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Ngā whakāwhitinga: standing at the crossroads

Māori ways of understanding extra-ordinary experiences and schizophrenia

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Supervisor: Dr John Read

Co-supervisor: Dr Tracey McIntosh

A thesis submitted in fulfilment of the requirements

for the degree of Doctor of Philosophy

in Psychology,

The University of Auckland
2007
ABSTRACT

Indigenous peoples and ethnic minorities are being diagnosed with schizophrenia at significantly higher rates than majority groups all around the world. Aetiological literature reveals a wide range of causal explanations including biogenetic, social and cultural factors. A major limitation of this body of research is the assumption of schizophrenia as a universal syndrome. When viewed through an indigenous lens, experiences labelled schizophrenic by Western psychiatry have been found to vary from culture to culture in terms of content, meaning and outcome.

The current project aimed to investigate Māori ways of understanding experiences commonly labelled ‘schizophrenic’. The philosophical frameworks that guided the research were Kaupapa Māori Theory and Personal Construct Theory. A qualitative approach was used and semi-structured interviews were conducted with 57 participants including tangata whaiora (service users), tohunga (traditional healers), kaumatua/kuia (elders), Pākehā clinicians, Māori clinicians, cultural support workers and students.

Four categories were derived from qualitative thematic analysis. These being: making sense of the experiences, pathways of healing, making sense of the statistics and what can we do about the statistics. Overall, Māori constructions related to other indigenous constructions of mental illness and wellbeing cited in the international literature but were in stark contrast to current psychiatric constructions. The current project indicated Māori participants held multiple explanatory models for extra-ordinary experiences with the predominant explanations being spiritual. Other explanations included psychosocial constructions (trauma and drug abuse), historical trauma (colonisation) and biomedical constructions (chemical brain imbalance). Based on these findings, recommendations for the development of culturally appropriate assessment and treatment processes are presented.
ACKNOWLEDGEMENTS

This research was made possible by the awhi, tautoko and aroha (trust, support and love) of all of the research participants, rangahau whanau (Advisory Group) members and Māori organisations who shared their knowledge and experiences with me. The overwhelming sense of commitment and support I encountered from all gave me the fuel required to keep the fire of the research going. Most importantly, I want to thank the tangata whaiora who participated in this research. Although your journeys were varied, many of you took part for a similar reason. I often heard the phrases, “I want to do this for other Māori in my situation”, “maybe I can share what helped for me and they won’t have to go throughout what I went through,” as the motivation behind participating. This sense of commitment was both inspiring and humbling. I have learnt a great deal personally from the conversations we have had both inside and out of the interviews. Many friendships have been forged that I know will go far beyond the reaches of this project.

In addition, thank you to the organisations who provided financial and academic assistance throughout the process of the research. Namely, The University of Auckland, The Māori Education Trust, The Ministry of Health and Ngā Pae o te Māramatanga. Ngā pae represents a pool of people and resources that became my lifeline during the research process. Having the opportunity to meet so many respected researchers, Māori and indigenous from around the world, meeting other Māori conducting PhD research in support meetings, at conferences and on the Ngā Pae writing retreats has been invaluable for my personal, cultural and academic development. Thank you to all of those involved at Ngā Pae for your support and constructive challenges that always made me believe I could achieve my goals.

The Advisory Group was developed to help navigate the sometimes turbulent waters of a PhD and monitor the development, maintenance and outcomes of the research. The whanau consisted of Dr Rhys Jones, Naida Glavish, Dr Patte Randal, Dr Jason Turuwhehuia, Dr John Read, Dr Tracey McIntosh, Unlce Pio and Aunty Kiri Jacobs.
Rhys, your own research regarding rongoā Māori and primary health care was inspiring and informed the background for this project. Naida your korero each time we met facilitated a much deeper understanding of the concepts discussed in the thesis. You have a beautiful way of teaching about tikanga Māori. Patte, your path, your drive and your courage is a lesson to us all in the power of the spirit. Jason, even though you told me that you haven’t done anything, you did! Your presence, your input and quiet way of supporting the kaupapa was much appreciated.

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Finally, to my kaumatua and kuia, Uncle Pio and Aunty Kiri. Aunty Kiri, you bestowed the name upon this research and gave it wings. Your encouragement and belief in another young woman from Pawārenga has been felt throughout. Uncle Pio, your humour and korero about some of the stories from up north (how it used to be) has given me so much. Your wisdom and ability to see, are what have made this research possible. I cannot thank you enough. You both blessed the research from the beginning. I know it made nanna much happier to know you were part of the journey.
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<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aotearoa</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Aroha</td>
<td>Love</td>
</tr>
<tr>
<td>Atua</td>
<td>Māori gods</td>
</tr>
<tr>
<td>Awhi</td>
<td>Support, trust</td>
</tr>
<tr>
<td>Hapu</td>
<td>Sub-tribe</td>
</tr>
<tr>
<td>Hau</td>
<td>Property, wind</td>
</tr>
<tr>
<td>Hauora</td>
<td>Wellbeing</td>
</tr>
<tr>
<td>Haurangi</td>
<td>Under the influence of alcohol or drugs</td>
</tr>
<tr>
<td>He tangata he tangata</td>
<td>The people, the people</td>
</tr>
<tr>
<td>Hinengaro</td>
<td>The mental dimension</td>
</tr>
<tr>
<td>Iwi</td>
<td>Tribe</td>
</tr>
<tr>
<td>Ka nohi ki te ka nohi</td>
<td>Face to face</td>
</tr>
<tr>
<td>Karakia</td>
<td>Prayer</td>
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<td>Kaumatua</td>
<td>Elder</td>
</tr>
<tr>
<td>Kawa</td>
<td>The processes of tikanga</td>
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<td>Kehua</td>
<td>Ghosts</td>
</tr>
<tr>
<td>Kuia</td>
<td>Elders</td>
</tr>
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<td>Makutu</td>
<td>Curse</td>
</tr>
<tr>
<td>Mama</td>
<td>Pain</td>
</tr>
<tr>
<td>Mana atua</td>
<td>Power derived from the gods</td>
</tr>
<tr>
<td>Mana Māori</td>
<td>Power of Māori as a collective</td>
</tr>
<tr>
<td>Mana tangata</td>
<td>Power derived from ones own life story</td>
</tr>
<tr>
<td>Mana tupuna</td>
<td>Power derived from ancestors</td>
</tr>
<tr>
<td>Mana whenua</td>
<td>Power of the land</td>
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<td>Māori</td>
<td>Indigenous peoples of New Zealand</td>
</tr>
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<td>Māramatanga</td>
<td>Understanding/Clarity</td>
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<td>Matakite</td>
<td>Seer, gifted person</td>
</tr>
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<td>Matauranga</td>
<td>Knowledge</td>
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<td>Mate atua</td>
<td>Illness of the gods</td>
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<td>Mate Māori</td>
<td>Māori illness</td>
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<td>Mauri</td>
<td>Vital essence</td>
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<td>Mirimiri</td>
<td>Māori healing via touch and massage</td>
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<td>Moemoea</td>
<td>Dreams</td>
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<tr>
<td>Mōhiotanga</td>
<td>Knowing</td>
</tr>
<tr>
<td>Ohonga</td>
<td>Part of the person e.g. hair</td>
</tr>
<tr>
<td>Pa</td>
<td>Traditional communal site</td>
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<tr>
<td>Pākehā</td>
<td>European New Zealanders</td>
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<tr>
<td>Papakainga</td>
<td>Home</td>
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<td>Pohauhau</td>
<td>Form of mate Māori</td>
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<td>Pōrangi</td>
<td>Form of mate Māori</td>
</tr>
<tr>
<td>Poroporoaki</td>
<td>Farewell ceremony</td>
</tr>
<tr>
<td>Māori Term</td>
<td>English Translation</td>
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<td>---------------------</td>
<td>-------------------------------------------------------------------</td>
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<tr>
<td>Rāhui</td>
<td>Restriction in order to restore mauri</td>
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<td>Treasure</td>
</tr>
<tr>
<td>taonga tuku iho</td>
<td>Treasures passed on by ancestors</td>
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<tr>
<td>tapu</td>
<td>Sacred, being with potentiality for power</td>
</tr>
<tr>
<td>Tatau</td>
<td>The collective</td>
</tr>
<tr>
<td>Tauiwi</td>
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<td>Self determination</td>
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<tr>
<td>Tohu</td>
<td>Signs</td>
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<td>Tohunga</td>
<td>Traditional Healer</td>
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<tr>
<td>tuakana</td>
<td>Older sibling</td>
</tr>
<tr>
<td>Turangawaewae</td>
<td>A place to stand</td>
</tr>
<tr>
<td>Utu</td>
<td>Reciprocity</td>
</tr>
<tr>
<td>Wai</td>
<td>Water</td>
</tr>
<tr>
<td>Waiata</td>
<td>Song</td>
</tr>
<tr>
<td>Waiora</td>
<td>Wellbeing</td>
</tr>
<tr>
<td>Wairangi</td>
<td>Form of mate Māori</td>
</tr>
<tr>
<td>Wairua</td>
<td>The spiritual dimension</td>
</tr>
<tr>
<td>Wairuatanga</td>
<td>Spiritual practices</td>
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<tr>
<td>Waka</td>
<td>Vessel for travel</td>
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<tr>
<td>Whaiwhaia</td>
<td>Form of makutu</td>
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<tr>
<td>Whakama</td>
<td>Ashamed, embarrassed</td>
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<td>Whakapapa</td>
<td>Genealogy</td>
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<td>Whakawhanaungatanga</td>
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<td>Family</td>
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<td>House</td>
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<tr>
<td>Whare marie</td>
<td>House of learning the dark arts</td>
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<tr>
<td>Whare wānanga</td>
<td>House of learning</td>
</tr>
<tr>
<td>Whatumanawa</td>
<td>Emotional dimension of the self</td>
</tr>
<tr>
<td>Whenua</td>
<td>Land</td>
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THESIS OVERVIEW

Over the last couple of centuries a single paradigm, the medical model, has come to dominate the explanation and treatment of illness in Western society. Via legal and political means, indigenous models of illness and wellness have been wiped out or forced to the margins of many societies. This thesis aims to challenge the dominant medical model that has privileged psychiatric knowledges while suppressing others by repositioning indigenous construction at the centre of the research via a Kaupapa Māori framework.

Chapter One aims to deconstruct current medical constructions by presenting psychiatry as a culture in itself as opposed to a discipline dedicated to scientific truths. This chapter posits that the culture of psychiatry has lead many clinicians to suffer from “cultural blindness” when working with indigenous and ethnic minority groups. Chapter One uses the tools of science to question the scientific validity and reliability of the construct “schizophrenia”. I conclude that this construct is “unscientific” in itself. I will also look at three themes highlighted by other researchers regarding the treatment of mental illness throughout Western history: treatments are used as a form of social control; treatments can be dehumanising; and the dominance and power of the medical model to define who and what is considered ill. Chapter One also acknowledges the significant role of the consumer movement in developing more humane treatments.

Interactions between culture and psychiatry via colonisation are outlined in Chapter Two. I also critique research that is conducted cross culturally in terms of whether researchers attempt to establish the reliability of universal diagnoses or recognise local and unique constructions. Chapter Two challenges the commonly cited finding of higher rates of schizophrenia for ethnic minorities and indigenous peoples by questioning the validity of foreign cultural constructs to explain indigenous forms of illness. This chapter recognises indigenous and cultural constructions of what psychiatry labels ‘schizophrenic’. To illustrate, three ‘culture bound syndromes’ will be discussed. The development of indigenous psychological paradigms is also presented to position the current research within this wider international movement.
Chapter Three summarises Māori constructions of illness and wellness. This chapter predominantly draws from early anthropological literature and subsequent psychological studies to represent the resilience of Māori constructions of experiences commonly labelled schizophrenic. In accordance with the experiences of other indigenous populations, this chapter also recognises the impact of colonisation on Māori beliefs and practices relevant to maintaining wellness. To illustrate the effect of colonisation, disparities in statistics between Māori and non-Māori for admissions and readmissions to inpatients units for psychotic disorders will be discussed. Explanations for these disparities will also be outlined. Within Chapter Three, the resistance and revival of Māori constructions is also recognised as a function of the development of bicultural and Kaupapa Māori Services.

Chapter Four, summarises the theoretical orientation of the research. This research is qualitative and assumes a post-modern critical paradigm. Two theoretical frameworks were used within this research (Kaupapa Māori Theory and Personal Construct Theory) to represent the two worlds in which the research was conducted (Indigenous and Western).

Chapter Five outlines the methodology by recounting a somewhat layered journey. Within the first section, ‘Who am I’, I have positioned myself by sharing my journey towards conducting this project. The second section, ‘Where did I want to go’, outlines the research aims and process of consultation. The final section summarises ‘What I did’ in terms of qualitative interviews and the process undertaken for interpretation and presentation of the data.

Chapter Six presents the results of the research according to the four categories developed from qualitative analysis. These were: ‘Making sense of extra-ordinary experiences’, ‘Pathways of healing’, ‘Making sense of the statistics’ and ‘What can we do about the statistics’. Within this chapter I have attempted to present quotes with as little interpretation as possible (over and above sorting of themes) to allow the reader to make their own interpretations before reading the discussion.

Chapter Seven summarises the major findings from each category and relates the results to the national and international literature. Clinical and theoretical implications are discussed with
recommendations for future research. The limitations and strengths of the research are highlighted and conclusions drawn from the research journey. The plan for dissemination is also presented.

Finally, I want to share a somewhat personal reflection of the process of this research to provide the reader with an idea of my orientation to this topic. When I was younger I would play a game on the shore of the ocean that reminds me of my journey throughout this thesis. The goal of the game was to try and stand on the sun’s reflection in the wet sand. No matter how much I chased the reflection, I was never closer to it. Sometimes I would stand in one spot, very still, as though the sun would be tricked if I snuck up on it. If I remained very patient and quiet and lifted my leg slowly it always felt as though I could get just that much closer to my target and maybe, for the first time, I would stand on it. But just as soon as I stamped my foot in a swift motion to capture the sun, its reflection would escape and stop just as far away from me as it was in the first place. I am not sure about the physics of this phenomena but it kept me entertained for hours. This thesis truly felt like my old game. Each time I felt as though I was closer to ‘standing’ on the ‘answers’ they would slip away from me in an ocean of complexity. Just as I learnt to accept that the sun would always run away from me as a child, I have learnt to accept over the course of this research that complexity is the very essence of the experiences I have chosen to write about. The experiences I have written about change in shape and form depending on who we are researching, who is conducting the research, the approach undertaken, the setting, the time and so on. I suspect extra-ordinary experiences (experiences variously defined as psychotic, cultural or spiritual depending on our orientation) will never be clearly defined (as is the goal of biological psychiatry). So, in writing this thesis I am not attempting to put my foot down definitively upon the Māori way of understanding extra-ordinary experiences. I simply want to share my journey of understanding more about this set of experiences at a particular time, in a particular way with a particular group of people.