate the benefits and limitations of Indigenous and Western paradigms to stimulate broader knowledge. For true collaboration to occur Pākehā must fulfill the commitments of trust given them to advance Indigenous psychology alongside Western knowledge. This might mean forwarding Indigenous needs over those of Western ambitions. Power in the Collaborative negotiations is crucially attended to and there is a need to both share and concede power. Different than the Opposition position of maintaining power and the Resistance position of fighting power, power in Collaboration is intentionally shared between paradigms. As one participant described:

“We have to, you have to, see the world in threes: Māori, Pākehā, and Pasifika. As a Pākehā trained as a psychologist, you have to be willing to take a step back and to value the words and actions of your Māori/Pasifika colleagues. Sometimes you will feel stepped on but remember, it is colonization which is being stepped on- not you” (P26).

Indigenous cultural models however, remain vulnerable to colonizing processes which maintain dominance of the clinical mainstream. Trust is needed in the Indigenous paradigm that the Western paradigm will not subsume, appropriate or decimate cultural models. Unfortunately, the dangers of Bridging were described by many participants including the following:

“The more we reveal of our knowledge, the more Pākehā get ahold of it and drill down on it. So, what is a sacred piece of knowledge is shared from one Māori to whomever the people are, they get ahold of it, they write it down, they analyze it, they break it up, they make it fit, then they translate it themselves. Which is remarkably further from what they just learned. In that process sadly, it can undermine the knowledge base in the first place” (P15).

Bridging. Participants from Māori, Pasifika and Tauwi groups such as Chinese, described bridging two cultures as becoming interpreters, mediators and advocates for and between cultures. These actions included not only bridging Indigenous and Clinical worlds but also bridging between the mental health system and client communities.

“What happens to me in my thinking is that, when you say that in a Pākehā context- I am already translating that across to a Māori dictation... So, what we do with our people is we become the translators of a language they don't understand and the we translate it across into a Māori context that they might grab a hold of” (P14).

Bridging must move beyond translating if genuine bicultural integration is to occur otherwise it might simply be another form of Maneuvering. As described by P22, real Bridging means changing the way clinicians work with diverse cultures.

“Initially you got seen as interpreters... But then it changed to bridging the culture around some of the practices, or the best way, or safe way to talk to a Pacific family.”

Bridging as negotiation means working to straddle multiple worlds those of the clinical. the cultural, the client and the practitioner. One also bridges discourses and policies. Over all, interviews bridging became a negotiation for the cultural and clinical workers who sought to increase the availability and relevance of services for the needs of clinical populations and communities. It is a strategy of hope and one of frustration. It requires coming back to an issue

multiple times from multiple avenues to achieve the best outcome.

“We are the translators, we are the interpreters we do that all. We advocate, we translate, we interpret. And sometimes you don’t get that right either, so you tailor the fit. And you know, hopefully you’ve landed the waka on the shore” (P14).

The participants who bridged cultures were the ones who were confident in the value of both Indigenous and Western clinical models. They had their own experiences in both either as workers, clients or community members. They saw the possibilities of both worlds and a path to bringing those two worlds together to sit side-by-side informing and guiding each other.

Discussion

This article sheds light on the intercultural interactions that occur in negotiated spaces between Indigenous and Western paradigms of bicultural practice. The negotiated spaces framework has until now, been conceptually conceived. The current study indicates that these spaces are real and are inherently fraught. The cross-cultural therapy literature suggests that interactions with multiple cultures can benefit the development of integrative epistemologies (McDowell, Goessling, & Melendez, 2012). At the same time participation in cultures with disjunctive ways of knowing can create uncertainty, ambiguity and competing interests (Mila-Schaaf & Hudson, 2009a). Participants of this study clearly described how tensions between knowledge systems have led to superficial and oppositional stances on biculturalism. Negotiations in these spaces range from denial of cultural *others* to collaborative efforts with cultural *others*.

Those who take the Opposition and Resistance stances were precautionary negotiators, seeking to prevent the integration of Indigenous and Western sciences. Arguments made in these stances by the “cultural gatekeepers, purists, essentialists on both sides of the *paradigms* who disapprove of any *impure* hybrid mixing” hinge on power positions (Mila-Schaaf & Hudson,

2009b, p. 16). The Opposition stance is driven by those who hold colonial power over those in the Resistance position. Opposition tactics are grounded in subtle cultural imperialism (Spivak, 2008) and positivist psychology (Durie, 2011). In mental health practice biopsychosocial models which benefit Pākehā and overlook the holistic, spiritual, and collective identities of Māori and Pasifika, dominate (Wharewera-Mika et al., 2016). Extension of these models to Indigenous communities ignores the effects of colonialism that are spread through blanket applications of Western mental health models (Lee et al., 2017). Conversely, taking the Resistance stance against insidious colonizing counters the assimilation, oppression and appropriation of Indigenous knowledge (Cohen, 2014). Standing in resistance to oppressive dialogues is a safeguard for knowledge production (Smith, 2008; Mila-Schaaf & Hudson, 2009a, 2009b). The danger of the Resistance stance is that in the absence of Indigenous engagement it allows mainstream mental health stakeholders to promote an essentialized and primitivist Indigeneity.

Bringing together incongruent knowledge systems from unequal power positions and inequitable histories is inherently challenging. Power in negotiations can become power over, seen in Opposition or power against, seen in Resistance. In the Assimilation and Maneuvering positions, power is used insidiously by Western paradigms to “ameliorate” Indigenous paradigms while subsuming cultural ways of knowing. Assimilation firstly, is a tool of colonial powers who seek to “civilize” the Indigenous other (Veracini, 2010). Assimilation processes encourage one-way movement to transform Indigenous knowledge until it adheres to dominant Western models (Mila-Schaaf & Hudson, 2009b). In Aotearoa/New Zealand, assimilation in mental health practice is most evident in efforts to increase Indigenous representation in the workforce (Hatcher et al., 2005). These efforts are well-intentioned yet superficial when Māori and Pasifika ontologies are not also incorporated. The development of a representative workforce denotes that

the problem is symbolic rather than foundational. These actions are part and parcel of the magnetic pull of the mainstream and the colonial belief in the superiority of Western science.

Similar to Assimilation are the Maneuvering negotiations that seek to subsume Indigenous knowledge. This occurs through tokenistic and superficial engagement in the mainstream to placate the demands of Indigenous knowledge systems. Through Maneuvering, Māori and Pasifika cultural identities are essentialized and made static which further limits the power of Indigenous scholarship.

The Assimilation and Maneuvering positions are taken in the negotiated spaces between incongruent cultures. The Western paradigm is based in the culture of *rights*, while Indigenous paradigms are often based in the culture of *responsibilities* (Spivak, 2008). For Western paradigms to use tokenistic measures and increased representation in the workforce provides cultural others with their right to receive treatment that in some way attends to cultural identity. However, the current efforts do not attend to the responsibility of Western scholarship and clinicians to engage with the identities of their cultural others.

The terrain of the intercultural negotiated spaces consists of distinctive yet interdependent worldviews. In these intercultural spaces, awareness is raised that the colonial self is an identity related to the identity of the Indigenous self (Bhabha, 1995). The negotiated spaces framework problematizes the binary descriptions of colonized/colonizer and us/them that often emerge in debates about biculturalism (Meredith, 1998). Participants in this study who embraced biculturalism described the ability to move from “either/or” to “both/and” mindsets. Negotiating from the Unsettling and Collaboration stances participants seek “those words with which we can speak of Ourselves and Others. . . [to] elude the politics of polarity and emerge as the others of our selves” (Bhabha, 1988, p. 23). The negotiation strategy of Unsettling is a first step into the

intercultural space where colonizer and colonized learn their unique histories and cultures in relation to each other. Meetings in this space go beyond surface knowledge of the other into a deeper area where ideas from different knowledge paradigms can be weighed. Unsettling appears to be a movement towards biculturalism in that mutuality grows between paradigms and shared ground can be established through solidarity. Once the ground is even Collaborative negotiations can bridge the divides where Western and Indigenous paradigms sit side by side. In only a small number of cases was the Collaboration position described in anything but aspirational terms, however. Kaupapa agencies and agencies with shared power structures have been most successful thus far in collaborations.

This study found that within the negotiations for bicultural practice there are some who uphold the integrity of clinical and cultural models to utilize relevant and responsive methods of practice. Unfortunately, there were many positions along the trajectory of biculturalism that appeared to oppose, commodify or essentialize Indigenous knowledge systems. This study has shown that there are real challenges in the creation of bicultural practices and highlights the need for better policies and funding from government sources to improve cultural responses, increase the acceptance of Indigenous practices and attend to the needs of a bicultural society.

Creating the Negotiated Spaces: Implications for Policy

In this study, it was clearly communicated that policymakers are the most powerful negotiator in bicultural practice. Implications for those stakeholders who govern mental health were tied to the ways in which policies might be manipulated to maintain power in the system without genuine bicultural engagement. First and foremost, a clear definition of bicultural practice must be agreed upon so that progress can be made toward a unified goal. Bicultural mental healthcare reflects a wide array of epistemological orientations, ethical perspectives,

goals, implementations and political priorities. Without a clear and agreed upon articulation of what bicultural practice should be there will continue to be multiple positions taken to either fully develop it or bar its development. Next, attempts to increase the Māori and Pasifika workforce will be meaningless if the causes of Māori and Pasifika over-representation in mental health settings as clients are not addressed. It is not enough to simply provide access to a service provider who “looks like” the client especially if that clinician is unable to offer services, supports and resources that are relevant to that client. At the same time, it should not be assumed that all Māori and Pasifika clients desire cultural services. Furthermore, policy directives should clearly stipulate what and how bicultural practice can be achieved. Simply adding words or phrasing in policy directives or encouraging tokenistic, additive cultural cues stymies genuine bicultural negotiations. Finally, the mental health system suffers from a lack of funding, an overreliance on medicalization and institutionalization and an overwhelmed workforce. Without proper funding the goal of creating a bicultural practice risks never being achieved.

Entering the Negotiated Spaces: Implications for Therapeutic Work

The findings of this study suggest important implications for therapists in multicultural populations. The clinical implications discussed are by no means exhaustive but instead are part of a larger discussion of the ways that clinicians can negotiate for meaningful biculturalism. Therapists must first be aware of their own assumptions about the nature of science and knowledge. Many clinicians are socialized to believe in the superiority of Western psychological models. Awareness of the potential colonizing consequences of the universal application of Western models is a first step toward bicultural practice. Additionally, therapists must understand how colonizing discourses intersect with the beliefs and values of therapists and the

lives and realities of clients. Decolonizing practices involve a process of critical self-reflection, learning about the structures, privileges and marginalization that occur from the colonial project.

Next, therapists can seek out deeper cultural understandings of the communities in which they work. There is a pattern in therapeutic literature of essentializing and making static the cultures of clients (McGoldrick, Giordano, & Garcia-Preto, 2005; Okazaki, David, & Abelmann, 2008). This is a significant problem for genuine engagement in the negotiated spaces as it minimizes the personal and collective significance, dynamism and mutability of cultures. Moving beyond essentializing culture requires developing an understanding of the logic that underpins the cultural knowledge that influences clients' emotions, behaviors and beliefs (Tamasese et al., 2005).

The more we focus on developing competency to work with a culture, the more we reduce that culture to signs and symbols and the less we understand about culture as lived experience. No matter how much therapists learn about another culture furthermore, their knowledge is at risk of being limited by the confines of their own epistemologies. By approaching clients with cultural humility rather than competency therapists can account for the fluidity and power differentials of culture (Hernandez-Wolfe, Acevedo, Victoria, & Volkmann, 2015).

To bridge bicultural worlds therapists can engage cultural supervisors and accountability partners and conduct co-therapy with their cultural others. Therapists who introduce cultural protocols into their work with clients should reflect on the process and choice of application however, being aware that additive efforts might be experienced as inappropriate by clients. Most of all it is crucial for therapists to recognize when their efforts are merely tokenistic rather than meaningful.

Conclusion

In our ever-expanding and complex societies, it is crucial that mental health practices cultivate different knowledge systems and methods of healing. In Aotearoa/New Zealand, attempts to develop an inclusive bicultural mental health system have included traversing the terrain between Indigenous and Western sciences and cultures. The negotiated spaces in the boundaries of these knowledge systems are areas in which the relationships between different, similar, conflicting and harmonious cultural knowledges about mental health and healing can be explored. It is my hope that through this study clinicians, researchers and policymakers become more aware of how they can enter the negotiated spaces. When entered purposefully, the negotiated spaces become places of encounter and reconstruction, places where ideas can be balanced and realigned so that treatment has resonance for Māori, Pasifika and Asian communities living in Western-dominant societies.

CHAPTER 4

CONCLUSIONS

Approaching this dissertation my original research question reflected a desire to explore established processes of integrating culture and justice into family therapy. The socio-cultural backdrop of Aotearoa and the Family Centre appeared to be the ideal place to conduct such research (Waldegrave & Tamasese, 1993). Coming to Aotearoa/New Zealand I experienced a much different system than I was expecting. Aotearoa/New Zealand has made incredible advancements in many areas of Indigenous-Colonial relationships. However, there is also an almost willing blindness to the ongoing effects of the colonial structures that dominate New Zealand society (Belgrave, 2014; Huygens, 2016). At the same time the mental health system is mired in controversy. It suffers from a lack of funding (Wiggins, 2017), high rates of stigmatization (Thornicroft, Wyllie, Thornicroft, & Mehta, 2014), and an overreliance on medicalization and institutionalization (Ministry of Health, 2016). Complicating my research project further was learning upon my arrival that there is no family therapist designation, specific training and professional identity in Aotearoa/New Zealand (Kumar, Dean, Smith & Mellsop, 2012). After spending many months working at the Family Centre I noticed differences in myself and in the types of questions I was asking. Those changes were the motivation for the questions asked in this dissertation. Given the changes in my project and the shift in focus from family therapy to mental health, I have not altogether worked out where this research fits. I do however, believe that the results and my experiences have implications for future scholarship and clinical practice.

Introduction

The impact of structural and systemic inequalities on individual, family and community wellbeing has gained attention in family therapy (Seedall, Holtrop, & Parra-Cardona, 2014). This attention has prompted some clinicians to shift away from diagnosing psychopathology and toward countering the destructive narratives, cultural discourses and enacted injustices in society (Seedall et al., 2014; Waldegrave, 2009). At the same time the mounting friction in the United States surrounding the ideas of inclusivity and justice raises the question of how family therapists can encourage and promote justice. These questions are considered in therapeutic communities, as the U.S. government increasingly promotes populism and isolationism and U.S.-based mental health treatment globally expands (Charlés & Samarasinghe, 2016; Kirmayer & Pedersen, 2014). This expansion has been criticized as having a colonizing effect on non-Western cultures further raising questions of how family therapy can best promote indigenous healing (Arnett, 2008; Bermúdez, Muruthi, & Jordan, 2016; Watters, 2010).

Starting from these questions I developed a dissertation project to explore the experiences of Aotearoa/New Zealand's mental health workers with a particular focus on Indigenous-Colonial biculturalism. I was interested in how therapists and other service providers negotiate the spaces between a colonial clinical agenda and an Indigenous cultural agenda. The predominant questions guiding this study were 1) How has a growing awareness of the effects of colonization and cultural injustice been incorporated into the practices of therapists and other service providers in Aotearoa/New Zealand? 2) How are therapists in Aotearoa/New Zealand supported in their use of Indigenous epistemologies? 3) How do mental health workers navigate and negotiate the mental health context in Aotearoa/New Zealand?

Through a critical ethnographic approach (Madison, 2011), my own experiences and the experiences of my participants, I answered these questions in a variety of ways. Question 1 was answered in Chapter 2 through a critical questioning of self-awareness and colonization. In this autoethnography I developed a sense of the settler-colonial self and a deeper understanding of its effects on therapy, scholarship, and citizenship. Questions 2 and 3 were explored in Chapter 3 through an analysis of the negotiations that occur in bicultural mental health practices. I have only scratched the surface of these subjects but the analyses so far offer unique contributions to the family therapy and family sciences literature. In the remainder of this chapter I explore these contributions, the strengths and limitations of the study and its implications for family therapy. I then suggest ideas for future analyses and manuscripts before offering my concluding thoughts.

Contributions

This study provides empirical evidence for the decolonialization of therapeutic practice. While decolonization is increasingly described in the family therapy (McDowell & Hernández, 2010) and family sciences literature (Bermúdez et al., 2016) the field has overlooked the powerful and ongoing processes of settler-colonialism (Veracini, 2017). The fact that the United States is a colonial nation, with past and present policies that promote colonial mentalities, white supremacy and academic colonial Imperialism should not be ignored (Glenn, 2015). Especially important to family therapy is the recognition of settler-colonialism's structural effects on our practices and theoretical orientations (Paradies, 2016). Participants in this study related their experiences of awakening to the impact of colonialism on their clients, their professions and themselves. Through learning, experience and cognitive and relational processes participants described how they sought to build relationships across knowledge systems. Bearing witness to the reality of colonialism can motivate solidarity between Indigenous and non-Indigenous

workers to provide culturally safe mental health practices. This study provides a unique view of the steps a similarly colonial country has taken in decolonialism. Incorporating this knowledge into the family sciences and family therapy literature can infuse our discipline with new theoretical and practical approaches for family and community wellbeing.

This study is also the first I know of to use the negotiated spaces framework (Mila-Schaaf & Hudson, 2009a) to organize empirical findings. This framework balances Indigenous and Western knowing, creating places of negotiation for the development of innovative research (Mila-Schaaf & Hudson, 2009b). Rather than presenting Indigenous and Western knowing in polemical stances, it invites open engagement. The results in Chapter Three indicate that the proposed conceptual space of negotiations is also a lived experience fraught with tensions. The findings were developed from positional maps created through a situational analysis (Clarke, 2005). This mapping process allowed me to enter the data at a level removed from individual participants, thus considering the experiences of participants in relation to each other and discourse. This analysis contributes to the literature of Aotearoa/New Zealand by giving voice to people in marginalized positions who have argued against insincere moves taken towards biculturalism (Bennett & Liu, 2017). The results also indicate that the negotiated spaces conceptualization of decentered power and respectful engagement in the negotiations between knowledge systems remains an aspiration. Findings of this analysis can be translated into the family therapy literature.

Therapists who center their relationships between self and other bidirectionally to learn from and with our clients, operate with a philosophy that parallels Māori and Pasifika worldviews (Waldegrave et al., 2003). These holistic interrelated ways of thinking and being have been noted to resonate with the paradigms and worldviews of other minoritized and

collectivistic communities in the United States (Akinyela, 2014). Adapting the negotiated spaces framework to clinical alliances in family therapy invites critical reflection on our practice and on how we can interconnectedly see *ourselves* in the cultural *other* (Mila-Schaaf & Hudson, 2009b).

Methodologically, this study was driven by methods uncommon in family studies. Situational Analysis (Clarke, 2005) is a relatively new framework that has not yet been widely reported in the family therapy or family science literature. Its incorporation into family studies will benefit researchers who are interested in scholarship that does not reduce but instead complicates phenomena (Khaw, 2012). Autoethnography is an established methodology that has also not found a regular home in family therapy scholarship (Allen & Peirce, 2005). As a politically engaging method, it benefits from the introduction of multiple theories to drive analysis and distill findings (Allen-Collinson, 2013). For family therapy the infusion of new and different theories can strengthen the ways we conceptualize problems, contexts and the self. This can guard against scholarship that merely recycles rather than generating new thinking infused from other fields. In the current autoethnography I reflected on my own experience using settler-colonial theories, theories of white supremacy and theories of the hyphen space (Bonds & Inwood, 2016; Boudreau Morris, 2017; Fine, 1994). Research into solidarity and settler-colonialism has promise for family therapy to challenge our ideas of social justice and push us to reflect on how we participate in and possibly extend the colonial project. I discuss these two topics further in the sections on implications for family therapists and future research.

Strengths and Limitations

In light of the methodological decisions involved the findings of the present studies should be considered preliminary. Given that the overarching project was a critical ethnography I collected a range of data from participant observation, document analysis and interviews. Using

autoethnographic and situational analysis analytic methods was a choice I made guided by critical realism (Houston, 2013) and decolonialism (Maldonado-Torres, 2011). Within these frameworks I sought to describe the negotiations that we make in colonial cultures as researchers, as clinicians and as people. Although I believe that decolonialism is an appropriate theoretical framework the results in Chapters Two and Three are limited by my own understanding and application of the theories. The time I spent in the field allowed me to collect a large amount and a broad range of data which is both a strength and a weakness for this dissertation study. With so much data I had to make critical choices about what to include and what to leave out and these choices were significantly driven by my personal and theoretical responses to the data. It is possible that myself, as the research instrument, strayed from the original meanings of the participants. To guard against this risk participants could access their interview transcripts and findings, make comments and member check findings.

Chapter Two is a presentation of an autoethnography I conducted while exploring my decolonization experience (Huygens, 2016). Autoethnography is growing in the critical social science literature and has many strengths (Boylorn & Orbe, 2016). The method also has limitations, the least of which is the vulnerable position researchers put themselves in when exposing inner and sometimes ugly experiences (Tenni, Smith, & Boucher, 2003). Creating and analyzing complex personal authentic data presents challenges connected to the researcher's closeness to the experience and the never-ending supply of data. To minimize the effects of these difficulties with autoethnography I used multiple theories to analyze my experience which allowed me to look at it from new perspectives. I also worked with cultural advisors who reviewed my writing and assisted in my theorizing. To deal with the vulnerability of releasing personal experiences into publication I approached each vignette as I would approach self-

disclosure in therapy (Cheon & Murphy, 2007). Considering my goals in disclosure I sought out experiences that highlighted the moments when I became aware of dilemmas to show how I contended with them. I believe this method helped me use data in ways that were both personal and consequential rather than merely navel-gazing (Maydell, 2010).

In Chapter Three, I presented the finding of a Situational Analysis of participant interviews (Clarke, 2005). The limitations of this method include the absence of concrete analytic processes as Clarke encourages creativity in approaching the data (Allen, 2010; Clarke, 2005). To counter the opacity of the process I used constant comparative coding which also comes from grounded theory and has been recommended and used in other situational-analysis projects (Licquirish & Seibold, 2011; Salazar Perez & Cannella, 2013). Page limitations were another problem as I could not include an analysis from each mapping exercise and could present only the most pertinent mapping process for the research questions. However, having to choose one mapping process over the other allowed me to hone my question and focus more intensely on the process of negotiations in mental health practices. The remaining maps will be given their own manuscripts as described in the section on future research. Page limitations also required me to reduce the number of quotations I presented alongside findings to support my results. I believe that these limitations were outweighed by the value that came from moving one step above the level of personal experience to learn about the cultural phenomena driving participants' experiences. Through this analysis I highlighted the reality of bicultural practice providing that the system is heavily tilted towards the majority Pākehā culture.

The heterogeneity of participants was a conscious choice to fit the goals of situational analysis, yet presents a possible limitation (Clarke, 2005). Through maximum variation sampling I built a sample reflective of the mental health services and cultural demographics of the nation. I

also oversampled for Māori participants ($n = 10$) a strength of this project as it is often the voices of Indigenous members of a society that are the most marginalized (Darder, 2015).

Cross-Cultural (Mis)understandings

As with any study that brings knowledge from one culture to another translating the findings for a United States population should be considered with caution (Liamputtong, 2008). The differing political, cultural and historical processes, systems and traditions between the U.S. and Aotearoa/New Zealand affect us all differently. The findings and implications are specific to the mental health and political systems in Aotearoa/New Zealand and possibly even more to my being a Tauwiwi. It would be irresponsible to believe that we could transplant a system grown in one soil into another foreign soil. There is value however, in critically questioning the beliefs and ideas taken for granted by colonizer-settler nations and their outcomes for mental healthcare in any country. International comparative research enables a fresh perspective on the ways different countries address similar problems. A process especially important, considering that the deconstructing of colonization processes is essential for Indigenous, marginalized and dominant groups' wellbeing. Such a perspective makes it useful to explore the weaknesses and strengths of decolonization processes and compare them with those of other traditions "with a view towards engaging in constructive criticism of one's own system" (Waldegrave, 2006, p. 68).

Clinical Considerations for Family Therapists

Human identity is at the heart and soul of our endeavours. Our task is not to negate cultural identity or to squeeze others into straitjackets of cultural neutrality. The challenge is to understand cultural identity as a keystone for healing, for living and eventually for dying. (Mason Durie, 1996)

This study was conducted with multiple professional identities in the mental health professions rather than strictly with interviews from family therapists. This decision was based

on the composition of the clinical professions in Aotearoa/New Zealand and my desire to interview the service providers who work the most with Māori and Pasifika clients (Bennett & Liu, 2017). As a family therapist however, the experiences I had providing therapy to Samoan families, in my interview, and as a participant-observant were filtered through a systemic clinical lens. While the marriage and family therapy profession continues to develop inclusive methods for working within a complex and multicultural society (McDowell, Knudson-Martin, & Bermúdez, 2018), American Indians are still overlooked in our clinical literature (Limb & Hodge, 2011). There are many reasons for this among them the lack of access faced by American Indians who were relocated to rural and remote areas in the United States (Payne, Steele, Bingham, & Sloan, 2018). Another problem for family-therapy research into American Indian communities may be linked to Pākehā paralysis as described in Chapter Two (Tolich, 2002). Our country's history of creating and disseminating harmful and misrepresentative research has led to the dwindling of Indigenous populations in research (Bermúdez et al., 2016), which has led to a dearth of information on best practices and cultural humility with American Indians in therapy (Fryberg, Covarrubias, & Burack, 2018).

In this section I describe four paths clinicians can follow to work in Indigenous and minoritized communities. While these considerations were developed in the New Zealand context they may also be useful for supporting clinicians in the United States. I find it helpful to think of these paths as intersecting but distinct with each new step building on and informing the previous ones. The following pathways described in Chapters Two and Three are more fully developed for family therapists below:

1. Decolonialize settler-colonial identities.
2. Grow a sense of cultural humility.
3. Enter knowingly into negotiated spaces.
4. Integrate cultural identity and protocols into sessions.

Decolonialize Settler-Colonial Identities

Chapter Two provided reflections for researchers interested in the decolonialization of academic endeavors. Given the colonial mentality that grounds much of psychotherapy, family therapists will also benefit from taking steps toward unsettling their colonial selves (Adams, Estrada-Villalta, & Gomez Ordonez, 2018). The United States has a complicated and uncomfortable settler-colonial reality that continues today (Mamdani, 2015). It is thus important for family therapists to recognize how settler-colonialism has structured gender, race (Glenn, 2015), and institutional meanings of relational ideas such as “the family” (Bermúdez et al., 2016). We must also learn how psychology, mental health and psychotherapy are all arms of the colonial project (Tate, Rivera, & Edwards, 2015) so that our awareness can promote non-Westernized ways of wellbeing and healing (Waldegrave, 1985). Doing so is a process of “unsettling the settler” within (Regan, 2010).

History. White European Americans have learned a history of the colonies grounded in ideas of white racial superiority, civilization and benevolence (Bobowik, Valentim, & Licata, 2018). In recent years, critical colonial studies have urged recognition of the fact that the colonial era in the United States was a time of violence, exploitation, genocide, and the enslavement of peoples from other nations (Veracini, 2017). Becoming aware of the dark side of history can be uncomfortable, but we must learn this history and be open to the shame it might encourage.

The next step is to learn the history of the land and our nation. Because land is tantamount to the colonial project (Laidlaw & Lester, 2015), we must also learn the land on which we live and the spaces in which we work. For many Indigenous cultures, ancestral connections to the land have been cut off and the land where we work has a history we might not be aware of. Learning correct pronunciation of words and names, the meanings of their tribal

affiliations and the path of displacement the tribes encountered will broaden our understanding and empathic responses to clients. Similarly, reflecting on our own connections to land, how we think about it and attachments we have to it can complicate the way we respond when we think about the displacement of American Indians, refugees, immigrants and families displaced by ancestral slavery. To work effectively in our communities, we must understand what occurred in them. Colonial legacies such as alienation from land and cultural practice, and policies of assimilation have undermined many Indigenous families. Becoming suspicious of the historical hegemonic discourses that still dominate in our country will help us look more closely at inequity, its causes and possible ways of transforming it. If we don't recognize the reality of our learned and hidden histories we will not be able to recognize how the colonial era is also a contemporary reality.

Reality. Colonialism is a structure that has constructed culture, traditions, knowledge-bases, therapies, gender relations, identity, race and family beliefs (Glenn, 2015). It continues to structure the United States in such a way that it has become almost invisible to those in the dominant majorities simultaneously as minoritizes those who do not belong to White-European lineages (Morgensen, 2011). The colonial mentality has become especially salient in the past year as our country elected a president who seems to promote the dominance of the white race (Coates, 2017). Colonialism promotes acculturation, assimilation, displacement from land and identity, the superiority of Westernized knowledge and medicine, the idea of the independent self, neoliberalism, globalism and racism (Seawright, 2014; Veracini, 2017; Wolfe, 2006). In indigenous and minoritized communities, colonialism teaches shame for skin tones other than white and embarrassment at cultural traditions and enforces the use of the English language (Kauanui, 2016). In effect colonialism continues to deny the rightful existence of anyone but the

White-European self (Glenn, 2015). The theory of settler-colonialism carries significant implications for family therapy. Because it is a practice grounded in the idea of creating healthy relationships and families we must recognize where our ideas of both of these come from. We must challenge our thinking both in and out of session when we are confronted with family structures and patterns different from our own. Our beliefs and attachments can covertly inform our political and therapeutic approach and our evaluation of our clients and their wellbeing if we do not become aware of them and challenge them.

Therapy. The process of the colonization of the “family” has turned the notion of a family into a political, cultural and historical ideology that advances the rights of some groups while disenfranchising others (Bermúdez et al., 2016; Jordan & Seponski, 2018). Family therapy has paid less attention to the structural effects of colonialism and the ways in which it subjugates clients and communities. The way family therapy itself unknowingly contributes to the ongoing practice of colonialism has also been neglected.

To decolonialize our practice we must first recognize the colonial order behind it. Family therapy is grounded in the settings of a “WEIRD” world: that is, our roots are grounded in the philosophies of the Western, Educated, Industrial, Rich and Democratic (Henrich, Heine, & Norenzayan, 2010) hegemonic standards of colonial Imperialism (Adams, Estrada-Villalta, & Ordóñez, 2018). Our foundations rest upon human development as a biopsychosocial normative process that is guided by neoliberal ideas of individualism and normative functioning (Barton & Bishop, 2014). Our diagnostic procedures remain based on the DSM which pathologizes behaviors that we in the West view as abnormal but which might be highly valued in Indigenous communities (Cohen, 2014; Porter, 2015). We prescribe culturally imperialistic interventions garnered toward growth-oriented family-of-choice relationships that resist interpersonal

accommodations for familial interdependence (Tapping, 1993). Our idea of self is predicated on a meritocratic neoliberal independence that stems from colonial rationalizations (Markus, 2017). Therapy grounded in these epistemologies furthers the ideology of colonialism which normalizes Western ideas of wellbeing and health as natural simultaneously delegitimizing communities that fall outside of Western European Whiteness (Waldegrave et al., 2016). Even models of family therapy that promote social justice typically do so based on democratic ideas of justice, a democracy based on the majority and easily overlooks the minority (Jordan & Seponski, 2018).

Decolonializing family therapy will require us to approach our research with a critically aware orientation (Adams & Estrada-Villalta, 2017) guarding against facile depictions of family and health. Reading and learning from indigenous and liberation-psychology scholarship will infuse our field with a deeper knowledge of the worldviews that colonialism suppresses (Bennett & Liu, 2017; Martín-Baró, 1994). This is a process of decolonializing our mentalities and freeing ourselves from the grip of Imperial science on the way we think, feel and act. By connecting the history and reality of colonialism to therapeutic processes we can develop cultural humility.

Grow a Sense of Cultural Humility

When I moved to Aotearoa one of my advisors told me that I must “learn to be small, to hold my culture lightly, to learn from another culture, to be in a culture but at the same time stay strong in my sense of self.” Over time I came to recognize this as the fundamental to the idea of cultural humility. Cultural humility is the “ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to” the other (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 354). As opposed to the idea that we can become competent in culture, cultural humility lets us think through privilege and marginalization, what we are talking about when we talk about culture in therapy and how we

define the *other* (Hernandez-Wolfe, Acevedo, Victoria, & Volkmann, 2015). Cultural humility developed to counter the cultural competency movement, challenging clinicians to reflective and engage in lifelong learning about self and other (Tervalon & Murry-Garcia, 1998).

A key difference between cultural competency frameworks and cultural humility is the recognition that cultures are not monolithic (Dreher & MacNaughton, 2002). Challenging hegemonic ideas of culture means not expecting or accepting stereotypes and not making tokenistic gestures toward cultures. To account for the subjectivities of culture, cultural humility includes the recognition that culture is fluid both within and between groups and mutable according to context. Cultural humility has recently gained attention in the family therapy literature (Allan & Poulsen, 2017) and it contains many possibilities for family therapists who are interested in developing decolonial practices. Fisher-Borne, Montana Cain and Martin (2015) offered a framework for developing cultural humility that includes critical self-reflection on individual- and institution-level power differentials in culture (Appendix O).

Attending to power is a critical element of cultural humility as is the therapist's developing awareness of her own culture. In Māoridom rituals of encounter that are repeated and enhanced through time are essential to establishing trust and reciprocity in relationships (Love, 2002). One way this occurs is through the sharing of your whakapapa. Whakapapa is the establishment of identity through genealogy but beyond just tracing your family tree it includes tracing your connections to the land and your culture (Love, 2008). It also means tracing your connections to your clients' land, culture and family history. When therapists enter the therapeutic relationship knowing their whakapapa they can resist the temptation of having cultural competence. Instead learning how their own cultures are in relationship to that of the client and the ways in which culture conscribes ideas of self, family, health and healing.

Negotiated Spaces of Therapy

The negotiated spaces framework is a conceptual model that was empirically described in Chapter Three (Mila-Schaaf & Hudson, 2009b). Through a situational analysis (Clarke, 2005) it emerged that rather than a theoretical space of meeting, the negotiated spaces were lived experiences in between the boundaries worldviews. I believe that the negotiated spaces occur not only in knowledge production but every time we enter the therapeutic space. Therefore, we must step cautiously and with humility into these spaces. Although family therapy historically moved away from the individualized epistemologies of clinical psychology and psychiatry, we are firmly planted in an individualistic culture (Blume, 2008). Despite our philosophical leanings toward systems theory, our practices are dominated by the scientist-practitioner model which supports a Western knowledge base and emphasizes replicable, transferable and time-limited therapies (Bennett & Liu, 2018). In fact, cognitive behavioral therapy remains a frequently used model (Dattilio, 2005) even though it is an uneasy fit for the relational and collective selves of many Indigenous clients (Hirini, 1997; Pomerville, Burrage, & Gone, 2016). Even emotionally focused therapy, a family therapy model, is based on the couple unit and removes the couple from their families and larger social context (Johnson, 2012). It is thus crucial that family therapists become aware of and remain vigilant about the fact that the philosophies grounding our approaches might conflict with our clients' knowledge systems. Western therapies, including family therapy, are traditionally focused on neoliberal ideas of rights and independence (Barton & Bishop, 2014). In Māoridom however, responsibilities and interdependence are indicators of healthy functioning and independence is viewed as immature or irrational (Hirini, 1997). Support is an action taken by the whole whānau⁴¹ and limiting therapy to the individual or the single-

⁴¹ Whānau- extended family/kinship networks

family unit separates clients from their cultural identities (Durie 1997; 2011). Similarly, in Samoan cultures the self is considered a relational subject rather than an individual actor, best understood in the word *va*: the relational space between an individual and others (Tamasese, et al., 2005). In such interdependent cultures it is suggested that the initial focus of therapy should not be the presenting problem. Instead the goal should be to connect the client to their broader community and to the therapist by asking “Who are you?” in relation to history, culture, family, community and context (Te Pou o Te Whakaaro Nui, 2010).

By entering the negotiated space, therapists can recognize that clients might have knowledge systems fundamentally different than the models of family therapy. For example, the concept of resilience is one that Māoridom holds in suspicion (Penehira, Green, Smith, & Aspin, 2014) while family therapists use resilience frameworks to strengthen families during times of adversity (Walsh, 2003). In Māoridom resilience has been used to explain how Māori have survived and “bounced back” from the adversity of colonialism (Penehira et al., 2014). Research and clinical work from this view are felt to be assimilationist -a goal to help Māori cope in the colonial world (Cohen, 2014). Instead *resistance* is a more useful therapeutic concept as it links Māori to their history of perseverance, self-determination and fight to maintain and keep their culture alive despite colonialism (Penehira et al., 2014).

There are also differences in how we think about and process the decisions we make. According to Mason Durie (2011) many Western thinkers have developed a centripetal method of decision making in which they funnel down to the essence of an issue before reaching a conclusion. By contrast, many Māori experience centrifugal thinking, in which they think outwards rather than inwards relating to external connections to consider the whole rather than isolating and individualizing experiences, thoughts and feelings (Durie, 2011). In both Māori and

Pacific cultures clinical decisions should be conceptualized centrifugally to consider the four interacting dimensions of *taha wairua* (spiritual health), *taha hinengaro* (emotional and mental health), *taha tinana* (physical health), and *taha whānau* (family health; Durie, 1997). This kind of inclusive framework means shifting away from clinical orientations and toward holistic caring represented in Durie's (1991) Te Whare Tapa Whā model (Figure 4.1) and Pulotu-Endemann's (2009) Fonofale model for Pacific Health (Figure 4.2).

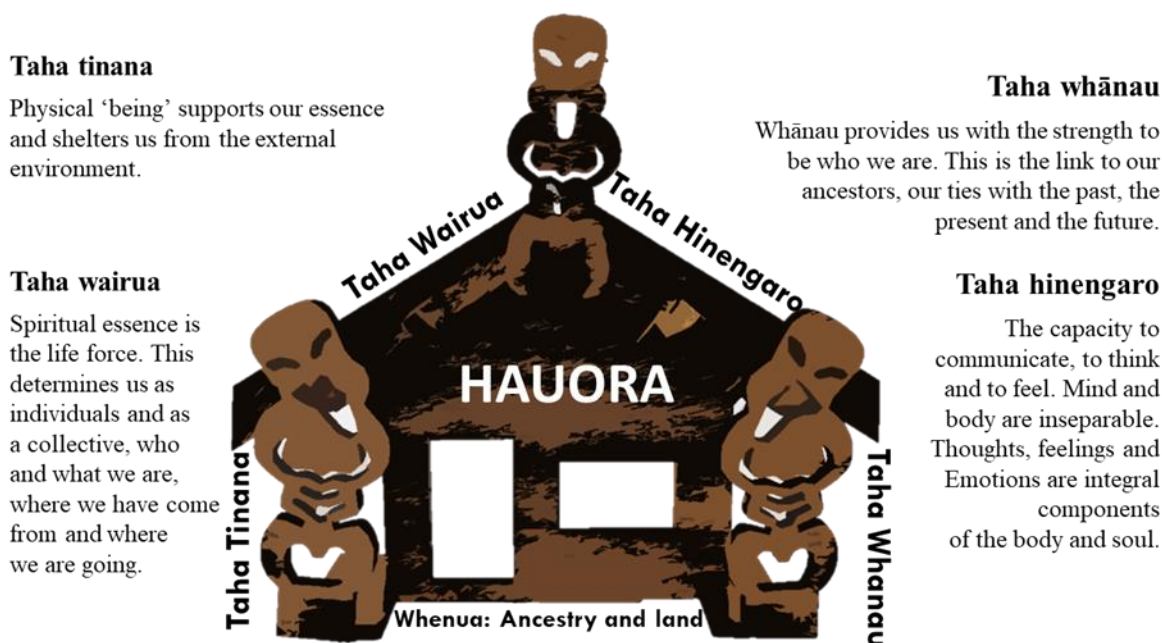


Figure 4.1. Te Whare Tapa Whā Model of Māori Health (Durie, 1991). The house has strong foundations and four equal sides; symbolizing the dimensions of Māori well-being.

Table 4.1

Opportunities for Therapeutic Alliance in the Negotiated Spaces

Negotiated spaces affords opportunities for people to negotiate: <ul style="list-style-type: none"> ▪ existing cultural knowledge; ▪ engagement with new cultural knowledge; ▪ relationships within and between systems of meaning and knowing; ▪ engagement with distinct cultural others; ▪ making cultural choices in accord with the insight, awareness, and access that multiple choices affords. 	These are negotiations which require: <ul style="list-style-type: none"> ▪ critical self and other reflection; ▪ the exchange of knowledge and ideas; ▪ conceptualizing possible limits of knowledge systems; ▪ attending to power relationships and imbalances; ▪ comfort in multiplicity.
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Note. Table created from text adapted from *Negotiating space for indigenous theorising in Pacific mental health and addiction* (p. 19), by K. Mila-Schaaf and M. Hudson, 2009b, Auckland, NZ: Le Va.

Integrate Cultural Identity and Protocols into Sessions

Family therapists can use strategies to support their clients' development of strong cultural identities. In many Indigenous communities, the creation of a cohesive cultural identity has been linked to positive healing (Paradies, 2016; Shepherd, Delgado, Sherwood, & Paradies, 2018). It is often the case that through violence, decimation, stigmatization and characterization many Indigenous peoples have been separated from their cultures. A secure cultural identity was defined by Durie (1997) as people's identification with their cultures of origin, knowledge of their whakapapa, knowledge of and ability to participate in rituals, knowledge of oral traditions, language acquisition and connections to their families and ancestral lands.

For many clients developing a healthy cultural identity is a journey that can be aided by a family therapist. Our training to consider the whole, engage more than the client in therapy, attend to critical consciousness and power (McDowell, 2015), and recognize the spiritual connectedness of clients (Carlson, McGeorge & Toomey, 2014) all strengthen our ability to work with Indigenous clients. While the path to building a cultural identity looks different for all

people as family therapists we can communicate to clients the importance cultural identity has in our lives. Using appropriate cultural approaches is one way to achieve this.

Cultural Approaches. Language is intrinsic to expressions of culture, fostering group identity and cultural longevity (Durie, 2011). In Indigenous, immigrant and refugee communities, family therapists can learn simple phrasing and the proper pronunciation of names, places and words. The goal is not to become proficient but simply to be able to communicate respect. Although the introduction of cultural protocols into sessions such as prayers, culture-specific introductions and proverbs can be beneficial it must be done with care. Clients have described ways in which therapy that begins as a culturally rich experience can easily turn into a disrespectful, minimizing and isolating experience (Durie, 1997). When using cultural approaches with clients it is important to understand why those approaches are appropriate. Simply adopting a method in the hope that it will fit the client is a superficial response to culture. One participant said, “I challenge my people to remember that culture is not just a box you can tick. In Māoridom there is a function behind culture.” These functions of culture are grounded in its history, epistemology and values (Mila-Schaaf & Hudson, 2009a). Learning the background of the cultural protocol is important in treatment so that therapists can understand why they are doing it. As with any other intervention not having a conceptualization of its purpose will lead to haphazard therapy at best.

For example, metaphor has long been used in family therapy to talk about symptoms or problems without naming them explicitly (Bateson, 1979; Onnis et al., 2007; Waldegrave & Tamasese, 1993; White & Epston, 1990). Although metaphor is also a highly appropriate method for therapeutic work with Samoan and Māori families, reasons for its use differ. Samoa has an intricate linguistic system characterized by its indirectness and subtleties of time and space

(Tamasese et al., 2005). There are many cultural cues in the Samoan language that hinge on expressing “respect, humility, wisdom, servitude” in each culturally-specified, gendered, aged and ranked contexts (Matai’a, 2006, p. 37). In the United States value is placed on direct and assertive speech (Neuliep, 2017). This is true in therapy as well and therapists may feel that not speaking of a problem directly amounts to colluding with it (O’Reilly & Parker, 2014). But if a therapist were to directly confront a Samoan client, cultural norms would be at risk of being disrespected and denigrated. Because one must walk a fine line to attend to the seriousness of clinical problems without naming them, metaphoric speech provides linguistic ambiguity that can be both respectful to and received by clients. When used together with cultural knowledge, metaphor can turn therapy into a collaborative process to promote collective decision-making. Metaphor is also something commonly used in Māoridom especially through whakataukī⁴² (Berryman, 2015). Metaphor is seen as a bridge between past, present and future through the natural and spiritual world and from the mundane to the galaxy (Berryman, 2015). Metaphors and proverbs also tell the stories of the resistance that Māori have made in their long fight against colonialism (Love, 2002). In therapy the metaphor can be used to tell of the strength of the client, connecting that client to the story, her culture and time. This example makes it clear that understanding the social and philosophical reasonings behind cultural protocols can enrich therapeutic interventions. Finally, therapists can improve their cultural approaches by seeking out cultural advisors, cultural supervision or cultural accountability providers. Developing relationships in the communities of practice with cultural healers and community elders can help therapists learn about traditional healing, knowledge and cultural approaches that might be beneficial to incorporate into therapy.

⁴² Whakataukī- proverb

Maintain Perspective. While the results of the current study and the literature review indicate that cultural identity and the use of cultural protocols is crucial when working with Māori and Pasifika clients we must maintain perspective. Family therapists should not discount their own knowledge, awareness and special training. Culture will not compensate for the unique skills and processes that have been developed in family therapy. The goal is to offer comprehensive services rather than positioning one service as more important than the other (Durie, 1997). In an effort toward biculturalism, culture and clinical are placed in a delicate balance rather than one subsuming or neglecting the other.

We must also maintain perspective about culture in general. To provide culturally responsive services, family therapists must recognize that no culture is homogenous or static. We need to take a broad idea of culture to avoid stereotyping and fitting people into cultures they are not comfortable with. Not all clients are comfortable with the idea of culture nor do they all identify with the cultures they grew up in (Rata, Liu, & Hutchings, 2014). In this dissertation, my goal is to advance the belief that key to providing relevant services is the ability to provide the choice for cultural intervention and identity development. To do any less is to continue the legacy of colonial erasure of non-European culture and bar Indigenous self-determination.

Future Research

Having spent a year in Aotearoa/New Zealand and five months in interviews I have acquired a large quantity of data. My first analysis of my field notes was presented in Chapter Two and my first analysis of my interview data in Chapter Three. There are many analyses yet to come. First, as I have been focused on cultural justice my next analysis on the dangers of cultural tokenism in multicultural therapy. In this paper I will attend to how we learn about and adopt cultural practices, how they can be harmful or helpful and how we can tell the difference. Next,

the interview participants placed importance on decolonialism processes for therapeutic relationship building. A follow-up analysis will be focused on the processes they described to encourage successful decolonial foundations. Third, I will conduct a situational and social world maps to explicate bicultural practice from the perspective of service providers. Finally, as someone who hopes to use scholarship to advance social changes I have been thinking of how to contribute to the participants and communities I have worked with over the past year. I am currently producing a series of white papers to provide to policymakers and community leaders with the information I obtained to make proposals for improvements in mental health practices.

Conclusion

This study began as an exploration of social justice in therapeutic practice in New Zealand and ended as an examination of cultural justice in mental health. What emerged was an account of how Aotearoa/New Zealand's incredible advancements in the recognition of Māori rights have been overshadowed by the failings of its mental health care system to Māori. In the United States we do not subscribe to biculturalism nor do we recognize the priorities of American Indians. As a country we must begin to heal from our colonial past and colonial reality in order to work toward a more just nation that considers the balance of rights and responsibilities for everyone living here. As a profession we must begin to recognize how colonialism has structured our ideas of wellbeing, self and family to decolonialize our practices. As scholars we must check our priorities and privileges so that we can better understand our motivations for research and warn against paternalistic ally-ship. This study is one small step in that direction and through its findings I hope to continue to bring awareness to myself and my profession on the possibilities of negotiating space between Indigenous and Western knowledges.

Epilogue

As my time in Aotearoa draws to a close, it is fitting that I spend my last days writing this conclusion. In a much different space than when I arrived- I now think of the ways my experiences and research fit in the United States. I am fearful as I pack my bags and board the plane I leave behind the communities I have come to know, grow with and love. I have been set on a path unknown to me before coming and appearing only as I leave. My last days in Aotearoa/New Zealand I met a postdoctoral colleague, Margie, who through encouraging me on the completion of my project described her vision of my process. She told me of the series of pouwhenua that follow and guide me. Pouwhenua are carved wooden posts that mark territories and places of significance. Each tells a story and reflects the relationships between the environment, ancestry and people of the land. Margie shared how she envisioned me as I began my program and embarked on this Fulbright, with poles laid behind me marking my progress. Unseen and unknown to me, family, friends, committee and ambitions laid poles ahead into the future as did those people who I had not met yet. My journey was set and protected by these pouwhenua. No matter how alone I might have felt, I could not be lost because these poles signified I was on the right path guided by those who I am connected to. No matter where this path takes me I was with them and they were with me. Today I write these words on my final day in the land I have called home, the land that welcomed me by the grace and manaakitanga⁴³ of tangata whenua⁴⁴. To honor this land and my responsibilities therein I went to the top of Mount Victoria to visit my final pouwhenua in Aotearoa (see Figure 4.3). I reflected that this was not my pouwhenua alone, it is the pouwhenua of many, am connected throughout our journeys.

⁴³ Manaakitanga- hospitality, kindness, generosity, support

⁴⁴ Tangata whenua- People (tangata), whenua (placenta, land): people born of the placenta/land of their ancestors

While I have reached this place, I know there are more pouwhenua laid before me to guide my continued connection to this land and people. To honor the places and positioning of the poles my participants set, I hope I have represented their voices well. I fully acknowledge that this is only a representation, my translation of how and what I understood them to be telling me at the time we met. The Māori saying, *Hara ahau i te tangata mohio ki te korero otira e tika ana kia mihi atu kia mihi mai (I am not a knowledgeable person at speaking, but it is right that we exchange greetings)* is used in introductions to honor the tangata whenua and acknowledge the manaakitanga provided to the speaker. I offer these words to acknowledge that I am not Māori, Pasifika or Pākehā yet I presume to represent their needs and concerns. I recognize that their unlimited hopes and meanings are only limited by the boundaries of my own understanding. I am humbled by the manaakitanga they expressed in sharing themselves with me.



Figure 4.3. Pouwhenua on Mount Victoria, Wellington, Aotearoa/New Zealand

REFERENCES

- Adams, G., & Estrada-Villalta, S. (2017). Theory from the South: A decolonial approach to the psychology of global inequality. *Current Opinion in Psychology, 18*, 37-42.
- Adams, G., Dobles, I., Gómez, L. H., Kurtiş, T., & Molina, L. E. (2015). Decolonizing psychological science: Introduction to the special thematic section. *Journal of Social and Political Psychology, 3*(1), 213-238.
- Adams, G., Estrada-Villalta, S., & Ordóñez, L. H. G. (2018). The modernity/coloniality of being: Hegemonic psychology as intercultural relations. *International Journal of Intercultural Relations, 62*, 13-22.
- Adams, T. E., & Holman Jones, S. (2008). Autoethnography is queer. In N. K. Denzin, Y.S. Lincoln, & L.T. Smith (Eds.). *Handbook of critical and indigenous methodologies* (pp. 373-390) Thousand Oaks, CA: Sage.
- Airini, D. B., Mila-Schaaf, K., Coxon, E., Mara, D., & Sanga, K. (2010). *Teu le va: Relationships across research and policy in Pasifika education: A collective approach to knowledge generation & policy development for action towards Pasifika education success*. Wellington, New Zealand: Ministry of Education.
- Akinyela, M. M. (2014). Narrative therapy and cultural democracy: A testimony view. *Australian and New Zealand Journal of Family Therapy, 35*(1), 46-49.
- Allan, R., & Poulsen, S. S. (Eds.). (2017). *Creating cultural safety in couple and family therapy: Supervision and training*. Cham, Switzerland: Springer.

- Allen, K. R., & Piercy, F. P. (2005). Feminist autoethnography. In D. H. Sprenkle & F. P. Piercy (Eds.). *Research methods in family therapy, 2nd Edition* (pp. 155-169). New York, NY: Guilford Press.
- Allen, L. M. (2010). A critique of four grounded theory texts. *The Qualitative Report, 15*(6), 1606-1620. Retrieved from <http://nsuworks.nova.edu/tqr/vol15/iss6/16>
- Allen-Collinson, J. (2013). Autoethnography as the engagement of self/other, self/culture, self/politics, selves/futures. In S. Holman Jones, T. E. Adams, & C. Ellis (Eds.). *Handbook of autoethnography* (pp.281-299). Walnut Creek, CA: Left Coast Press.
- Anderson, H., & Goolishian, H. A. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process, 27*(4), 371-393.
- Archer, M., Sharp, R., Stones, R., & Woodiwiss, T. (1999). Critical realism and research methodology. *Alethia, 2*(1), 12-16.
- Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to become less American. *American Psychologist, 63*(7), 602 - 614.
- Aveling, N. (2013). 'Don't talk about what you don't know': On (not) conducting research with/in Indigenous contexts. *Critical Studies in Education, 54*(2), 203-214.
- Banivanua Mar, T. and Edmonds, P. (Eds.). (2010). *Making settler colonial space: Perspectives on race, place and identity*. New York, NY: Palgrave Macmillan.
- Barker, A.J. and Battell Lowman, E. (2015). *Settler: Identity and colonialism in 21st Century Canada*. Halifax, CA: Fernwood Publishing.
- Barton, A. W., & Bishop, R. C. (2014). Paradigms, processes, and values in family research. *Journal of Family Theory & Review, 6*(3), 241-256.

- Bateson, G. (1979). *Mind and nature: A necessary unity*. New York, NY: E.P. Dutton.
- Beddoe, L., & Harington, P. (2015). Social work in Aotearoa New Zealand. In G. Palattiyil, D. Sidhva, & M. Chakrabarti, (Eds.). *Social Work in a global context: Issues and challenges* (pp. 27-38). New York, NY: Routledge.
- Belgrave, MP. (2014). Webs of empire: Locating New Zealand's colonial past. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 9(1), 36-38.
- Bell, A. (2004). Cultural vandalism and Pākehā politics of guilt and responsibility. In P. Spoonley & D.G. Pearson (Eds.). *Tangata tangata: The changing ethnic contours of New Zealand* (pp. 89-107) Auckland, NZ: Thomson Dunmore Press.
- Bell, A. (2006). Bifurcation or entanglement? Settler identity and biculturalism in Aotearoa New Zealand. *Continuum*, 20(2), 253-268.
- Bell, A. (2008). Recognition or ethics? De/centering and the legacy of settler colonialism. *Cultural Studies*, 22(6), 850-869.
- Bertalanffy, L. V. (1968). *General system theory: Foundations, development, applications*. New York, NY: George Braziller.
- Bennett, S. T., & Liu, J. H. (2017). Historical trajectories for reclaiming an indigenous identity in mental health interventions for Aotearoa/New Zealand: Māori values, biculturalism, and multiculturalism. *International Journal of Intercultural Relations*, 62, 93-102.
- Bermúdez, J. M., Muruthi, B. A., & Jordan, L. S. (2016). Decolonizing research methods for family science: Creating space at the center. *Journal of Family Theory & Review*, 8(2), 192-206.
- Berryman, M. (2015). Conclusion: Relationships of interdependence—Making the difference together. In J. Bevan-Brown, M. Berryman, H. Hickey, S. Macfarlane, K. Smiler & T.

- Walker (Eds.) *Working with Māori children with special education needs: He mahi whakahirahira*. (pp. 241-257). Wellington, NZ: NZCER Press.
- Bhabha, H. (1988). The commitment to theory. *New Formations*, 5(1), 5-23.
- Bhabha, H. K. (2012). *The location of culture*. New York, NY: Routledge.
- Bhaskar, R. (1978) *A realist theory of science*. Brighton, UK: Harvester Press.
- Bishop, R. (1998). Freeing ourselves from neo-colonial domination in research: A Māori approach to creating knowledge. *International Journal of Qualitative Studies in Education*, 11(2), 199-219.
- Blodgett, A. T., Schinke, R. J., Smith, B., Peltier, D., & Pheasant, C. (2011). In Indigenous words: Exploring vignettes as a narrative strategy for presenting the research voices of Aboriginal community members. *Qualitative inquiry*, 17(6), 522-533.
- Bloom, L. M. & Carnine, B. (2016, October 3). Towards decolonization and settler responsibility: Reflections on a decade of Indigenous solidarity organizing. *Counterpunch*. Retrieved from: <https://www.counterpunch.org/2016/10/03/towards-decolonization-and-settler-responsibility-reflections-on-a-decade-of-indigenous-solidarity-organizing/>
- Blume, T. W. (2008). Retelling the story of couple and family counseling. *The Family Journal*, 16(1), 6-12.
- Bonds, A., & Inwood, J. (2016). Beyond white privilege: Geographies of white supremacy and settler colonialism. *Progress in Human Geography*, 40(6), 715-733.
- Boudreau Morris, K. (2017). Decolonizing solidarity: Cultivating relationships of discomfort. *Settler Colonial Studies*, 7(4), 456-473.
- Boylorn, R. M., & Orbe, M. P. (2016). Critical autoethnography as method of choice. In

- Boylorn, R. M., & Orbe, M. P. (Eds.). (2016). *Critical autoethnography: Intersecting cultural identities in everyday life*. (pp. 13-26). New York, NY: Routledge.
- Butz, D., & Besio, K. (2004). The value of autoethnography for field research in transcultural settings. *The Professional Geographer*, 56(3), 350-360.
- Came, H. A. (2013). Doing research in Aotearoa: A Pākehā exemplar of applying Te Ara Tika ethical framework. *Kotuitui: New Zealand Journal of Social Sciences Online*, 8(1-2), 64-73.
- Came, H. A. (2014). Sites of institutional racism in public health policy making in New Zealand. *Social Science & Medicine*, 106, 214-220.
- Came, H., & Tudor, K. (2016). Bicultural praxis: The relevance of Te Tiriti o Waitangi to health promotion internationally. *International Journal of Health Promotion and Education*, 54(4), 184-192.
- Cannella, G. S., & Manuelito, K. D. (2008). Feminisms from unthought locations: Indigenous worldviews, marginalized feminisms, and revisioning an anticolonial social science. In N. K. Denzin, Y.S. Lincoln, & L.T. Smith (Eds.). *Handbook of critical and indigenous methodologies* (pp. 45-59). Thousand Oaks, CA: Sage.
- Carlson, E. (2017). Anti-colonial methodologies and practices for settler colonial studies. *Settler Colonial Studies*, 7(4), 496-517.
- Carlson, T. S., McGeorge, C. R., & Toomey, R. B. (2014). Establishing the validity of the spirituality in clinical training scale: Measuring the level of integration of spirituality and religion in family therapy training. *Contemporary Family Therapy*, 36(2), 310-325.
- Carspecken, P. F. (1996). *Critical ethnography in educational research: A theoretical and practical guide*. New York, NY: Routledge.

- Cary, L. J. (2004). Always already colonizer/colonized: White Australian wanderings. In K. Mutua & B.B. Swadener (Eds.). *Decolonizing research in cross-cultural contexts: Critical personal narratives*, (pp. 69-83). Albany, NY: SUNY press.
- Chang, H. (2007). Autoethnography: Raising cultural consciousness of self and others. In *Methodological developments in ethnography* (pp. 207-221). Bingley, UK: Emerald Group Publishing Limited.
- Charlés, L. L., & Samarasinghe, G. (Eds.). (2016). *Family therapy in global humanitarian contexts: Voices and issues from the field*. New York, NY: Springer.
- Charmaz, K. (2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage.
- Cheon, H. S., & Murphy, M. J. (2007). The self-of-the-therapist awakened: Postmodern approaches to the use of self in marriage and family therapy. *Journal of Feminist Family Therapy, 19*(1), 1-16.
- Chouliaraki, L. (2013). *The ironic spectator: Solidarity in the age of post-humanitarianism*. Hoboken, NJ: John Wiley & Sons.
- Chow, C. S., & Mulder, R. T. (2017). Mental health service use by Asians: A New Zealand census. *The New Zealand Medical Journal, 130*(1461), 35-41.
- Clarke, A. E. (2003). Situational analyses: Grounded theory mapping after the postmodern turn. *Symbolic Interaction, 26*(4), 553-576.
- Clarke, A. E. (2005). *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: Sage.
- Clarke, A. E., Friese, C., & Washburn, R. S. (2017). *Situational analysis: grounded theory after the interpretive turn*. Thousand Oaks, CA: Sage.
- Coates, T. (2017, October). The first white president: The foundation of Donald Trump's

- presidency is the negation of Barack Obama's legacy. *The Atlantic*. Retrieved from: <https://www.theatlantic.com/magazine/archive/2017/10/the-first-white-president-ta-nehisi-coates/537909/>
- Cohen, B. M. (2014). Passive-aggressive: Māori resistance and the continuance of colonial psychiatry in Aotearoa New Zealand. *Disability and the Global South*, 1(2), 319-339.
- Cokely, K., Komarroju, M., King, A., Cunningham, D., & Muhammad, G. (2003). Conceptual and methodological issues related to multicultural research. In P. Heppner, D. Kivlighan, & B. Wampold (Eds.), *Research design in counseling*, 3rd edition (366-386). Belmont, CA: Brooks/Cole.
- Collins, P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York, NY: Routledge.
- Connor, H., Gremillion, H., & Meima, Y. (2016). Couples work in cultural Context: Te ao Māori and poststructuralist practices informing counselor training in Aotearoa New Zealand. *Family Process*, 55(2), 238-252.
- Consedine, R., & Consedine, J. (2012). *Healing our history*. London, UK: Penguin.
- Cormack, D., & Robson, C. (2010). *Ethnicity, national identity and 'New Zealanders': Considerations for monitoring Māori health and ethnic inequalities*. Wellington, NZ: Te Rōpū Rangahau Hauora a Eru Pōmare.
- Coulthard, G. (2010). Place against empire: Understanding Indigenous anti-colonialism. *Affinities: A Journal of Radical Theory, Culture, and Action*, 4(2). Retrieved from: <https://queens.scholarsportal.info/ojs-archive/index.php/affinities/article/view/6141/5820>
- Crawford, H. S. (2016). A Pākehā journey towards bicultural practice through guilt, shame, identity and hope. *Aotearoa New Zealand Social Work*, 28(4), 80-88.

- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 139-167.
- Crocket, A. (2013). Exploring the meaning of the Treaty of Waitangi for counselling. *New Zealand Journal of Counselling*, 33(1), 54-67.
- Culpitt, I. (1994). Bicultural fragments: A Pākehā perspective. *Social Policy Journal of New Zealand*, 2, 48-62.
- Cunliffe, A. L., & Karunanayake, G. (2013). Working within hyphen-spaces in ethnographic research: Implications for research identities and practice. *Organizational Research Methods*, 16(3), 364-392.
- Darder, A. (2015). Decolonizing interpretive research: A critical bicultural methodology for social change. *International Education Journal: Comparative Perspectives*, 14(2), 63-77.
- Dattilio, F. M. (2005). Introduction to the special section: The role of cognitive-behavioral interventions in couple and family therapy. *Journal of Marital and Family Therapy*, 31(1), 7-13.
- David, E. J. R. (2011). *Filipino-American postcolonial psychology: Oppression, colonial mentality, and decolonization*. Bloomington, IN: AuthorHouse.
- Davis, L., Denis, J., & Sinclair, R. (2017). Pathways of settler decolonization. *Settler Colonial Studies*, 7(4), 393-397.
- Davis, L., Hiller, C., James, C., Lloyd, K., Nasca, T., & Taylor, S. (2017). Complicated pathways: Settler Canadians learning to re/frame themselves and their relationships with Indigenous peoples. *Settler Colonial Studies*, 7(4), 398-414.
- Dei, G. J. S., & Kempf, A. (Eds.). (2006). *Anti-colonialism and education: The politics of*

- resistance*, Vol. 7. Rotterdam, The Netherlands: Sense Publishers.
- Dei, G. S. (2006). Introduction: Mapping the terrain—towards a new politics of resistance. In G.J.S. Dei, & A. Kempf (Eds.). *Anti-colonialism and education: The politics of resistance*, Vol 7 (pp. 1-24). Rotterdam, Netherlands: Sense Publishers.
- den Outer, B., Handley, K., & Price, M. (2013). Situational analysis and mapping for use in education research: a reflexive methodology? *Studies in Higher Education*, 38(10), 1504-1521.
- Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: Critical methodologies and indigenous inquiry. In N. K. Denzin, Y.S. Lincoln, & L.T. Smith (Eds.). *Handbook of critical and indigenous methodologies* (1-20). Thousand Oaks, CA: Sage.
- DeSouza, R. (2006). Sailing in a new direction: Multicultural mental health in New Zealand. *Australian e-Journal for the Advancement of Mental Health*, 5(2), 155-165.
- DeSouza, R. (2008). Wellness for all: The possibilities of cultural safety and cultural competence in New Zealand. *Journal of Research in Nursing*, 13(2), 125-135.
- Dewey, J. (1933). *How we think*. Boston, MA: D.C. Heath & Company
- Dreher, M., & MacNaughton, N. (2002). Cultural competence in nursing: Foundation or fallacy? *Nursing Outlook*, 50(5), 181-186.
- Dreyer, J. S. (2016). Knowledge, subjectivity, (de)coloniality, and the conundrum of reflexivity. In J.A. Mercer & B. Miller-McLemore (Eds.). *Conundrums in practical theology* (pp. 90-109). Leiden, The Netherlands: Brill.
- Durie M. (1996). Identity, conflict and the search for nationhood. *Australasian Psychiatry*, 4, 189–193.

- Durie, M. (1997). Māori cultural identity and its implications for mental health services. *International Journal of Mental Health, 26*(3), 23-25.
- Durie, M. (2011). Indigenizing mental health services: New Zealand experience. *Transcultural Psychiatry, 48*(1-2), 24-36.
- Durie, M. (2013). Puahou: A five-part plan for improving Māori mental health. *He Pukenga Korero, 3*(2), 61-70.
- Economist Intelligence Unit. (2015). *Democracy index 2015: Democracy in an age of anxiety*. Retrieved from: <http://www.yabiladi.com/img/content/EIU-Democracy-Index-2015.pdf>
- Edmonds, P. (2016). *Settler colonialism and (re)conciliation: Frontier violence, affective performances, and imaginative refoundings*. London, UK: Palgrave Macmillan.
- Edwards, K. E. (2006). Aspiring social justice ally identity development: A conceptual model. *NASPA Journal, 43*(4), 39-60.
- Elder, H. (2017). Te waka kuaka and te waka oranga. Working with whānau to improve outcomes. *Australian and New Zealand Journal of Family Therapy, 38*(1), 27-42.
- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. Denzin & Y. Lincoln (Eds.). *The handbook of qualitative research, 2nd edition*. Thousand Oaks, Ca: Sage.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Historical Social Research/Historische Sozialforschung, 12*(1), 273-290.
- Fanon, F. (1965). *The wretched of the Earth*. New York: Grove.
- Feagin, J. R. (2013). *The white racial frame: Centuries of racial framing and counter-framing*. New York, NY: Routledge.
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A

- common factors synthesis of techniques, alliance, and way of being. *Journal of Marital and Family Therapy*, 40(1), 20-33.
- Fine, M. (1994). Dis-stance and other stances: Negotiations of power inside feminist research. In A. Gitlin (Ed.). *Power and methods* (pp. 13-55). New York, NY: Routledge.
- Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education*, 34(2), 165-181.
- Fleras, A. (2009). *The politics of multiculturalism: Multicultural governance in comparative perspective*. New York, NY: Springer.
- Foley, D. and A. Valenzuela. (2008). Critical ethnography: The politics of collaboration. In N. K. Denzin and Y. S. Lincoln (Eds.). *Handbook of qualitative research*, (pp. 217-234). Thousand Oaks, CA: Sage Publications.
- Fraser, S., & Briggs, L. (2016). Bi-culturalism and accountability: Fundamental changes in social work practice in Aotearoa New Zealand 1984–1990. *Aotearoa New Zealand Social Work*, 28(1), 43-51.
- Friedman, T. L. (2000). *The Lexus and the olive tree: Understanding globalization*. New York, NY: Farrar, Straus and Giroux.
- Fryberg, S. A., Covarrubias, R., & Burack, J. A. (2018). The ongoing psychological colonization of North American indigenous people: Using social psychological theories to promote social justice. In P. L. Hammack (Ed.). *The Oxford handbook of social psychology and social justice* (113-128). Oxford, UK: Oxford University Press.
- Furness, J., Nikora, L. W., Hodgetts, D., & Robertson, N. (2016). Beyond ethics to morality: Choices and relationships in bicultural research settings. *Journal of Community &*

- Applied Social Psychology*, 26(1), 75-88.
- Glenn, E. N. (2015). Settler colonialism as structure: A framework for comparative studies of US race and gender formation. *Sociology of Race and Ethnicity*, 1(1), 52-72.
- Goldsmith, M. (2003). Culture, for and against: patterns of "culturespeak" in New Zealand. *The Journal of the Polynesian Society*, 112(3), 280-294.
- Grande, S., San Pedro, T. & Windchief, H. (2015). 21st century indigenous identity location: Remembrance, reclamation, and regeneration. In D. Koslow & L. Salett (Eds.). *Multicultural perspectives on race, ethnicity, and identity*. Washington, D.C.: NASW Press.
- Green, S., Tudor, K., Dillon, G., Duncan, A., Fay, J., Land, C., Morice, M. P., & Woodard, W. (2014). Ngā ao e rua | The two worlds: Psychotherapy, biculturalism, and professional development in Aotearoa New Zealand. *Psychotherapy and Politics International*, 12(2), 129-150.
- Harding, S. (2016). *Whose science? Whose knowledge? Thinking from women's lives*. Ithaca, NY: Cornell University Press.
- Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S., & Nazroo, J. (2006). Racism and health: The relationship between experience of racial discrimination and health in New Zealand. *Social Science & Medicine*, 63(6), 1428-1441.
- Hatcher, S., Mouly, S., Rasquinha, D., Miles, W., Burdett, J., Hamer, H., & Robinson, G. (2005). *Improving recruitment to the mental health workforce in New Zealand*. Auckland, NZ: Health Research Council of New Zealand.
- Health & Disability Commissioner. (2014). *Oranga ngākau: Getting the most out of mental health and addiction services*. Wellington, NZ.

- Health Research Council. (2017). *Embedding cultural practice into mental health services*. Auckland, NY: Health Research Council.
- Helms, J. E. (1990). *Black and White racial identity: Theory, research, and practice*. Westport, CT: Greenwood Press.
- Henrich, J., Heine, S.J. & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences*, 33(2-3), 61-83.
- Hernandez-Wolfe, P., Acevedo, V. E., Victoria, I., & Volkmann, T. (2015). Transnational family therapy training: A collaborative learning experience in cultural equity and humility. *Journal of Feminist Family Therapy*, 27(3-4), 134-155.
- Hernandez-Wolfe, P., & McDowell, T. (2013). Social privilege and accountability: Lessons from family therapy educators. *Journal of Feminist Family Therapy*, 25(1), 1-16.
- Hirini, P. (1997). Counseling Māori clients: He whakawhiti nga whakairo I te tangata whaiora Māori. *New Zealand Journal of Psychology*, 26(2). 13 – 18.
- Ho, E. (2015). The changing face of Asian peoples in New Zealand. *New Zealand Population Review*, 41(95), 95-118.
- Ho, E., & Ho, E. (2003). *Mental health issues for Asians in New Zealand: A literature review*. Wellington, NZ: Mental Health Commission.
- Holman Jones, T E Adams & C Ellis (eds), *Handbook of autoethnography*. Walnut Creek, CA: Left Coast Press.
- Hook, J. N., Davis, D. E., Owen, J., Worthington Jr, E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60(3), 353-367.
- hooks, b. (1989). *Talking back: Thinking feminist, thinking black*. Boston, MA: South End Press.

- hooks, b. (1991). Theory as liberatory practice. *Yale Journal of Law and Feminism*, 4(1), 1-12.
- Hotere-Barnes, A. (2015). Generating “non-stupid optimism”: Addressing pākehā paralysis in Māori educational research. *New Zealand Journal of Educational Studies*, 50(1), 39-53.
- Houston, S. (2010). Prising open the black box: Critical realism, action research and social work. *Qualitative Social Work*, 9(1), 73-91.
- Howe, K. R. (2003). *The quest for origins: Who first discovered and settled New Zealand the Pacific Islands?* Honolulu, HI: University of Hawaii Press.
- Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te ara tika guidelines for Māori research ethics: A framework for researchers and ethics committee members*. Wellington, NZ: Health Research Council.
- Hudson, M., Roberts, M., Smith, L., Tiakiwai, S. J., & Hemi, M. (2012). The art of dialogue with indigenous communities in the new biotechnology world. *New Genetics and Society*, 31(1), 11-24.
- Huygens, I. (2011) Developing a decolonisation practice for settler-colonisers: A case study from Aotearoa New Zealand. *Settler Colonial Studies*, 1(2), 53-81.
- Huygens, I. (2016). Pākehā and Tauīwi treaty education: An unrecognised decolonisation movement? *Kōtuitui: New Zealand Journal of Social Sciences Online*, 11(2), 146-158.
- Huygens, I. L. (2014). Co-creating visual theories of change with Treaty and decolonisation activists. In R. Rhinehart, K.N. Barbour, & C. C Pope, C. C. (Eds.). *Ethnographic worldviews* (pp. 139-151). New York, NY: Springer.
- Ibrahim, F. A., & Heuer, J. R. (2016). *Cultural and social justice counseling*. Basel, Switzerland: Springer International Publishing.
- Johnson, S. M. (2012). *The practice of emotionally focused couple therapy: Creating connection*.

- New York, NY: Routledge.
- Jones, A. & Jenkins, K. (2008). Rethinking collaboration: Working the indigene-colonizer hyphen. In Denzin, N. K., Lincoln, Y. S., & Smith, L. T. (Eds.). *Handbook of critical and indigenous methodologies* (pp. 471-486). Thousand Oaks, CA: Sage.
- Jones, A. (2012). Dangerous liaisons: Pākehā, kaupapa Māori, and educational research. *New Zealand Journal of Educational Studies*, 47(2), 100.
- Jones, C., & Linkhorn, C. (2017). ‘All the rights and privileges of British subjects’: Māori and citizenship in Aotearoa New Zealand. In M. Jatinder (Ed.) *Citizenship in transnational perspective: Australia, Canada, and New Zealand* (pp. 139-155). New York, NY: Springer.
- Jordan, L.S., Seponski, D. (2018). “Being a therapist doesn’t exclude you from real life”: Family therapist’s beliefs and barriers to political action. *Journal of Marital and Family Therapy*, 44(1), 19-31. doi: 10.1111/jmft.12244
- Kamola, I. (2017). A time for anticolonial theory. *Contemporary Political Theory*, 1-8.
Advanced online publication. doi. <https://doi.org/10.1057/s41296-017-0161-8>
- Kanter, R. M. (1968) Commitment and social organization: A study of commitment mechanisms in utopian communities. *American Sociological Review*, 33, 499–517.
- Kāretu, TS (1999). *The Reed book of Māori proverbs—Te kohikohinga whakataukīa*. Auckland, NZ: Reed Books.
- Kauanui, J. K. (2016). “A structure, not an event”: Settler colonialism and enduring indigeneity. *Lateral*, 5(1). doi.org/10.25158/L5.1.7
- Kelsey, J. (2015). *The New Zealand experiment: A world model for structural adjustment?* Wellington, NZ: Bridget Williams Books.

- Kempf, A. (2009). Contemporary anticolonialism: A transhistorical perspective. In A. Kempf (Ed.). *Breaching the colonial contract: Anti-colonialism in the US and Canada* (Vol. 8), (pp. 13-34). Berlin, Germany: Springer Science & Business Media.
- Khaw, L. (2012). Mapping the process: An exemplar of using situational analysis in a grounded theory study. *Journal of Family Theory & Review*, 4(2), 138-147.
- Kim, H., & Hocking, C. (2016). Attending to immigrants' everyday activities: A new perspective on ensuring Asian immigrants' quality of life. *Social Work Review*, 28(3), 57-66.
- King, M. (2003). *Penguin history of New Zealand*. London, UK: Penguin.
- King, M. (2013). *Being Pākehā now*. London, UK: Penguin.
- Kirmayer, L. J., & Pedersen, D. (2014). Toward a new architecture for global mental health. *Transcultural Psychiatry*, 51(6), 759-776.
- Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In L. Brown & S. Strega (Eds.). *Research as resistance: Critical, indigenous and anti-oppressive approaches* (pp. 19–36). Toronto, ON: Canadian Scholars' Press.
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations and contexts*. Toronto, ON: University of Toronto Press.
- Krumer-Nevo, M. (2012). Writing against othering. In N.K. Denzin, & M. D. Giardina (Eds.). *Qualitative inquiry and the politics of advocacy* (pp. 185-204). New York, NY: Routledge.
- Kumar, S., Dean, P., Smith, B., & Mellsop, G. W. (2012). Which family—what therapy: Māori culture, families and family therapy in New Zealand. *International Review of Psychiatry*, 24(2), 99-105.
- Laidlaw, Z., & Lester, A. (Eds.). (2015). *Indigenous communities and settler colonialism: Land*

- holding, loss and survival in an interconnected world*. New York, NY: Palgrave Macmillan.
- Lang, S. K. (2005). 'Decolonialism' and the counselling profession: The Aotearoa/New Zealand experience. *International Journal for the Advancement of Counselling*, 27(4), 557-572.
- Lang, S. K. (2007). Tikanga and ethics: A dialogical encounter of two cultures. *New Zealand Journal of Counselling*, 27(1), 33-42.
- Lee, C. H., Duck, I. M., & Sibley, C. G. (2017). Ethnic inequality in diagnosis with depression and anxiety disorders. *The New Zealand Medical Journal*, 130(1454), 10-20.
- Liamputtong, P. (2008). Doing research in a cross-cultural context: Methodological and ethical challenges. In P. Liamputtong (Ed.) *Doing cross-cultural research. Ethical and methodological perspectives* (3-20). New York, NY: Springer.
- Licqurish S., & Seibold C. (2011) Applying a contemporary grounded theory methodology. *Nurse Researcher*, 18(4), 11-16.
- Lim,S., Mortensen, A., Feng, K., & Yeo, I. (2015). *Late presentations by Asian people to WDHB mental health inpatient services project report*. Waitemata, NZ: Waitemata DHB.
- Limb, G. E., & Hodge, D. R. (2011). Utilizing spiritual ecograms with Native American families and children to promote cultural competence in family therapy. *Journal of Marital and Family Therapy*, 37(1), 81-94.
- Liu, J. H. (2011). On the limited foundations of western skepticism towards indigenous psychological thinking: Pragmatics, politics, and philosophy of indigenous psychology. *Social Epistemology*, 25(2), 133-140.
- Liu, J. H., & Robinson, A. R. (2016). One ring to rule them all: Master discourses of enlightenment and racism from colonial to contemporary New Zealand. *European*

- Journal of Social Psychology*, 46(2), 137-155.
- Liu, L., Zhao, X., & Miller, J. K. (2014). Use of metaphors in Chinese family therapy: A qualitative study. *Journal of Family Therapy*, 36(S1), 65-85.
- Loomba, A. (2015). *Colonialism/postcolonialism*. New York, NY: Routledge.
- Love, C. (2002). *Māori perspectives on collaboration and colonisation in contemporary Aotearoa/New Zealand child and family welfare policies and practices*. Waterloo, ON: Wilfrid Laurier University.
- Love, C. (2008). An indigenous reality check. *New Zealand Journal of Psychology*, 37(3), 26-33.
- MacDonald, L. T. A. O. T. (2016). Decolonisation starts in a name: Moving on from the colonial pretence that 'Māori' or 'indigenous peoples' are explanatory frames. *Political Science*, 68(2), 105-123.
- Macoun, A., & Strakosch, E. (2013). The ethical demands of settler colonial theory. *Settler Colonial Studies*, 3(3-4), 426-443.
- Madison, D. S. (2011). *Critical ethnography: Method, ethics, and performance*. Thousand Oaks, CA: Sage.
- Madison, D.S. (2006). The dialogic performative in critical ethnography. *Text and Performance Quarterly*, 26(4), 320-324.
- Mahuika, R. (2008). Kaupapa Māori theory is critical and anti-colonial. *Mai Review*, 3(4), 1-16.
- Maldonado-Torres, N. (2011). Thinking through the Decolonial Turn: Post-continental interventions in theory, philosophy, and critique - an introduction. *Transmodernity: Journal of Peripheral Cultural Production of the Luso-Hispanic World*, 1(2). 1-15.
- Mamdani, M. (2015). Settler colonialism: Then and now. *Critical Inquiry*, 41(3), 596-614.
- Manuela, S., & Anae, M. (2017). Pacific youth, acculturation and identity: The relationship

- between ethnic identity and well-being- new directions for research. *Pacific Dynamics: Journal of Interdisciplinary Research*, 1(1), 129-147.
- Markus, H.R. (2017). American = Independents? *Perspectives on Psychological Science*, 12(5), 855-866.
- Martín-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge, MA: Harvard University Press.
- Martineau, J., & Ritskes, E. (2014). Fugitive indigeneity: Reclaiming the terrain of decolonial struggle through Indigenous art. *Decolonization: Indigeneity, Education & Society*, 3(1). I-XII.
- Matai, A. J. (2006). It's not what you say, it's how you say it: Cultural ambiguity and speaking without naming the unspeakable. *Social Work Review*, 18(1), 37-41.
- Matthewman, S. (2017). Pākehā ethnicity: The politics of white Privilege. In A. Bell, V. Elizabeth, T. McIntosh, & M. Wynyard (Eds.). *A land of milk and honey? Making sense of Aotearoa New Zealand* (pp. 83-94). Auckland, NZ: Auckland University Press.
- Maydell, E. (2010). Methodological and analytical dilemmas in autoethnographic research. *Journal of Research Practice*, 6(1), Article M5. Retrieved from: <http://jrp.icaap.org/index.php/jrp/article/view/223/190>.
- McCaslin, W. D., & Breton, D. C. (2008). Justice as healing: Going outside the colonizer's cage. In N. K. Denzin, Y.S. Lincoln, & L.T. Smith (Eds.). *Handbook of critical and indigenous methodologies* (pp. 511-530) Thousand Oaks, CA: Sage.
- McDowell, T. (2015). *Applying critical social theories to family therapy practice*. New York, NY: Springer.
- McDowell, T., Goessling, K., & Melendez, T. (2012). Transformative learning through

- international immersion: Building multicultural competence in family therapy and counseling. *Journal of Marital and Family Therapy*, 38(2), 365-379.
- McDowell, T., & Hernández, P. (2010). Decolonizing academia: Intersectionality, participation, and accountability in family therapy and counseling. *Journal of Feminist Family Therapy*, 22(2), 93-111.
- McDowell, T., Knudson-Martin, C., & Bermúdez, J. M. (2018). *Socioculturally attuned family therapy: Guidelines for equitable theory and practice*. New York, NY: Routledge.
- McEvoy, P., & Richards, D. (2003). Critical realism: A way forward for evaluation research in nursing? *Journal of Advanced Nursing*, 43(4), 411-420.
- McGavock, Z. C., Barnes, H. M., & McCreanor, T. (2012). Māori and pain: A literature review. *AlterNative: An International Journal of Indigenous Peoples*, 8(2), 163-175.
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy*. New York, NY: Guilford Press.
- McIntyre, C., Harris, M. G., Baxter, A. J., Leske, S., Diminic, S., Gone, J. P., Hunter, E., & Whiteford, H. (2017). Assessing service use for mental health by Indigenous populations in Australia, Canada, New Zealand and the United States of America: A rapid review of population surveys. *Health Research Policy and Systems*, 15(1), 67-84.
- McKenzie, M. (2015). How to tell the difference between real solidarity and ‘ally theater.’ *Black Girl Dangerous*. Retrieved from: <https://www.bgdblog.org/2015/11/the-difference-between-real-solidarity-and-ally-theatre/>
- McLeod, D. (2015). E rua taha o te awa: There are two sides to the river. Navigating social justice as an indigenous educator in non-indigenous tertiary education. *Journal of Educational Leadership, Policy and Practice*, 30(1), 17-24.

- McNamee, S. J., & Miller, R. K. (2009). *The meritocracy myth*. Lanham, MD: Rowman & Littlefield.
- Mead, H. M., & Mead, S. M. (2003). *Tikanga Māori: Living by Māori values*. Thorndon, NZ: Huia Publishers.
- Mental Health Commission. (2012). *Blueprint II: How things need to be*. Wellington, NZ: Mental Health Commission.
- Mika, C., & Stewart, G. (2017). Lost in translation: Western representations of Māori knowledge. *Open Review of Educational Research*, 4(1), 134-146.
- Mikaere, A. (2004). Are we all New Zealanders now? A Māori response to the Pākehā quest for indigeneity. *Red & Green*, 4, 33-45.
- Mila-Schaaf, K., & Hudson, M. (2009a). The interface between cultural understandings: Negotiating new spaces for Pacific mental health. *Pacific Health Dialog*, 15(1), 113-119.
- Mila-Schaaf, K., & Hudson, M. (2009b). *Negotiating space for indigenous theorising in Pacific mental health and addictions*. Auckland, NZ: Le Va.
- Mills, C. & Fernando, S. (2014). Globalising mental health or pathologising the Global South? Mapping the ethics, theory and practice of global mental health. *Disability and the Global South*, 1(2), 188-202.
- Milne, M. (2005). Māori perspectives on kaupapa Māori and psychology: A discussion document. *A report for the New Zealand Psychologists Board*. Wellington, NZ: New Zealand Psychological Society.
- Ministry of Health. (2016). *Office of the director of mental health annual report 2015*. Wellington, NZ: Ministry of Health.
- Ministry of Health. (2017). *Office of the Director of mental health annual report 2016*.

- Wellington: Ministry of Health.
- Ministry of Social Development. (2016). The social report 2016. Wellington, NZ: Ministry of Social Development.
- Mitrou, F., Cooke, M., Lawrence, D., Povah, D., Mobilia, E., Guimond, E., & Zubrick, S. R. (2014). Gaps in Indigenous disadvantage not closing: A census cohort study of social determinants of health in Australia, Canada, and New Zealand from 1981–2006. *BMC Public Health, 14*(1), 201.
- Mohanty, C. T. (1991). Under Western eyes: Feminist scholarship and colonial discourses. In C.T. Mohanty, A. Russo, & L. Torres (Eds.). *Third world women and the politics of feminism* (pp.50-80). Bloomington, IN: Indiana University Press.
- Mohanty, C. T. (2003). “Under western eyes” revisited: Feminist solidarity through anticapitalist struggles. *Signs: Journal of Women in Culture and Society, 28*(2), 499-535.
- Moon, P. (2017). Discovery myths of New Zealand: Some cultural, historical, and philosophical perspectives. *Te Kaharoa, 8*(1). Advance online publication doi: 10.24135/tekaharoa.v8i1.23
- Morgan, T. K. K. B. (2006, December). Decision-support tools and the indigenous paradigm. *Engineering Sustainability, 159*(4), 169-177.
- Morgensen, S. L. (2011). The biopolitics of settler colonialism: Right here, right now. *Settler Colonial Studies, 1*(1), 52-76.
- Morgensen, S. L. (2012). Theorising gender, sexuality and settler colonialism: An Introduction. *Settler Colonial Studies, 2*(2), 2-22.
- Muriwai, E., Houkamau, C. A., & Fleras, C. G. (2015). Culture as cure? The protective function of Māori cultural efficacy on psychological distress. *New Zealand Journal of Psychology,*

- 44(2), 14-24.
- Mutua, K. & Swadener, B.B. (Eds.). (2004). *Decolonizing research in cross-cultural contexts: Critical personal narratives*. Albany, NY: SUNY Press.
- Network Waitangi. (2015). *Treaty of Waitangi: Questions and answers*. Christchurch, NZ: Network Waitangi Otautahi.
- Neuliep, J. W. (2017). *Intercultural communication: A contextual approach*. Thousand Oaks, CA: Sage Publications.
- NiaNia, W., Bush, A., & Epston, D. (2016). *Collaborative and indigenous mental health therapy: Tataihono- stories of Māori healing and psychiatry*. New York, NY: Taylor & Francis.
- Nilson, C. (2017). A journey toward cultural competence: The role of researcher reflexivity in indigenous research. *Journal of Transcultural Nursing, 28*(2), 119-127.
- Nogueira, S. G. (2013). Ideology of white racial supremacy: Colonization and de-colonization processes. *Psicologia & Sociedade, 25*(SPE), 23-32.
- Okazaki, S., David, E. J. R., & Abelmann, N. (2008). Colonialism and psychology of culture. *Social and Personality Psychology Compass, 2*(1), 90-106.
- Onnis, L., Bernadini, M., Giambartolomei, A., Leonelli, A., Menenti, B., & Vietri, A. (2007). The use of metaphors in systemic therapy: a bridge between mind and body languages. In *International Congress of the European Family Therapy Association, Glasgow, Scotland, United Kingdom*. Retrieved from: www.europeanfamilytherapy.eu/wp-content/uploads/2012/10/metaphors.pdf
- Orbe, M. P., & Boylorn, R. M. (2016) Critical autoethnography: Implications & future directions. In Boylorn, R. M., & Orbe, M. P. (Eds.). *Critical autoethnography:*

- Intersecting cultural identities in everyday life* (pp. 234-238). New York, NY: Routledge.
- O'reilly, M., & Parker, N. (2014). 'She needs a smack in the gob': Negotiating what is appropriate talk in front of children in family therapy. *Journal of Family Therapy*, 36(3), 287-307.
- Paquette, J., Beaugard, D., & Gunter, C. (2017). Settler colonialism and cultural policy: The colonial foundations and refoundations of Canadian cultural policy. *International Journal of Cultural Policy*, 23(3), 269-284.
- Paradies, Y. (2016). Colonisation, racism and indigenous health. *Journal of Population Research*, 33(1), 83-96.
- Pathak, A. A. (2010). Opening my voice, claiming my space: Theorizing the possibilities of postcolonial approaches to autoethnography. *Journal of Research Practice*, 6(1), M10
Retrieved from: <http://jrp.icaap.org/index.php/jrp/article/view/231/191>.
- Patton, M. Q. (2002). *Qualitative evaluation and research methods*. Thousand Oaks, CA: Sage.
- Pavagada, R., & DeSouza, R. (2012). Culture and mental health care in New Zealand: Indigenous and non-indigenous people. In K. Bhui (Ed.) *Culture and Mental Health: A comprehensive textbook* (pp. 245-260). Boca Raton, FL: CRC Press.
- Payne, H. E., Steele, M., Bingham, J. L., & Sloan, C. D. (2018). Identifying and reducing disparities in mental health outcomes among American Indians and Alaskan natives using public health, mental healthcare and legal perspectives. *Administration and Policy in Mental Health and Mental Health Services Research*, 45(1), 5-14.
- Penehira, M., Green, A., Smith, L. T., & Aspin, C. (2014). Māori and indigenous views on R and R: Resistance and resilience, *MAI Journal*, 3(2), 96-110.
- Pérez, M. S., & Cannella, G. S. (2013). Situational analysis as an avenue for critical qualitative

- research: Mapping post-Katrina New Orleans. *Qualitative Inquiry*, 19(7), 505-517.
- Pihama, L. (2015). Kaupapa Māori theory: Transforming theory in Aotearoa. *Korero: A Journal of Māori Studies*, 9(2), 5-14.
- Pitama, D., Ririnui, G., & Mikaere, A. (2002). *Guardianship, custody and access: Māori perspectives and experiences*. Wellington, NZ: Ministry of Justice.
- Pollack, S., & Eldridge, T. (2016). Complicity and redemption: Beyond the insider/outsider research dichotomy. *Social Justice*, 42(2), 132.
- Pomerville, A., Burrage, R. L., & Gone, J. P. (2016). Empirical findings from psychotherapy research with indigenous populations: A systematic review. *Journal of Consulting and Clinical Psychology*, 84(12), 1023-1038.
- Porter, D. (2015). Colonization by/in psychiatry: From over-medicalization to democratization. *Journal of Ethics in Mental Health (Open Volume)*, 1 - 7.
- Poulsen, S. S. (2017). Expanding conversations about cultural responsiveness in supervision. In R. Allan & S. S. Poulsen (Eds.). *Creating cultural safety in couple and family therapy* (pp. 23-32). Cham, Switzerland: Springer.
- Pratt, M. L. (1992). *Imperial eyes: Travel writing and transculturation*. London, UK: Routledge.
- Pulotu-Endemann, F. K., & Faleafa, M. (2016). Developing a culturally competent workforce that meets the needs of Pacific people living in New Zealand. In M. Smith, & A. F. Jury (Eds.). *Workforce development theory and practice in the mental health sector*, (pp. 165-180). Hershey, PA: IGI Global.
- Pulotu-Endemann, F. K. (2009). The fonofale model of health: A Pacific Island model for health promotion. Retrieved from hauora.co.nz/resources/Fonofalemodelexplanation.pdf
- Ramsamy, K. (2006). *Colonisation: The experience of a psychiatric nurse through the lens of*

- reflective autobiography*. (Unpublished doctoral dissertation). Wellington, NZ: Victoria University.
- Rasanathan, K., Craig, D., & Perkins, R. (2006). The novel use of 'Asian' as an ethnic category in the New Zealand health sector. *Ethnicity and Health, 11*(3), 211-227.
- Reed-Danahay, D. (2017). Bourdieu and critical autoethnography: Implications for research, writing, and teaching. *International Journal of Multicultural Education, 19*(1), 144-154.
- Regan, P. (2010). *Unsettling the settler within: Indian residential schools, truth telling, and reconciliation in Canada*. Vancouver: UBC Press.
- Reid, J., Taylor-Moore, K., & Varona, G. (2014). Towards a social-structural model for understanding current disparities in Māori health and well-being. *Journal of Loss and Trauma, 19*(6), 514-536.
- Revell, E., Papoutsaki, E., & Kolesova, E. (2014). Race, racism and everyday communication in New Zealand. In E. Dodson & E. Papoutsaki (Eds.) *Communication issues in Aotearoa New Zealand: A collection of research essays*, (pp. 38-51). Auckland, NZ: Unitec ePress.
- Rhinehart, R., Barbour, K. N., & Pope, C. C. (2014). *Ethnographic worldviews*. New York, NY: Springer.
- Rosaldo, R. (1993). *Culture and truth: The remaking of social analysis*. Boston, MA: Beacon.
- Royal, T. A. C. (2004, June). An organic arising: An interpretation of tikanga based upon the Māori creation traditions. In proceedings of *Tikanga rangahau mātauranga tuku iho: traditional knowledge and research ethics conference* (pp. 10-12). Auckland, NZ: Ngā Pae o te Māramatanga.
- Salmon, L. (2017). The four questions: A framework for integrating an understanding of oppression dynamics in clinical work and supervision. In R. Allan & S. S. Poulsen (Eds.).

- Creating cultural safety in couple and family therapy* (pp. 11-22). Cham, Switzerland: Springer.
- Samu, T. (2010). Pacific education: An oceanic perspective. *Mai Review, 1*, 1-14.
- Samu, K. S., Wheeler, A., Asiasiga, L., Dash, S. M., Robinson, G., Dunbar, L., & Suaalii-Sauni, T. (2011). Towards quality Pacific services: the development of a service self-evaluation tool for Pacific addiction services in New Zealand. *Journal of evaluation in clinical practice, 17*(6), 1036-1044.
- Sanders, J., & Munford, R. (2015). The interaction between culture, resilience, risks and outcomes: A New Zealand study. In L.C Theron, L. A. Liebenberg, & M. Ungar. *Youth resilience and culture* (pp. 81-92). Dordrecht, The Netherlands: Springer.
- Sauvage, A. (2004). Decolonialism: Finding ways to deconstruct colonial ideology. In *Abstracts for the Official 5th International Conference of the Association of Cultural Studies*.
- Seawright, G. (2014). Settler traditions of place: Making explicit the epistemological legacy of white supremacy and settler colonialism for place-based education. *Educational Studies, 50*(6), 554-572.
- Seedall, R. B., Holtrop, K., & Parra-Cardona, J. R. (2014). Diversity, social justice, and intersectionality trends in C/MFT: A content analysis of three family therapy journals, 2004–2011. *Journal of Marital and Family Therapy, 40*(2), 139-151.
- Seponski, D. M., Bermúdez, J. M., & Lewis, D. C. (2013). Creating culturally responsive family therapy models and research: Introducing the use of responsive evaluation as a method. *Journal of Marital and Family Therapy, 39*(1), 28-42.
- Sharma, N., & Wright, C. (2008). Decolonizing resistance, challenging colonial states. *Social Justice, 35*(3) (113), 120-138.

- Shepherd, S. M., & Phillips, G. (2016). Cultural 'inclusion' or institutional decolonisation: How should prisons address the mental health needs of Indigenous prisoners? *Australian and New Zealand Journal of Psychiatry*, 50(4), 307-308.
- Shohat, E., & Stam, R. (1997). *Unthinking eurocentrism: Multiculturalism and the media*. New York, NY: Routledge.
- Sibley, C. G., & Liu, J. H. (2004). Attitudes towards biculturalism in New Zealand: Social dominance and Pākehā attitudes towards the general principles and resource-specific aspects of bicultural policy. *New Zealand Journal of Psychology*, 33(2), 88-99.
- Sibley, C. G., Liu, J. H., & Khan, S. S. (2008). Who are 'we'? Implicit associations between ethnic and national symbols for Māori and Pākehā in New Zealand. *New Zealand Journal of Psychology*, 37(2), 38-49.
- Smith, J. (2011). Aotearoa/New Zealand: An unsettled state in a sea of islands. *Settler Colonial Studies*, 1(1), 111-131.
- Smith, L. T. (2008). On tricky ground. In N. K. Denzin & Y. S. Lincoln (Eds.). *The landscape of qualitative research* (pp. 113-144). Thousand Oaks, CA: Sage.
- Smith, L. T. (2012). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, NZ: Otago University Press.
- Smith, L. T. (2014). Social justice, transformation and indigenous methodologies. In R. Rhinehart, K.N. Barbour, & C.C. Pope (Eds.). *Ethnographic worldviews* (pp. 15-20). New York, NY: Springer.
- Smits, K. (2011). Justifying multiculturalism: Social justice, diversity and national identity in Australia and New Zealand. *Australian Journal of Political Science*, 46(1), 87-103.
- Snelgrove, C., Dhamoon, R., & Corntassel, J. (2014). Unsettling settler colonialism: The

- discourse and politics of settlers, and solidarity with Indigenous nations. *Decolonization: Indigeneity, Education & Society*, 3(2), 1-32.
- Soja, E. W. (2010). *Seeking spatial justice (Vol. 16)*. Minneapolis, MN: University of Minnesota Press.
- Spivak, G. (2008). *Other Asias*. Oxford, UK: Blackwell Publishing.
- Spradley, J. P. (2016). *The ethnographic interview, reprint*. Long Grove, IL: Waveland Press.
- Steinman, E. W. (2016). Decolonization not inclusion: Indigenous resistance to American settler colonialism. *Sociology of Race and Ethnicity*, 2(2), 219-236.
- Stevens, D. (2016). New Zealand's Te Tiriti o Waitangi-Treaty of Waitangi: The past, contemplated in the present, is a guide to the future. In P. Tolliday, M. Palme, D. K. (Eds.) *Asia-Pacific between conflict and reconciliation* (pp. 43-69). Gottingen, The Netherlands: Vandenhoeek & Ruprecht.
- Stewart, G. (2016). From both sides of the indigenous-settler hyphen in Aotearoa New Zealand. *Educational Philosophy and Theory*, 1-9.
- Strong, T., Vegter, V., Chondros, K., & McIntosh, C. J. (2017). Medicalizing developments in counsellor education? Counselling and counselling psychology students' views. *Canadian Journal of Counselling and Psychotherapy*, 51(2), 161 - 186.
- Suaalii-Sauni, T., & Fulu-Aiolupotea, S. M. (2014). Decolonising Pacific research, building Pacific research communities and developing Pacific research tools: The case of the atlatanoa and the faafaletui in Samoa. *Asia Pacific Viewpoint*, 55(3), 331-344.
- Swadener, B. B., & Mutua, K. (2008). Deconstructing the global postcolonial. In N.K. Denzin, Y.S. Lincoln & L.T. Smith, L. T. (Eds.). *Handbook of critical and indigenous*

- methodologies*, (pp. 31-43). Thousand Oaks, CA: Sage.
- Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). Ole taeao afua, the new morning: A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian & New Zealand Journal of Psychiatry*, 39(4), 300-309.
- Tapping, C. (1993). *Other wisdoms, other worlds: Colonisation & family therapy*. Adelaide, Australia: Dulwich Centre Publication.
- Tate, K. A., Rivera, E. T., & Edwards, L. M. (2015). Colonialism and multicultural counseling competence research: A liberatory analysis. In R. Goodman & P.A.C. Gorski (Eds.). *Decolonizing "multicultural" counseling through social justice* (pp. 41-54). Springer, New York, NY.
- Te Pou o Te Whakaaro Nui. (2010). *He rongōā kei te kōrero. Talking therapies for Māori: Wise practice guide for mental health and addiction services*. Auckland, NZ: Te Pou o Te Whakaaro Nui.
- Tenni, C., Smith, A., & Boucher, C. (2003). The researcher as autobiographer: Analysing data written about oneself. *The Qualitative Report*, 8(1), 1-12.
- Thomas, J. (1993). *Doing critical ethnography*. Thousand Oaks, CA: Sage.
- Thornicroft, C., Wyllie, A., Thornicroft, G., & Mehta, N. (2014). Impact of the "like minds, like mine" anti-stigma and discrimination campaign in New Zealand on anticipated and experienced discrimination. *Australian & New Zealand Journal of Psychiatry*, 48(4), 360-370.
- Tiatia-Seath, J., Lay-Yee, R., & Von Randow, M. (2017). Suicide mortality among Pacific peoples in New Zealand, 1996-2013. *New Zealand Medical Journal*, 130(1454), 21-29.
- Tolich, M. (2002). Pākehā "paralysis": Cultural safety for those researching the general

- population of Aotearoa. *Social Policy Journal of New Zealand*, 164-178.
- Tomaselli, K. G., Dyll, L., & Francis, M. (2008). Self' and 'other'. In Denzin, N. K., Lincoln, Y. S., & Smith, L. T. (Eds.). (2008). *Handbook of critical and indigenous methodologies* (347-372). Thousand Oaks, CA: Sage.
- Transparency International. (2017). *Corruption perceptions index 2016*. Retrieved from: www.transparency.org/cpi2016
- Tuck, E. & McKenzie, M. (Eds.). (2015). *Place in research: Theory, methodology, and methods*. New York, NY: Routledge.
- Tuck, E. and Yang, K.W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society* 1(1), 1-40.
- Turner, O. (2013). 'Finishing the job': The UN special committee on decolonization and the politics of self-governance. *Third World Quarterly*, 34(7), 1193-1208.
- Vandenberg, H. E., & Hall, W. A. (2011). Critical ethnography: Extending attention to bias and reinforcement of dominant power relations. *Nurse researcher*, 18(3), 25-30.
- Veracini, L. (2010). *Settler colonialism: A theoretical overview*. London, UK: Palgrave Macmillan.
- Veracini, L. (2011). Introducing: Settler colonial studies. *Settler Colonial Studies*, 1(1), 1-12.
- Veracini, L. (2013). 'Settler colonialism': Career of a concept. *The Journal of Imperial and Commonwealth History*, 41(2), 313-333.
- Veracini, L. (2017). Decolonizing settler colonialism: Kill the settler in him and save the man. *American Indian Culture and Research Journal*, 41(1), 1-18.
- VERBI. (2012). Consult Sozialforschung GmbH: MAXQDAplus (Version 11) [Computer software]. Berlin, Germany: Author.

- Wagle, T., & Cantaffa, D. T. (2008). Working our hyphens: Exploring identity relations in qualitative research. *Qualitative Inquiry, 14*(1), 135-159.
- Waldegrave, C. (1985). Mono-cultural, mono-class, and so called non-political family therapy. *Australian and New Zealand Journal of Family Therapy, 6*(4), 197-200.
- Waldegrave, C. (2009). Cultural, gender, and socioeconomic contexts in therapeutic and social policy work. *Family Process, 48*(1), 85-101.
- Waldegrave, C., & Tamasese, K. (1993). Some central ideas in the “just therapy” approach. *Australian and New Zealand Journal of Family Therapy, 14*(1), 1-8.
- Waldegrave, C., King, P., Maniapoto, M., Tamasese, T. K., Parsons, T. L., & Sullivan, G. (2016). Relational resilience in Māori, Pacific, and European sole parent families: From theory and research to social policy. *Family Process, 55*(4), 673-688.
- Waldegrave, C., Tamasese, K., Tuhaka, F., & Campbell, W. (2003). *Just therapy-a journey: A collection of papers from the Just Therapy team*. Adelaide, Australia: Dulwich Centre Publications.
- Waldram, J. (2004). *Revenge of the Windigo: The construction of the mind and mental health of North American aboriginal peoples*. Toronto, ON: University of Toronto Press.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process, 42*(1), 1-18.
- Ward, A. (2015). *An unsettled history: Treaty claims in New Zealand today*. Wellington, NZ: Bridget Williams Books.
- Ward, C., & Liu, J. H. (2012). Ethno-cultural conflict in Aotearoa/New Zealand: Balancing indigenous rights and multicultural responsibilities. In D. Landis & R. D. Albert (Eds.). *Handbook of ethnic conflict* (pp. 45-69). New York, NY: Springer.

- Watters, E. (2010). *Crazy like U.S.: The globalization of the American psyche*. New York, NY: Simon and Schuster.
- Wepa, D. (Ed.). (2015). *Cultural safety in Aotearoa New Zealand*. Cambridge, UK: Cambridge University Press.
- Wharewera-Mika, J., Cooper, E., Wiki, N., Field, T., Haitana, J., Toko, M., Edwards, E., & McKenna, B. (2016). Strategies to reduce the use of seclusion with tāngata whai i te ora (Māori mental health service users). *International Journal of Mental Health Nursing*, 25(3), 258-265.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: WW Norton & Company.
- Whitinui, P. (2014). Indigenous autoethnography: Exploring, engaging, and experiencing “self” as a Native method of inquiry. *Journal of Contemporary Ethnography*, 43(4), 456-487.
- Wiggins, A. (2017). Budget 2017: Mental health funding ‘distressing’. *New Zealand Herald*. May 26. Retrieved from:
http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11863285
- Williams, P. (1977). When the river meets the sea [Recorded by John Denver]. On John Denver and the Muppets: A Christmas Together. [CD]. Snowmass, Colorado: Windmass. (2006).
- Wirihana, R., & Smith, C. (2014). Historical trauma, healing and well-being in Māori communities. *MAI Review*, 3(3), 198-210.
- Wolfe, P. (1999). *Settler colonialism and the transformation of anthropology: The politics and poetics of an ethnographic event*. London, UK: Cassell.
- Wolfe, P. (2006). Settler colonialism and the elimination of the native. *Journal of Genocide Research*, 8(4), 387-409.

Wright, S. (1998). The politicization of 'culture'. *Anthropology Today*, 14(1), 7-15.

Wright, S. (2001). *International human rights, decolonisation and globalisation: Becoming human*. London, UK: Routledge

Zachariadis, M., Scott, S., & Barrett, M. (2013). Methodological implications of critical realism for mixed-methods research. *MIS Quarterly*, 37(3), 1 -25.

APPENDIX A

Glossary of Māori Terms

Māori Term	English Interpretation
Aotearoa	land of the long white cloud; New Zealand
hapū	clan, subtribe, to be pregnant, conceived in the womb
heke	rafter, beam
hongi	To press noses and foreheads together in greeting to exchange the ha (or breath of life), interpreted as sharing of both people's souls.
hui	gathering, meeting, assembly, seminar, conference
iwi	strength, bone; extended kinship group, tribe, nation; often refers to a large group of people descended from a common ancestor associated with a distinct territory
Kaikaranga	caller, woman who makes the ceremonial call to visitors onto a marae
karanga	ceremonial call of welcome to visitors at the start of a pōwhiri, which includes greeting each other, the people they represent, tribute to the dead, and the purpose of the occasion
kaikōrero	speaker
kanohi ki te Kanohi	face to face, in person, in the flesh
kaupapa	topic, policy, matter for discussion, purpose, proposal, agenda, subject
kaupapa Māori	Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society
korero mai	Korero- Narrative, story, speech, discussion; Mai- this way: indicates direction towards the speaker, from, since: indicating an extension in time or space. In research it means to follow the words of the participant, rather than lead with the researcher.
mana	prestige, authority, control, power, influence, status, spiritual power, charisma; one is born with mana and maintains it through stewardship and manaakitanga

manaakitanga	hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others; in research it is attending to cultural and social responsibility
manuhiri	visitor, guest
māori	normal, usual, natural, common, ordinary
Māori	indigenous person of Aotearoa; tangata whenua of Aotearoa; use of Māori resulted from Pākehā contact as a way to distinguish between the out-of-the-ordinary foreigners, versus the ordinary people of Aotearoa.
noho marae	stay on a marae, typically overnight
pākehā	English, foreign, European, exotic - introduced from or originating in a foreign country
Pākehā	New Zealander of European descent
pepeha	saying of the ancestors, introductions that connects one to their genealogy and land
pouwhenua	boundary marker, land marker post, land symbol of support
Rangatira	Chief; to be of high rank, noble, esteemed, revered; qualities of a leader for the integrity and prosperity of the people, the land, the language and other cultural treasures.
reo	language, dialect, tongue, speech
tapu	prohibition; to be sacred, prohibited, restricted, set apart, forbidden, under atua protection
tatau pounamu	greenstone door: metaphor for lasting peace symbolized by a gift, a sacred covenant
Tangata Tiriti	People of the Treaty, non-Māori origin who have a right to live New Zealand under the Treaty of Waitangi
Tangata Whenua	people born of the placenta and land where ancestors have lived, and placentas are buried; indigenous people, hosts, locals
taha hinengaro	emotional and mental health
taha tinana	physical health
taha whānau	family health
Taha Wairua	spiritual health
Tauīwi	foreigner, non-Māori, person coming from afar; taken to mean a person of a foreign tribe
tūrangawaewae	place where one has the right to stand - place where one has rights of residence and belonging through kinship and whakapapa

te reo Māori	Māori language
tika	truth, correctness, directness, justice, fairness, righteousness, right; used to describe proper indigenous research design
tikanga	body of knowledge, values, ethics, customary practices, and laws; value system developed over time and embedded in social contexts
waka	canoe, vehicle, conveyance, spirit medium, allied kinship groups descended from the crew of a canoe which migrated to New Zealand and occupying a set territory
wero	challenge
whakapapa	genealogy, genealogical table, lineage, descent; recitation of genealogies or stories of the world; the ways by which people come into relationship with the world, with people, and with life.
whakataukī	proverb, significant saying
whakawhānaungatanga	process of establishing relationships, relating well to others
Whānau	extended family, kin group (n); to be born or give birth (v)
wharenuī	main building of a marae where guests are accommodated
whātua	ancestor
whenua	land; placenta

APPENDIX B

Language of te Tiriti O Waitangi - Māori/English*

Te Tiriti O Waitangi- Māori		Treaty of Waitangi- English	
Article 1	Māori give to the Queen of England the rights to have a governor in Aotearoa.	Māori give to the Queen control over all Aotearoa.	
Article 2	The Queen agrees Māori keep independence and control over lands and everything that is important to them. Māori give the Queen right to land, if they sell it.	The Queen guarantees all Māori rights to land, forests and fishing. If Māori want to sell land they can only sell it to the Queen.	
Article 3	The Queen gives Māori the same rights as British people.	The Queen gives Māori the same rights as British people.	
Article 4 (spoken)	The Governor promised to protect Māori customs and the different religions in Aotearoa/New Zealand.		

↓		↓	
The Treaty in Māori		The Treaty in English	
<ul style="list-style-type: none"> ▪ Signed by 512 Māori and by the British Governor for the Queen ▪ Recognized in international law ▪ Maintains Māori authority in Aotearoa/New Zealand 		<ul style="list-style-type: none"> ▪ Signed by 39 Māori ▪ Promulgated by Captain Hobson ▪ Recognized by the New Zealand Government ▪ Control of Aotearoa/New Zealand to the Crown only 	

*Adapted from: Treaty Education for Migrants Group (2006). *Tangata Tiriti - Treaty People: An interactive workbook on the Treaty of Waitangi*. Auckland, NZ: Tamaki Makaurau: Auckland Workers Educational Association.

APPENDIX C

Types of Mental Health Services and Service Providers in New Zealand*

Service Type	Definition
Primary Health Services	Staffed by general practitioners (MDs) and nurses, some PHS offer subsidized psychological support.
Community Mental Health Services	Most often funded by the Government through local District Health Boards (DHB); run by the DHB or by community based non-government organizations (NGOs). Each DHB is run and staffed differently.
Clinical Services	<p>First clinical contact might where mental health workers assess and treat issues are typically found in:</p> <ul style="list-style-type: none"> ▪ Crisis services: Most often in home, crisis team assesses to refer you to other clinical services. ▪ Community centers: In office psychiatrists, nurses, psychologists, support workers, social workers. Sometimes includes home visits. ▪ Crisis respite: Support during a crisis, either in home or a community respite house. ▪ Inpatient units: Hospital admittance, short-term for mental health issues during a crisis. Some longer-term residential rehabilitation units.
Psychological and Counseling Services	Talk with mental health workers (defined below) about issues, typically for out-of-pocket fee.
Support Services	<ul style="list-style-type: none"> ▪ Support accommodation: Housing for people supported by in-house or on-call staff. ▪ Support services: Help for problem-solving, goals setting, skills, job, housing training; provided in own home or in community setting.
Services for Different Population Groups	<p>For people with specific cultural, and our contextual needs, including:</p> <ul style="list-style-type: none"> ▪ People of different ages: Provided in large population areas, cater for mothers and babies, children, young people and older people. ▪ Services for Māori (kaupapa Māori): For Māori by Māori, offer a whānau (family) based service run according to traditional Māori values in a community or hospital setting. ▪ Services for Pasifika People and other ethnic communities: Run by and for Pasifikas as well as by and for people from different ethnic communities according to cultural values, only available in some larger towns and cities.

Specialist Services	For people with specific issues, which include: <ul style="list-style-type: none"> ▪ Alcohol and other drug services: Addiction issues though some mental health and addiction. ▪ First Episode Psychosis Services: Early intervention services for young people experiencing psychosis. ▪ Eating disorders: Usually found in major population areas.
Forensic Services	Inpatient or community-based services for people who have committed a crime but the court decides that they need treatment for their mental health issue rather than imprisonment.

Service Work Placement	Service Worker Type and Definition
Workers in primary health services	Primary care workers to help with mental health needs include: <ul style="list-style-type: none"> ▪ General practitioners (GPs): Doctors who diagnose and treat common mild, moderate, or minor mental illness, refer people with more serious mental health or addiction issues to specialist services. ▪ Private practitioners: Counsellors, psychotherapists, clinical psychologists and psychiatrists who provide more specialized service than GPs, for a fee.
Workers in community mental health and addiction services	Diverse types of mental health workers who receive different training to meet different needs for treatment and support. In practice, roles often overlap, however, each is required to have the knowledge, skills and attitudes to deliver effective mental health. Community mental health service workers include: <ul style="list-style-type: none"> ▪ Mental health nurses: Care and support for clinical needs in community and inpatient services. ▪ Psychiatrists: Diagnose, prescribe medication, oversee clinical care, some provide psychotherapy. ▪ Peer support workers: Use own experience to walk alongside others with mental health issues. ▪ Support workers: Offers listening ear, advice and practical assistance. ▪ Social workers: Looks after your social and practical needs, some offer support services and counseling. ▪ Clinical psychologists: Assesses psychological issues to develop strategies to assist recovery. ▪ Consumer advisors and Family advisors: Give advice on the management of mental health services from the perspective of people who use services.
Cultural Workers in Community Centers, Hospitals, PHS	<ul style="list-style-type: none"> ▪ Māori cultural workers: A provider such as a kaumatua who can provide advice and guidance, support to individuals and whanau (family). ▪ Pasifika cultural workers: Help mainstream provision of culturally respectful services for Pasifika clients.

*Adapted from: Health & Disability Commissioner. (2014). *Oranga ngākau: Getting the most out of mental health and addiction services*. Wellington, NZ.

APPENDIX D

Account of Time Spent in the Field

My husband and I arrived in New Zealand on January 1, exhausted from 25 hours of travel. We landed in Auckland and drove to Hamilton; our goal was to wind down the North Island to Wellington. Hamilton was a desolate place and reminded me of the old outpost towns I came across when I lived in Arizona. The desolation was a result of the fact that I did not take the warnings I received seriously. Nothing is open on New Year's Day. In fact, the whole town and the towns that followed were closed until the following Wednesday. Already, I felt lonely, disappointed and isolated. We came during the height of the feeble summer, cold and wet. Little did I know that these cold, grey, windy, damp summer days would be my constant companion for my year in New Zealand.

When we made it to Wellington, I came to realize there are many little things to grow accustomed to in New Zealand. Like that the sun does not rise in the east and set in the west, that the seasons are reversed from back home, that even though it is seemingly always cold and damp there is rarely insulation or heating indoors, and that you will be caught by winds so strong that they not only catch your breath but knock you off your feet. Wellington is small, with a beautiful harbor, surrounded by mountains. They say you can never beat Wellington on a beautiful day. True- but those days are so rare, and usually I was inside working or traveling elsewhere for research when they occurred. As my husband and I settled into our apartment, which was actually located in the first hotel we stayed in in Wellington, we began to explore the city. It was

much smaller than we expected. Truly, our experience of New Zealand is best summed up by a joke that now seems more real than irreverent that goes something like:

Q: "What time zone is New Zealand in?"

A: "1954."

I noticed the truth in this throughout my time. It was in the relative smallness and safety, the relative wholesomeness, local farming. It was also in the hidden sites of racism and sexism that could be easily ignored and responded to with disbelief when brought up. However, there was something else happening there- to me specifically. At first, I couldn't comprehend why I always felt on edge; then later, I came to note how the ingrained hypervigilance for my safety was not relevant here. Whereas walking around my neighborhood in Atlanta such awareness and preparedness might be adaptive, in New Zealand, it was exhausting. I could walk freely in a parking garage, I didn't have to fear road rage, I was never worried about gun violence. For the most part, the New Zealanders appeared to be law-abiding. Methamphetamine rates aside, the notable crimes since 2015-2017 were related to Beehive and honey theft. I could walk by men and not be catcalled, and when speaking with them they communicated with my eyes rather than my breasts. Traveling in New Zealand was another Time Zone: 1954 thing. In many cases, I would fly out in the morning and come back at night. The airports often had no security, and I could just walk on bypassing metal detectors and provide my ticket but no ID. The level of safety was not impugned, given the absence of the zealous US TSA security measures.

The most significant danger appeared to be from earthquakes. Everywhere I went I was instructed what to do in case of an earthquake, how to prepare for them and the subsequent possibility of a tsunami. I had never been in an earthquake before and quickly became obsessed with them. I installed an app to track the 25,764 earthquakes that occurred across the country in

the year I was there. So, this was the new country and town in which I was to live. I arrived not knowing what to expect, but full of expectations.

Monday, January 30, 2017, being welcomed into the Family Centre

Stephen and I sat in the car on the side of the road in a town about 15 minutes north of Wellington, called Lower Hutt. Luckily, we had driven to the Family Centre when we first got to Wellington as it is difficult to find. The building is the tucked away remnants of a church rectory that sits next to a graveyard and a public library. As Stephen and I sat, we practiced singing the song that we would sing following the speech I was to give when the manuhiri (guests) of the powhiri were invited to speak.

As we were practicing, a woman got out of the car and knocked on our window and got in the car. I'd later come to know this woman, Kasia (Charles wife), quite well as we traveled around New Zealand together. We drove into the parking lot and she waited with us. She was funny and kind, and not afraid to let the F-bomb drop. Something New Zealanders, it turns out, are famous for.

It was graying outside and began to drizzle. We stood in the rain and the Kaikaranga⁴⁵, a woman in black with no shoes on, and long flowing hair walked to the door and stood there, looking intensely at us. Suddenly, with the most beautiful voice, she began to sing a haunting karanga⁴⁶ in te reo⁴⁷. I later learned that this was a call that weaves a continuous rope from my ancestors to the ancestors of the place I visit, to pull the manuhiri⁴⁸ into a sacred space of sharing.

⁴⁵ Kaikaranga- caller, woman who makes the ceremonial call to visitors onto a marae

⁴⁶ Karanga- a ceremonial call of welcome to visitors

⁴⁷ te reo- language

⁴⁸ Manuhiri- visitor, guest

She slowly motioned for us to walk forward and finally into the center. When we entered, we sat in the three seats arranged in front of a group of about 16-20 people. They sat looking squarely at us. I sat in the middle, Stephen was to my left, and Kasia to my right. Many speeches and songs followed- some in te reo, some in Samoan, and some in English. When these speeches and songs were over it was our turn. I rose and immediately began to cry. I feel like I was with family now and like in a family I could make mistakes if I was open to learn from them. Stephen and I then sang:

When the mountain touches the valley, all the clouds are taught to fly
as our souls will leave this land most peacefully.
Though our minds be filled with questions, in our hearts we'll understand
when the river meets the sea.

Like a flower that has blossomed in the dry and barren sand,
We are born and born again most gracefully.
Thus, the winds of time will take us with a sure and steady hand
when the river meets the sea.

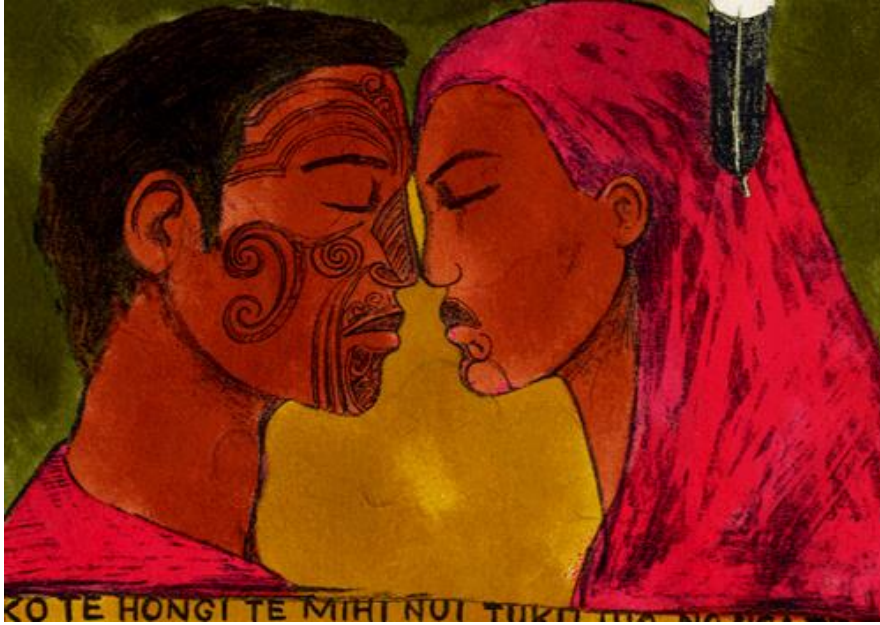
Patience, my brother and patience, my son, in that sweet and final hour
truth and justice will be done.

Like a baby when it is sleeping in its loving mother's arms,
what a newborn baby dreams is a mystery.
But her life will find a purpose and in time she'll understand
when the river meets the sea. When the river meets the almighty sea.
-Williams, 1977

We then formed a line and slowly, solemnly pressed noses with everyone in the hong⁴⁹.

Interestingly, it isn't necessarily the act of pressing nose and foreheads- it is the act of breathing in the other's breath. We then ate a meal together and met and talked for a long time. This was my first day, and it felt like I belonged.

⁴⁹ Hongi- to press noses in greeting



Robyn Kahukiwa. (2016). Hongi [Print]. Author's Personal Collection, Lakemont, GA.

The Days and Months that Followed

After being welcomed into the Family Centre, while I had no set duties, I fell into a routine of sorts. I was scheduled to work there from 9am-5pm Monday-Thursday, mostly under Charles to meet the needs of the Pākehā unit and their upcoming research. But my time there grew into mornings, evenings, and weekends as I learned what it meant to be a part of a collective. I read a lot of their work in the beginning, and my spare time thumbing through the overwhelming number of artifacts in the building. The house itself was large and old. It was incredibly drafty, and I often would be dressed ridiculously in multiple layers, blankets, fingerless gloves, turtlenecks, hats, and fleece-lined boots. I think this was part of my charm, being a southern girl, unused to the cold.



Lorien in office



Family Centre's front meeting room

While the house was drafty, it was also filled to the brim with art, writing, and photographs. These were gifts brought to the Family Centre, as well as, artifacts picked up along the way. The art in this house became my place of solace and comfort. I would sit in the front meeting room

when no one was there and look to each piece of art. The room itself was large, with one side a giant two-way mirror and windows on two other sides. Where there was a wall space, there was art. And I grew to love and depend on that art.

One day, towards the end of my time in New Zealand, I went into that room, my haven. Someone had thrown a brick through one of the windows, and I remember the feeling of sadness I felt, and how Mike was nonchalant about it, more annoyed than worried, about the kids playing around after school. This was also the room where I met with Samoan families. On Wednesdays, I worked until 8 or 9pm, with Kiwi and Misa. We met with two different families to coach them through some of their difficulties and challenges. I learned so much from these families and was so encouraged by their talents, resourcefulness, and connections with each other. I also learned so much from Kiwi during this time.



Family Centre hallway



Family Centre meeting room

Charles often took me with him to various meetings at Ministries. I was impressed with how Charles could move in government circles. It was also informational for me to see the difference between the way he and Kiwi worked with meeting with a group from one Ministry or another. Beyond the research, and the meetings, I was also brought in to the fold with expectations I had not felt before in my working life. On Mondays and Wednesdays, we met in the front room for prayers and to talk about the ongoing pressing issues of the day. These meetings were often ones in which we came together, and I could share my pain and confusion about the news back home, and find solace in the community we built. We also held different events, book signings, hosted dignitaries, farewell parties, and met with elders from the Pasifika communities and Māori communities. These days were long and filled with moments for me to learn and to grow. Sometimes, I appreciated this time more than others, and sometimes I held a:

...running monologue, in my head. I keep thinking about how I am no different than the karate kid. I wash dishes as I hope to gain the keys to the kingdom. Each day, another meeting, another set of dishes to wash. Each meeting seems to require more and more food. But it does feel like I make it through successive hoops with each meal I wash. Like after being the only Pākehā in the kitchen the night of the party, and laughing with the "laughing Samoans." The next day things were just a bit more open to me. So, each dish, wash on and wash off. Walk a step closer into their reality?

This excerpt from my journal was written as I was trying to best understand my place in the beginning. No one asked me to wash dishes, but it felt as if it was my due. The kitchen became another place of solace for me. Stacks upon stacks of plates were always available for the next party, focus group, tea, or elder meeting. It felt like my place to wash these dishes, to make sure they were ready for the next. It is also in this kitchen that I helped Misa and Loudeen prepare the

different meals for the many parties, events, and solemn occasions we took part in or hosted. I saw how they cooked, together, to come up with the most expansive and welcoming meal possible. I learned to make scones from Mike, and Samoan foods from Loudeen. But, the hardest role I had in all of this, and what took the most getting used to, was in taking tea.

Teatime is sacred in New Zealand. At the Family Centre, given the frequency of the travel for research and community development, tea was not always an occurrence. Sometimes we would have tea together or lunch. Back home, it is more usual and thus, became preferable to me to eat at my desk. Shoving in bits of nourishment, to merely make it through the day and get as much work done as possible. Here, in New Zealand, lunch or tea is an expected moment to come together, generate ideas, and learn from each other.

Today Kiwi invited me to lunch, although I had just eaten I went. It is still difficult to draw myself away from the work of the Family Centre I should be doing, to do the other work I should be doing. It feels like a balancing act between a fine line- being present and with people while also holding fast to the expectations of UGA and myself. As I sat there, I remember thinking about the work I should be doing. Kiwi began to thank god for the mountains, trees, and seas and I became drawn into the words, and I began to recognize that so much of what happens at the Family Centre is done through sitting and being together.

At times, this is true. Being together is being centered, and productive. However, it could also be quite lonely there as well. Kiwi and Loudeen often had business in Samoa, which would take them there for some time. Charles was often traveling across the globe, presenting work, and developing manuscripts. At one point in the year, our therapist became quite ill and she was also gone. Most of the days it was Mike, Misa, and I. And we worked separately in our spaces. In

these times, life could feel quite isolated. These are also the times that fed into my desire to always be working and these were the times I was most productive in the American sense.

A Shift

My time at the Family Centre rolled along in a continuous pattern of research, reading, writing, digging through history, and staying warm. In May, however, there came a moment when I was brought into the Samoan side of things. I began to work more closely with Kiwi, one of my cultural advisors, and I started to think differently. I worked on developing a grant with her, and Charles prepared me for this job telling me I needed to think Samoan. One week, from Tuesday until Monday I worked side-by-side with her, abandoning my weekends, abandoning my linear mind. I felt alive and tired at the same time. I was stretched to think in ways I had never thought before. I learned to listen to Kiwi- to hear what she was wanting and to translate it into a narrative approved of in grant-writing. Kiwi was so patient with me in these days, I think she could see me confused but willing.

At this point, I was a year away from my projected graduation date, and six months from my return to the United States. My anxiety increased. I had abandoned my original research plan, recognizing that it was inappropriate for the people and context. From work with Kiwi, and learning from how she moved in the world I began to refocus my time. While my work continued at the Family Centre, I also recognized I needed to move away from their fold to have my own crafted experiences. In this time, I began to say *yes* to everything presented to me.

I said yes to any opportunity, and I did so without begrudging my time. This was a shift in me. In previous incarnations of my *self*, I guarded my time, and I watched for it being encroached on by another's needs or desires. Instead, by working with Kiwi, I began to think Samoan. I saw that in myself through my actions, but my beginning to also volunteer Stephen for

everything as well. Following the death of one of Kiwi's kin, I volunteered Stephen to weave fine mats. He moved furniture, helped prepare for a wedding, went to talent shows, prepared for a Eucharist, went to the courts with me, and so on. My yeses- extended into his. I began to see no disconnect between him and me, between Kiwi and us.

In our lives outside of the Family Centre, I began to seek out different experiences. Every Friday-Sunday, I was traveling from place to place. Most of my interviews occurred in Auckland, Christchurch, and Taranaki. However, wherever someone expressed interest I went. I tried to tie in the interview days with learning more from the country, the place, and the people. One example of a *yes*, was when Stephen and I participated in the healing haka.

We went to Auckland to participate in a meeting of Waka Oranga- an organization of psychotherapists who are or stand in solidarity with Māori. I was not sure what to expect, and could not comprehend what would happen in our time there. It began with a powhiri, as we were greeted and welcomed onto the Whaiora Marae. We then spent the day in points of connection, learning to do haka in a way that connects the self to the earth, the heavens, and the community. One moment stands out as we all stood in a circle within the belly of the te whareniui. We all hummed rhythmically, and it became as if we were all one, breathing in the breath of life. This went on for five minutes and as I had to stop to take a deep breath, I felt the absence of being a part of the collection- the vibration in my throat died down, and my sound was no longer mixed in with the others. It was such a point of sadness and isolation. But then, just as I had stopped, I started again and was quickly reconnected with these points of breath. I also remember with great sadness sitting in te whareniui⁵⁰, and learning that it was being moved so that the church could use the more desirable land. It was a moment for me when what I had been learning made

⁵⁰ Whareniui- main building of a marae where guests are accommodated

so much sense, it was suddenly in that moment- that I saw the power, and the continuance of colonialism.

From June-October, I traveled across the land slowly picking up snippets of life in New Zealand. My husband traveled with me when we could afford it, or when I would stay more than a day. We always joked that he would see the country and I would see the people. Often, however, I went alone. I would enter places of business such as hospitals, kaupapa Māori⁵¹ services, or cafes with my recorders, notes, and thoughts in hand. In the following map, blue and orange stars show areas of the country I travelled throughout New Zealand.

My time continued in this way. Days and nights at the Family Centre during the week, and long weekends or short trips during the day to locations throughout New Zealand. In October, my days at the Family Centre took a twist, as suddenly I was traveling around the country during the week as well. Kasia and I were leading the Pākehā unit in a national evaluation of aspects of the foster care system. I was brought into the lives and worlds of so many families- families I would never meet otherwise. We learned from them, what it meant to be living in urban and rural areas, to have children in permanent care, and how the government was helping and hindering them. I was always amazed at the openness these families expressed to us, me- an American and Kasia- a refugee from Poland. In this time, I became close with two of the Māori associates of the Family Centre and recognized with sadness that I did not form these relationships sooner.

⁵¹ Kaupapa Maori – purposefully Maori



Orange star- places my research took me
Blue star- places my travels took me

As it came time for me to leave New Zealand, I made a pilgrimage to Samoa. This phase of my time in the South Pacific was key to my understanding Kiwi and the work of the Pasifika unit. It was in Samoa that I fell in love with a nation- resistant and beautiful. My days were filled with heat, abundance, and a blossoming understanding of the fa-Samoan way. Kiwi was a deft guide through the cyclone ravaged southern part of Upolo island, as well as a splendid host that brought me to the residences of great men of state. I went to the lands court and saw matai fight

to maintain their ancestral land. I snorkeled in the clear, but cyclone ravaged reefs of the oceans. I went to the top of mountains, we were locked in Robert Louis Stephenson's grounds. We drove through the farmer's markets and had a collegial run-in with the police.

Mostly I was amazed to see, once again, past my American eyes. At the outset- when you arrive in Apia, it can look poor by US standards. However, you come to understand the richness and abundance of Samoa. The fale (houses) built with posts, a foundation and roof- a home that will shelter you but remain stable in the winds of cyclones. Houses, whose roofs are so tall that the hot stifling air suddenly becomes cool as the wind caresses you. Looking out from those fale, the eye is overtaken with abundance, as each tree carries in it a food source. Ultimately in Samoa, I felt as if I had found home and with great sadness, I left a piece of me there.



Reading in Fale.

My time in New Zealand and Samoa came to an end, seemingly as abruptly as it began. When I landed in Auckland, I had so many expectations of what my time would be, and what it would mean. Ultimately, I was wrong in expecting what I did. I recognize now that those expectations were clouded by who I was when I made them. While I did not travel for fun as much as I hoped, I did see the country in a way I could not have expected. Throughout the country I roamed seeking experience with the other, and in fact, I came to experience my self as other. One of the last things I did in New Zealand was to go to Cape Reinga. This is the ancestral place where Māori souls leave this earth and it became the symbolic place where I left this land, to return anew to my homeland.



Cape Reinga

APPENDIX E

Ethics Consents from University of Georgia and
Massey University

Office of the Vice President for Research
Institutional Review Board

Phone 706-542-3199

APPROVAL OF PROTOCOL

February 6, 2017

Dear [Desiree Seponski](#):

On 2/6/2017, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	New Zealand's Social Justice and Indigenous Mental Health
Investigator:	Desiree Seponski
Student Investigator/Primary Contact:	Lorien Jordan
Review Category:	Exempt 2
IRB ID:	STUDY00004419
Funding:	Name: INSTITUTE OF INTERNATIONAL ED;
Grant ID:	

The IRB approved the protocol from 2/6/2017 to 2/5/2022.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103).

Sincerely,

Dr. Gerald E. Crites, MD, MEd
University of Georgia
Institutional Review Board Chairperson

Human Ethics Notification - 4000017974

humanethics@massey.ac.nz

Wednesday, June 14, 2017

Ethics Notification Number: 4000017974

Title: Mental Health Service Providers' Experience of Culture and Justice in New Zealand.

Thank you for your notification which you have assessed as Low Risk. Your project has been recorded in our system which is reported in the Annual Report of the Massey University Human Ethics Committee. The low risk notification for this project is valid for a maximum of three years.

If situations subsequently occur which cause you to reconsider your ethical analysis, please log on to <http://rims.massey.ac.nz> and register the changes in order that they be assessed as safe to proceed.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director (Research Ethics), email humanethics@massey.ac.nz."

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish require evidence of committee approval (with an approval number), you will have to complete the application form again answering yes to the publication question to provide more information to go before one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

Yours sincerely,

Dr. Brian Finch

Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

APPENDIX F

Interview Informed Consent Form



Dear participant,

I am a graduate student under the direction of a professor, Dr. Desiree Seponski, in the Department of Human Development and Family Science at The University of Georgia, USA. I am currently on a Fulbright US Graduate student research fellowship, working under the advisement of Dr. Chris Cunningham, director of Massey University's Research Centre for Māori Health & Development.

I am asking you to take part in a research study entitled: **Mental Health Service Providers' Experience of Culture and Justice in New Zealand**. The purpose of this study is to more deeply understand how mental health professionals in New Zealand understand, develop, and enact cultural meanings within their clinical work.

Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully and ask the researcher any questions you might have. When you have finished you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be given to you.

Project Contacts

Researcher: **Lorien Jordan**
lorienj@uga.edu
027-649-7391

Advisor: **Dr. Desiree M. Seponski**
Human Development and Family Science
University of Georgia
dmpaulin@uga.edu

Supervisor: **Dr. Chris Cunningham**
Research Centre for Māori Health and Development
Massey University
c.w.cunningham@massey.ac.nz
04.801.5799, ext. 63242

Participation: You are eligible to participate in the study if you are either (a) currently enrolled student in a mental health field (i.e., psychology, therapy, social work) or (b) a practicing mental health worker or (c) a service delivery agent or community worker in the Mental Health field. Male or females are eligible, but you must be 21 years and older. You are *not* eligible to participate in the study if you are not actively enrolled in school or do not currently see clients.

Purpose of the Study: This project aims to develop deeper knowledge of how New Zealand's mental health providers personally and therapeutically experience and express culture and/or justice. This project is part of a larger Fulbright project, wherein I am here to learn from the multifaceted historical, political, and social context of New Zealand and the ways that biculturalism are encouraged or discouraged in mental health. I am interested in interviewing people of all cultural backgrounds and on developing a deeper understanding of personal meanings and experiences of culture. Coming from the United States, I feel this project and the insights gained are especially important and timely as the need for dialogue across and between cultures is increasingly clear.

Study Procedures: If you agree to participate, you will be asked to ...

1. Meet for an individual in-person semi-structured interview lasting 60-90 minutes which will be conducted in the Winter and Spring of 2017.
2. The interviews will be held in a comfortable and quiet location convenient for you.
3. You will be provided an information sheet and an informed consent form that we will review together.
4. After consenting, digital recording of the interview will begin and the researcher will conduct a semi-structured interview with you.
5. At the end, you will be provided with a modest koha to thank you for your time and sharing your experiences. You will also have time to ask any questions that you might have.
6. After the data is transcribed you will have the opportunity to review the key statements you have provided for your follow up comments. A copy of the final report will also be made available to you. Both of these items are optional.

Risks and discomforts: We do not anticipate any risks from participating in this research. You may feel some discomfort if you remember a client or past clinical situation that was difficult for you.

Benefits: You may benefit from describing your experiences as a clinician. To benefit the larger field of psychotherapy, from this study it is expected that: 1) The resulting information from this project will assist the development of culturally specific social justice therapeutic methods, 2) The experiences of New Zealand's therapists will be more deeply known.

Incentives for participation: As a token of my appreciation, participants will receive a small koha of \$30 to thank them for the gifts of their time and knowledge.

Audio Recording: Your responses will be audio-recorded for transcribing. Audio-recordings will be deleted following the transcription of the interviews, and not more than five years from the date of completion of this study.

Privacy/Confidentiality: No individually identifiable information about you, or asked to be provided by you during the research, or will be shared without your written permission. You will be assigned an identifying number and a false name. This number and name will be used on all material collected about you. The researcher will not use your name or your family name in any report shown to anyone outside the research team (the researcher and principal investigator, Desiree Seponski). The transcriptions from digital recordings will be stored in an electronic file, on a password and fingerprint protected computer. The data which has your contact information will be kept separately in a different file, in a different location on a password protected hard drive, kept in a locked cabinet accessible to only the researcher. The digital recordings will be password protected and stored on a password and fingerprint protected computer in a locked cabinet. The recordings will not be publicly disseminated. Researchers will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law.

Taking part is voluntary: Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to withdraw from the study, the information that can be identified as yours will be kept as part of the study and may continue to be analyzed, unless you make a written request to remove, return, or destroy the information.

If you have questions: If you have any questions about this research project, please feel free to send an e-mail to Lorien Jordan at lorienj@uga.edu, or call me at 027-649-7391. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 629 Boyd GSRC, Athens, Georgia 30602; telephone (706) 542-3199; email address irb@uga.edu.

Massey University Disclaimer: Study #4000017974

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr. Brian Finch, Director (Research Ethics), email: humanethics@massey.ac.nz.

Research Subject's Consent to Participate in Research: To voluntarily agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

I have read the consent form and information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

By initialing here _____ you give permission to be contacted to review researchers' interpretations of your interviews and summary reports. You will be contacted via your preferred method of contact.

By initialing here _____ you request that the researcher return key statements from the transcript of your interview. You will be contacted via your preferred method of contact, and have 5 days to make any additions to the statements.

I agree to participate in this study under the conditions set out in the consent form and information sheet.

Name of Participant

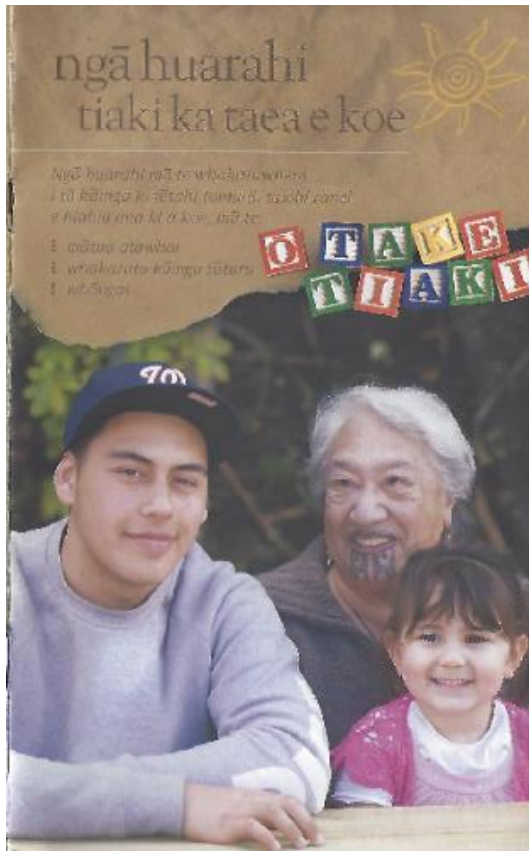
Signature

Date

Participant's preferred method of contact (email or phone number)

APPENDIX G

Mental Health Brochures



E tū kaha ana e mahi tahi ana ngā Kaimahi o Te Toka Tū Mai me koe, kia eke ki ngā taumata, kia taea rawa ngā hiahia.

Ko te tūmanako ko koe ka:

- Uru tonu mai koe ki ngā mahi tiaki whakaora i a koe, i ngā wā e taea ai tēnei.
- Me Mahi tahi, ki te awahi He ara tika
- Tuku mōhiohio, kōrero mai e pā ana ki ngā mahi tiaki whakaora i a koe.
- Te kōrero mai mēnā e takahia ana ōu tika.
- Kia whaiwhakaaro mo ngā tika ngā hiahia o ētahi atu tangata.
- Te mau me te whakaaro ki ngā matatapu o ētahi atu, kaua e kōrero noa iho i ngā mōhiohio o ētahi atu tangata.
- Me whakaaronui ki ngā kaimahi me ngā taonga katoa o Te Toka Tū Mai.
- Te kawē i tō matou kaupapa o te Auahi Kore.



Ōu Tika
(Your Rights)



Ngā Tikanga Ō Ngā Tūroro

I runga i te Waehere, Hauora Hauātanga, mō ngā Tika Kaihokohoko, Paenga whāwhā 1996

(Mēnā e hiahia ana i te Waehere o ngā Tika, i roto i te reo Pākehā kei o matou rātonga me te Tūri o Te Toihau Hauora Hauātanga).

Goals and Objectives Nga Whaihanga a te Ratonga

To provide the client with a supportive, non-judgmental environment that will encourage, support and educate in a way to make lasting changes and to strengthen the family unit.



To provide information and support to families/whanau or people with addictions – acknowledging and providing the families needs in relation to information, education and support.



To provide advocacy, peer support, counselling and when necessary outpatient programmes.



To provide meaningful and supportive services for children and teenagers

Mission Statement Kaupapa

“Empowering family/whanau to understand the impact of addiction and make lasting changes for the future.”

Patron – Dr Robert Crawford

How Do You Access This Service? Me peahea tatou whakauru Ki roto i tenei Ratonga

- Self referral
- Whanau, fono, family, friends, partners can contact us for information about our services.
- Community/ agency referrals

How To Contact Us:

6 Wilsons Road, St Martins,
Christchurch

Phone: (03) 9811093

Fax: (03) 9421693

Email: info@familialtrust.org

Web: www.familialtrust.org

Hours: 9.00 am – 5.30 pm
Monday - Tuesday- Wednesday- Friday
Thursday open until 8.30 pm

Familial Trust is on Facebook



ReSource – Recovery Book Shop

Email: books@familialtrust.org

Familial Trust

Te Whanau o Whakapono



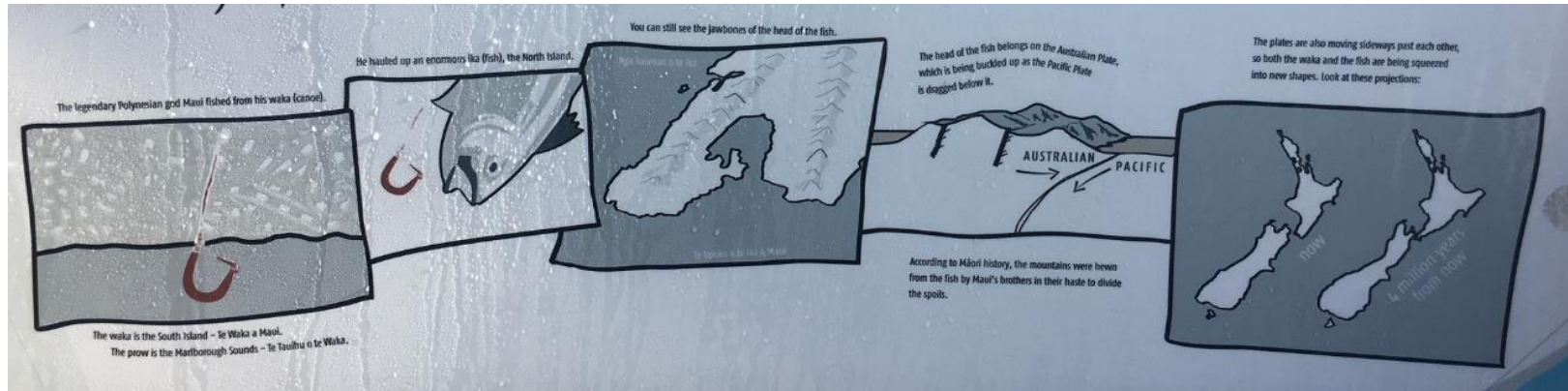
**Because Families
Matter**

**Providing Hope,
Wellbeing and
Understanding
to Families
Affected by
Addiction**

*A consumer based agency run
by experienced trained
consumers*

APPENDIX H

Māori Existence in Public Spaces



Sign at Mount Victoria describing the formation of New Zealand



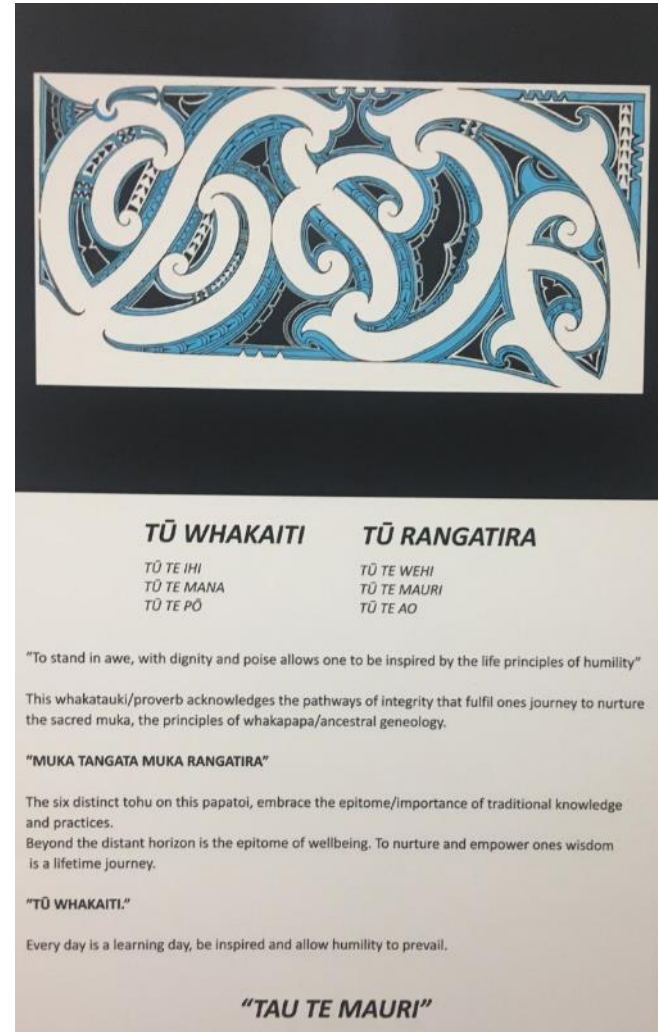
Pasifika models of health on display in school hallway



Māori and Pasifika art in lobby of government ministry offices



Tiki graffiti on street corner



Plaque in mall bathroom



Entrance to customs at Auckland airport



Entrance to Wellington stadium

APPENDIX I

Codebook for Situational Analysis from MAXQDA©

--Initial Codes--

“acknowledging my differences”	Being identified as Māori
all human beings	being identified as Māori
Asian clients	being Māori is constant growth
Asian lack MH literacy	being misrepresented
assimilation and racism	being othered
Assimilation as bridging tactic	being outside own culture
assumption about equity	Being raised in a Māori/Pākehā world
assumptions of Māoridom	being true to self
barrier to access	Being uncomfortable with the cultural other
Beauty and pain of culture	between Pākehā and Māori health care
becoming aware of the healing in the context	bicultural identity
being a placeholder	bicultural in Pākehā model
being a token in the Pākehā system	bicultural MH
being accountable	bicultural MH system
being accountable to Pākehā system	biculturalism as way forward
being at the bottom of a cliff	biculturalism disappointed
being comfortable with other ways	Biculturalism is just a word
being foreign as way to understand colonization	biculturalism on multiple levels
being identified as an immigrant	biculturalism opens non-dominate paradigms
Being identified as Asian	biculturalism versus multiculturalism
Being identified as Māori	biculturalism: flourishing in Pākehā system

biculturalism: value not practice
 bridging cultural worlds
 bridging worlds as healing
 can't always get it
 can't just treat the individual
 changing hats and risking profession
 cherishing diversity
 Choosing ENZ
 Choosing Pākehā
 Choosing Pākehā
 Choosing Pākehā
 Choosing Pākehā
 Choosing Pākehā
 Choosing SJ
 choosing to be othered
 Christianity and SJ
 civic responsibility
 classicism and funding
 clinical decision making
 coercive roles of workers
 coinciding aspirations
 colonial genocide cover up
 colonialism rips us from identity
 Colonization of Hong Kong
 Colorblindness
 Coming into clarity about Māori identity
 Coming to Māoridom
 compassion
 connecting on a human level
 connection to self and other as healing
 connections to all
 constraint of work
 Constructing the PI
 consumer movement
 controlling the purse strings
 cultural injustice in MH
 Cultural representation
 cultural specific focus in psych programs
 Cultural supervision
 cultural supervision
 cultural training
 Cultural Training
 cultural understandings of health
 culture as a kaleidoscope
 culture as add on
 culture as capitalism
 Culture as developing
 culture as roots
 culture is more acknowledged in NZ
 Dance of Power
 definition of social justice
 definition of social justice
 deliberate claim of Pākehā
 describing the same thing differently
 DHB
 DHBs and Pākehās ripping of kaupapa services

difference between just practice and social justice

difference of Māori practitioners

different needs for different ethnicities

different treatment

discomfort as consequence of colonialism

disconnection from Māori identity

disengaged citizens

distancing self from whiteness

doesn't matter who you are, I'll sit with you

double the numbers

drawn to collective culture

Drawn to Māoridom by others pain

Dream not representing reality

education as political tool

equity as justice

equity not equality

European dominant biculturalism

everyone benefits with cultural diversity

Expectation for cultural understanding

Expectations to agree with what you don't

believe

experience of structured society

family advisor as commitment to justice

fear of other culture

feeling comfortable in culture

Feeling embarrassed becomes cultural

feeling threatened

Few Māori because of Resources

Filling out forms

finding likeminded activists

finding one's own place in culture

For Māori by Māori

funding determining justice approach

funding in rich neighborhoods

Generosity of Māori

genuine cultural integration

get it wrong once...

giving something means taking something away

good intentions- token practices

good intentions, bad delivery

Good intentions, bad delivery

growing up in Māori world

having to play the game

head down tail up

hidden classism in NZ

hidden racism in NZ

historic trauma of colonialism

holistic ideas of family

how Chinese clients are framed in academic lit

identify with culture once you are out of own

culture

identifying as a treaty person

Identifying with culture

if we were viewing it from that perspective then

we would be lo

immigrants	lack of representativeness
immigrants stealing jobs	Lacking civic engagement
Including family in services as right and responsibility	linguaging of clinical models
incongruity splits and divides	Learning about one's culture in a different language
individualism	Learning the Tiriti
individualized, no family care	Leaving as tactic
Infuriating work	Letting them be in their culture
institutionalization	Line between standing for and standing with
integrating clinical and cultural worlds	Listening through different lenses
integrity in practicing	Living in the discomfort
internalized racism	Living in two worlds
Internally coming to Māoridom	living with racism
intersection of justice system and MH	loss of culture as MH risk
intersectionality	maintaining a sense of self
intersectionality	making change for positive
investment in jails but not MH	making culture where you are
invisible immigrant	Mana of client and practice
Is culture just family?	Māori as static identity
Issues with aspects of culture	Māori do not represent in MH
it takes longer to build than to dismantle	Māori generosity
it's my job to know what to do	Māori integrate into Pākehā system
just get over it	Māori resistance
just practice not social justice	Māoridom as healing
lack of funding, lack of workers	Māoridom cannot be static
lack of justice in MH	meaning of culture
lack of justice in NZ	Meaning of Pākehā
Lack of representation	meanings of biculturalism

meanings of biculturalism
 Meanings of Pākehā
 medical model does not fit with Māori
 mental exhaustion
 money motivated government
 monoculturalism
 More Māori workers in mainstream
 moving from past to present
 Moving MH into the Community
 Moving through pain to beauty
 multicultural world
 multiculturalism
 multiculturalism in MH
 Naming identity- self-identifying
 Narrow doorway of health
 navigating Māori to culturally safe practice
 need for cultural understanding
 Need for individual and systemic advocacy
 need for Māori practice
 need to see colonization's effects on health
 Need to work in partnership
 negative attributions of use of Māori
 Negative Attributions when using Māori
 negotiating the therapeutic space
 negotiation
 neoliberalism
 no matter the change there are pluses and
 negatives
 noiselessness of workers
 nominal, tokenism, biculturalism
 normalization of whiteness
 not a political person
 Not being aware of stigma of own culture
 not enough Māori practice
 not enough money
 Not enough money not enough workers
 not enough people to do the job
 not enough resources not enough money
 Not fitting in the One Māori Identity
 Not fitting in to own culture
 not one or the other, but both
 Not realizing Māori self
 Number 8 Wire
 NZ ignorance about racism
 NZ is immature about race/ethnicity
 NZ is slow to change
 NZ story of Māori identity
 NZ values
 obliterating culture
 offensive use of western models
 opposition in MH
 Outsider-insider perspective of justice
 Pākehā as a cloak
 Pākehā as insult
 Pākehā coopting knowledge
 Pākehā coopting the treaty

Pākehā destroyed now want to heal	power is not absolute
Pākehā institutions kill Māori	Power of European dominance
Pākehā rules in regulating counseling	Power of witnessing
Pākehā training isn't right for Māori	powerlessness of workers
Pākehā-ness affecting service	privilege becomes transparent
participation in society as healing	privilege being othered
partnerships	psychology and individualism
passing as European	public perceptions of Māori
passing as Pākehā	pushing shit uphill
Passing as Pākehā	Racism
passing for Māori	racism in dhb
path forward	Reactive to embracing the cultural other
pathologizing as colonizing	Realizing racism
Patience with racism	recognizing and valuing difference
Peer support fits Māori identity	recognizing colonialism
Peer support organization	redressing colonial history
Peer support, isomorphic giving and taking	Religion as resource and madness
people are just people	representation
people in the middle	resistance to cultural others
personal experience of injustice as motivator	Resistance to Pākehā dominance
injustice as the reason for poor MH	resourcing goes to the wrong areas
Personal meaning of culture	Reverse racism
Perspectives of US	revolution
PI use of MH	richness of kaupapa
pitting minorities against minorities	Room for Māori spirituality
planting seed for Māori growth in services	sameness in difference
poverty and community issues as root of MH	scaling down services
power as a pendulum	seeing inside structures

sellouts of Māoridom
 separate needs separate groups
 separating political and professional life
 separation between clinical world and cultural world
 servants and masters
 shame as belonging
 Shame of not participating
 Sign language as national language
 situating self in NZ
 SJ as career motivator
 smashing into the Pākehā world
 social justice as equity and participation
 social justice as power use
 social justice is having personal choice
 social justice value, not social justice work
 Sometimes systems deafness is good
 Specialist Māori workers
 Spirituality as madness
 Standing with as justice
 static Māori
 steeping outside our cultural filters
 stepping into a better world
 stepping into a higher place
 supervision
 supervision
 supporting whanau in MH is crucial and overlooked
 surface critical reaction, surface clinical understanding
 surviving in an alien world
 symptom reduction versus belongingness
 systemic advocacy
 Tensions between similar cultures
 the equalizer of humanity
 the normalization of medicalization
 The power of witnessing
 The power of witnessing
 the screaming need for Māori practice
 Tiriti as living document
 token
 tokens are powerless
 touching Māori souls
 translating between worlds
 Treaty and colonization
 treaty is a document of inclusion
 Trump
 under representation
 undermine system you're in
 Understanding tiriti
 unintended consequences of ministry interference
 use of culture in place of race
 using disadvantage for advantage
 valuing cultural with clinical
 valuing diversity

vilified in own community	withholding sacred knowledge
visceral experience of racism	without consequences, no biculturalism
voice as power	without power there is nothing
Vulnerable as voiceless	won't give up power
western MH oppressive	work inside out
western model with Māori clip ons	workers are powerless
western models as colonizing	workers are voiceless
whanau and individual treated separately	workers are voiceless
what you see is what you get	working in Pākehā system
White South Island	working outside the system
whiteness in south	“you have a choice here”
Wisdom of cultural protocols	

--Focused Codes--

Acknowledgement	Decolonizing practice	Scapegoating
Assimilation	Embrace discomfort	Selling Out
Being othered	Guiding	Shifting Lenses
Being selective	Identification	Shifting Power
Bicultural Practice	Institutionalization	Static culture
Bridging	Interpreting	Tokenism-Man
Clinical Resistance	living in tension	Valuing
Colonization	Mediating	Walking alongside
Compromising	Minimizing	Witnessing
Conforming	Pitting	
Connecting	Playing the game	
Consolidation	Pushing shit uphill	
Cultural resistance	Realization	

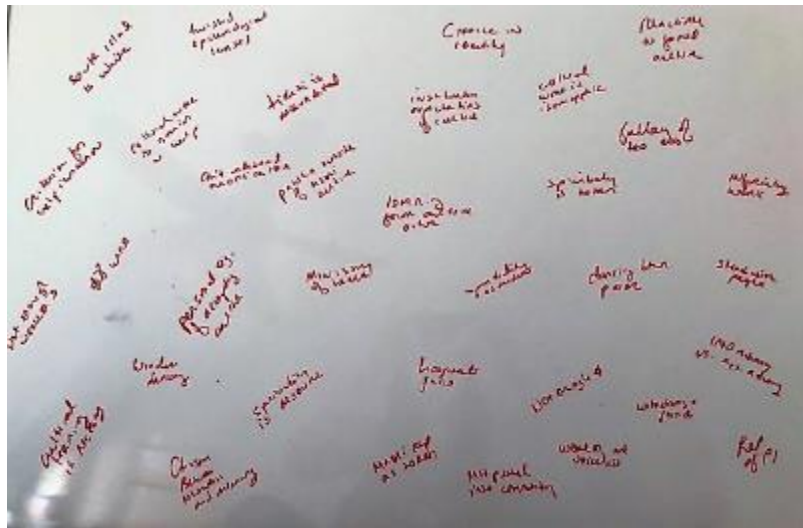
APPENDIX J

Final Themes Represented as Negotiation Positions and Strategies

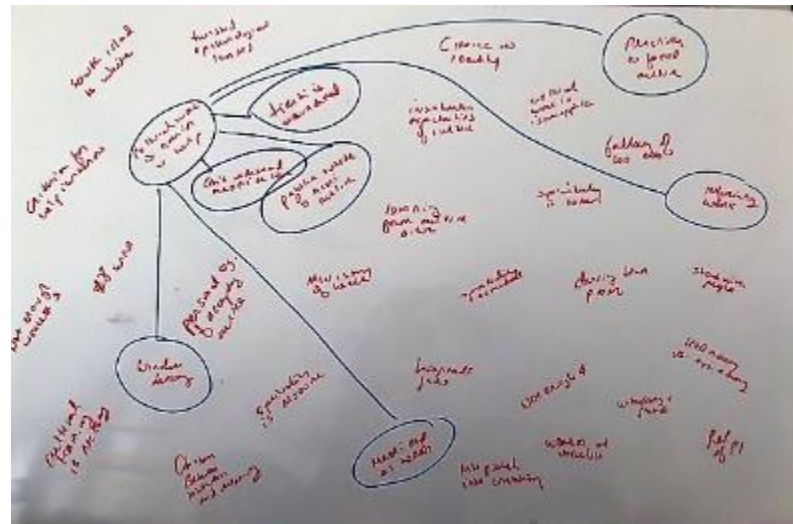
Negotiations Positions	Definition	Position Strategies	Definition
Opposition	Mainstream mental health maintains power, by opposing the importance of culture in health and healing	Minimizing	Reduces significance of culture in treatment, passively or overtly
		Scapegoating	Blame someone for faults, overlooking colonial influences
Resistance	Refusal to accept or comply with mainstream mental health, impeding the effect exerted by those in power	Manaakitanga	To protect clients, self, and other workers through generosity and sharing of knowledge, rights, and support
Assimilation	Compliance as a process of becoming similar	Conforming	To behave according to accepted standards in mainstream MH, not challenging system
		Kupapa	Selling out: compromising principles in exchange for personal gain
Maneuvering	Manipulate in order to achieve an end	Tokenism	Making only a perfunctory or symbolic effort to do a particular thing
Unsettling	Process of identifying someone or something, or of being identified, the association of one thing with another. Sitting in discomfort.	Decolonizing	To unlearn the history one was taught, and challenge ideas and assumptions built from a history of colonial rule
Collaboration	Share and concede power. Negotiate the benefits and limitations of Indigenous and Western paradigms to stimulate broader knowledge and make services stronger by combining into an effective and coherent whole.	Bridging	Connecting cultures between indigenous, western, client, and service providers through mediating, interpreting, and sharing information.

APPENDIX K

Examples of Situational Maps



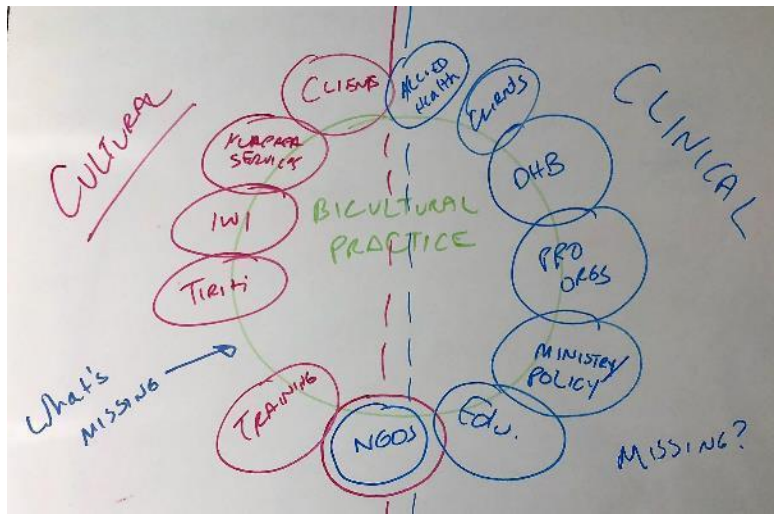
Map A. Messy Map



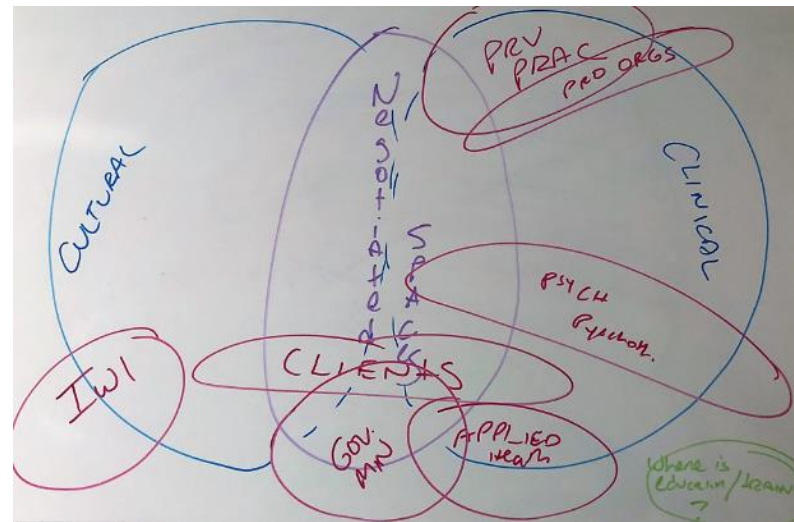
Map B. Relational Map

APPENDIX L

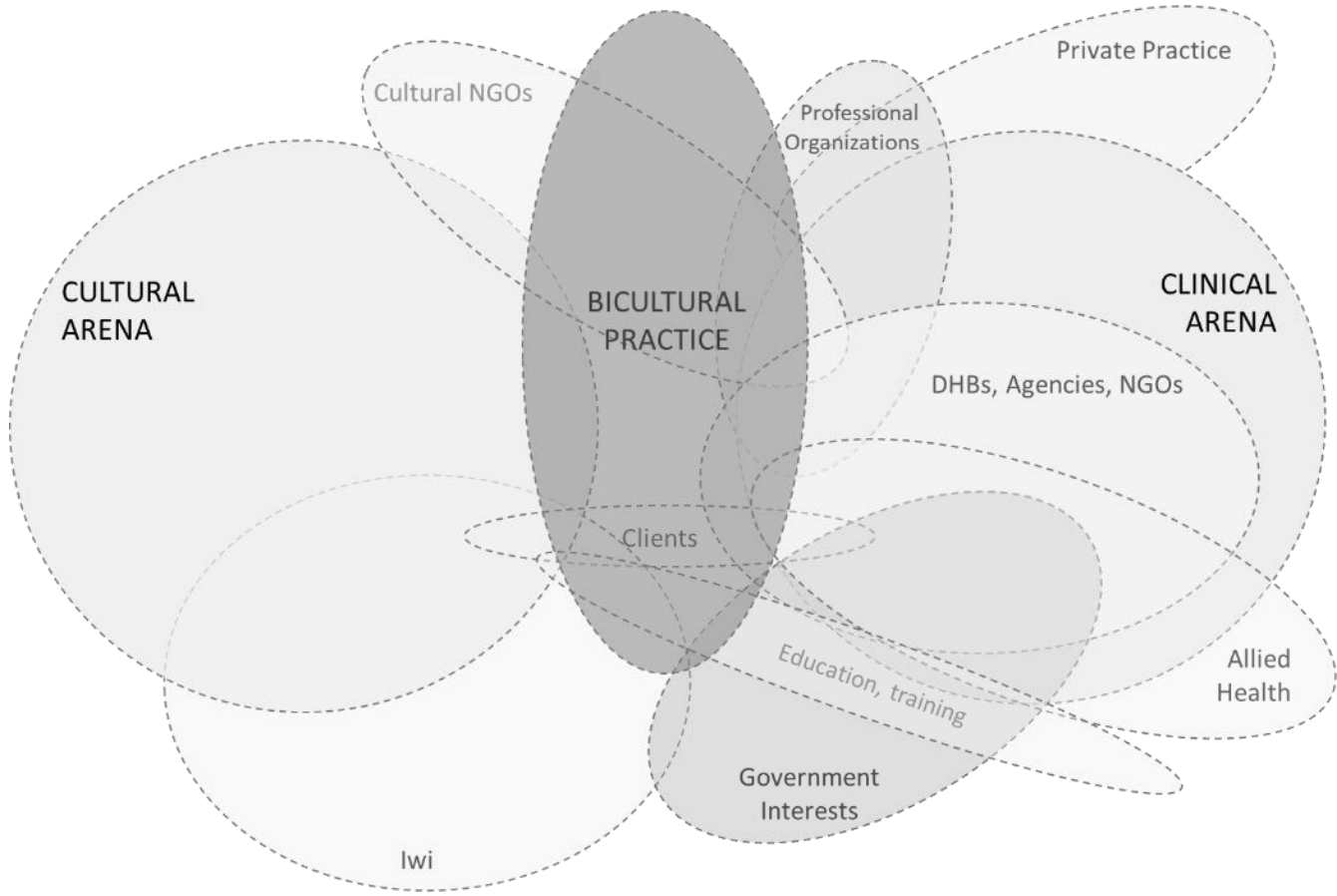
Examples of Social Worlds/Arenas Maps



Map D. Early Social Worlds/Arenas Map



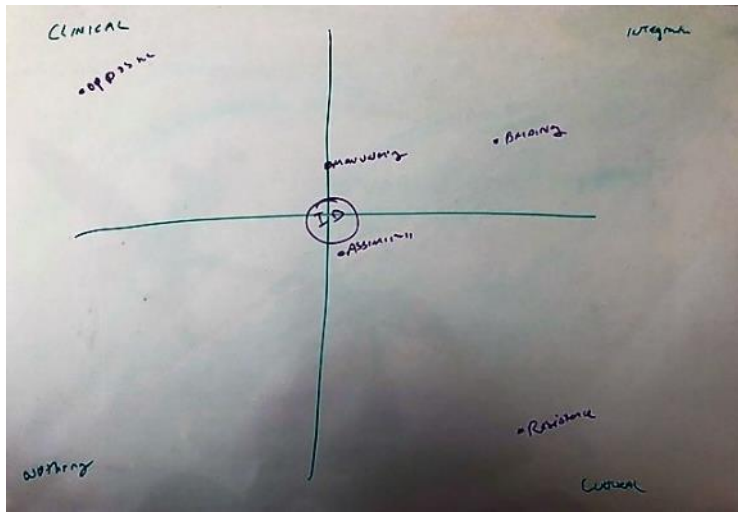
Map E. Organized Social Worlds/Arenas Map



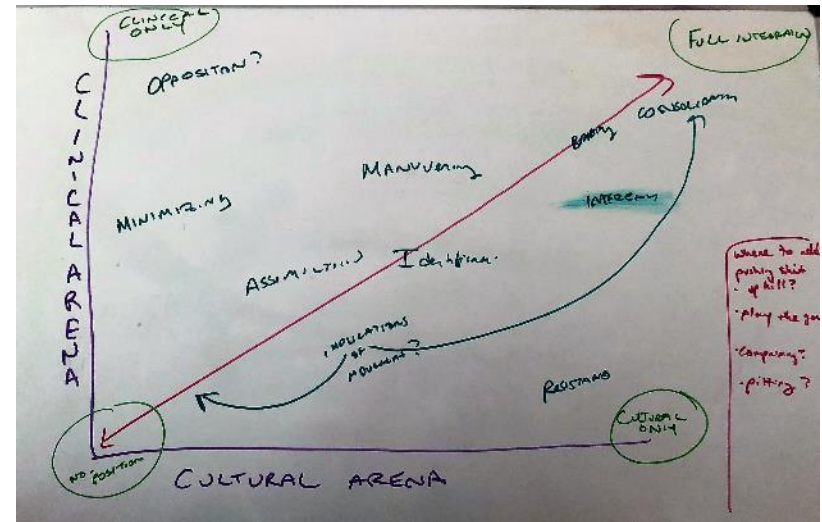
Map F. Final Social Worlds/Arenas Map

APPENDIX M

Examples of Positional Maps



Map G. Early Positional Map



Map H. Positional Map

APPENDIX N

Treaty Implications for the Provision of Mental Health Services

Defined and Outlined by the Mental Health Commission*

Treaty Implications

As the founding document of New Zealand, Te Tiriti o Waitangi must be acknowledged and its principles incorporated in all aspects of health services provision for all New Zealanders, and in particular for tangata whenua. The Mental Health Commission acknowledges the significance of the Treaty as the original blueprint for interactions between the Crown and tangata whenua.

1.1 Article One

Article One places an obligation on the Crown to consult and collaborate with iwi, hapu and Māori, as tangata whenua, in order to determine their attitudes and expectations with regard to the functions and operation of ‘good government’.

With regard to the public funding and provision of mental health and addiction services, this requires meaningful consultation with Māori, and Māori involvement in the planning of those services.

1.2 Article Two

Article Two guarantees Māori rights of ownership, including non-material assets such as te reo Māori, Māori health and tikanga Māori, and confirms the authority of iwi, hapu and Māori, as tangata whenua, over their own property, assets, and resources. Article Two establishes the principle of tino rangatiratanga –self-determination and jurisdiction for Māori communities and organisations – such that they can manage their own property, assets and resources. This article directs agents of the Crown to negotiate directly with iwi, hapu and whānau with regard to policy which impacts on them.

Tino rangatiratanga can be acknowledged through specification of kaupapa Māori services and providing Māori with increased opportunities to create and implement strategies and services which will improve mental health and addiction services, and mental health and wellbeing outcomes for Māori.

1.3 Article Three

Article Three guarantees Māori the same rights of citizenship and privileges as British subjects, including the rights of equal access to mental health and addiction services, to equal health and wellbeing outcomes and to access mainstream mental health and addiction services which meet the needs of Māori.

Blueprint II provides a strong call for equity of participation, access, and outcomes, and acknowledges that while there has been a significant improvement over the past decade, these goals are not being achieved at present.

* Mental Health Commission. (2012). *Blueprint II: How things need to be*. Wellington: Mental Health Commission.

APPENDIX O

Self-Reflections for Cultural Humility*

	Questions for critical self- reflection	Questions to address power imbalances
Individual Level	<ul style="list-style-type: none"> • What are my cultural identities? • How do these identities shape my worldview? • How does my own background help/hinder my connections with clients/communities? • What are my reactions to clients culturally different from me? • How much do I value input from my clients? • How do I make space for clients to name their own identities? • What do I learn about myself through listening to clients who are different than me? 	<ul style="list-style-type: none"> • What social and economic barriers impact a client's ability to receive effective care? • What specific experiences do my clients have related to oppression and/or larger systemic issues? • How do my practice behaviors actively challenge power imbalances and involve marginalized communities? • How do I extend my responsibility beyond individual clients and advocate for changes in local, state, and national policies and practices?
Agency- Organizational Level	<ul style="list-style-type: none"> • How do we organizationally define culture and diversity? • Does the culture of our agency encourage respectful, substantive discussions about difference, oppression, and inclusion? • How does our hiring process reflect a commitment to diverse staff and leadership? • Do we monitor hiring practices to ensure active recruitment, hiring, and retention of diverse staff? • Does our staff reflect the communities we serve? • Is our leadership reflective of the populations/communities we serve? 	<ul style="list-style-type: none"> • How do we <i>actively</i> address inequalities internally (policies and procedures) and externally (legislative advocacy)? • How do we define and live out the core social work value of social justice? • What organizational structures do we have to encourage addressing inequalities? • What training and development opportunities do we offer to address inequality and reflection of power and privilege? • How do we engage with the larger community to ensure community voice in our work? • What agencies do this well?

* Adapted from Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165-181.

APPENDIX P

Te Whareniui



Entrance to Waiwhetu marae, Lower Hutt, New Zealand



Te heke in Waiwhetu marae te whareniui



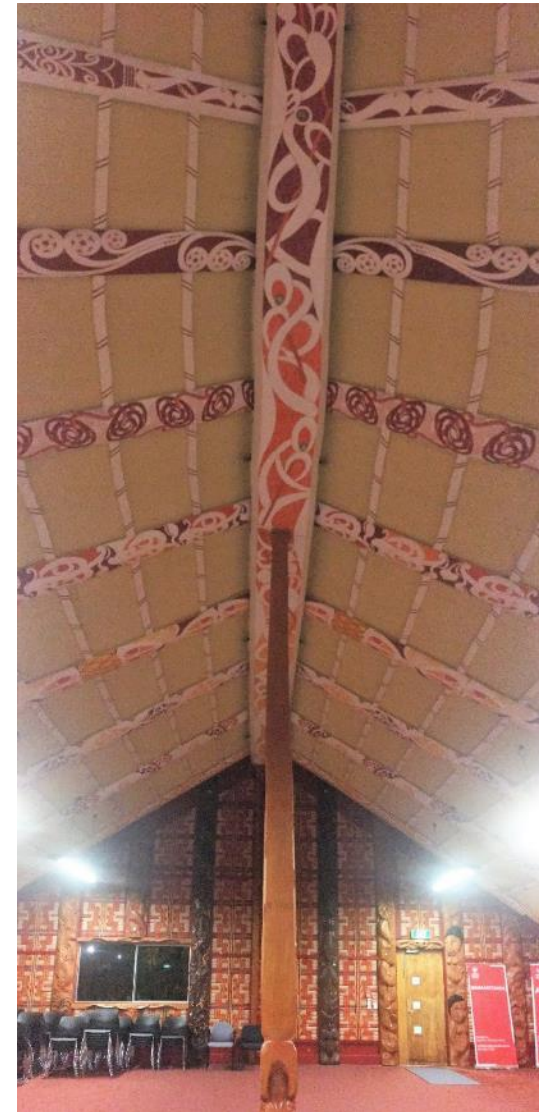
Noho marae in the Waiwhetu marae te wharenui



Entrance into the Manukau marae, Auckland, New Zealand



Noho marae in te whareniui



Te heke in te whareniui