

The interface between cultural understandings: Negotiating new spaces for Pacific mental health

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Abstract

This theoretical paper introduces the concept of the "negotiated space", a model developed by Linda Tuhiwai Smith, Maui Hudson and colleagues describing the interface between different worldviews and knowledge systems. This is primarily a conceptual space of intersection in-between different ways of knowing and meaning making, such as, the Pacific indigenous reference and the dominant Western mental health paradigm of the bio-psycho-social.

When developing Pacific models of care, the "negotiated space" provides room to explore the relationship between different (and often conflicting) cultural understandings of mental health and illness. The "negotiated space" is a place of purposive re-encounter, reconstructing and re-balancing of ideas and values in complementary realignments that have resonance for Pacific peoples living in Western oriented societies.

This requires making explicit the competing epistemologies of the Pacific indigenous worldviews and references alongside the bio-psycho-social and identifying the assumptions implicit in the operating logic of each. This is a precursor to being empowered to negotiate, resolve and better comprehend the cultural conflict between the different understandings. This article theorises multiple patterns of possibility of resolutions and relationships within the negotiated space relevant to research, evaluation, model, service development and quality assurance within Pacific mental health.

Introduction

With a disproportionate burden of mental illness among Pacific peoples, there is increasing openness to developing services that are responsive to cultural needs of Pacific peoples affected by mental illness. The development of Pacific models of care, cultural competencies and Pacific research methodologies acknowledge the value of applying indigenous cultural values in contemporary settings.

It is recognised, however, that check-lists and menus

of 'Pacific values' provide only one dimension, sometimes idealist and nostalgic, to the complex and multi-faceted contemporary realities faced by Pacific peoples living in New Zealand. This article examines the model of the "negotiated space" and discusses its potential application to the Pacific mental health sector.¹ This concept was originally developed to be applied to the often conflicting interface between indigenous Maori and Western scientific knowledge.¹ This paper draws on the model of "negotiated space"

to think about the relationship between Pacific indigenous knowledge and the dominant Western mental health paradigm. This paper provides an overview to a longer occasional paper sponsored by Le Va.

The negotiated space provides a model for using indigenous references as “foundation” while maintaining the capacity and scope to draw on any or all useful and relevant cultural nodes of knowledge. It also provides conceptual space in-between competing cultural paradigms (such as the bio-psycho-social and indigenous Pacific). This is purposive, open and creative space which allows tensions and conflicts to be understood, sometimes mediated but ideally always approached constructively.

Ultimately negotiated space provides a way of thinking about the process of indigenous theorising. Practical examples include Pacific models of care, development of Pacific cultural competencies, Pacific research development and knowledge production. The key assumption underpinning the ‘negotiated space’ is that Pacific peoples have the agency and ability to choose from multiple knowledge bases. It is assumed that Pacific peoples are able to resolve cultural conflict, as opposed to being trapped between cultures. It is also implied that having more than one culture is advantageous over a mono-cultural existence.

In this article, we theorise a multiplicity of processes and outcomes possible within the negotiated space, such as: bonding and establishing synergies via similarities with other cultural knowledge perspectives; leveraging off the creative energy and dialectics of opposing cultural viewpoints; synthesising new cultural responses that draw from multiple cultural influences; dialogically choosing to approach some things wholly as prescribed by the wisdom of indigenous paradigm, and in other contexts, choosing to be guided completely by Western knowledge, such as the bio-psycho-social. The ideas put forward here are not intended to be prescriptive or exhaustive; rather they describe initial attempts at theorising a range of intercultural options that might be possible with the “negotiated space”.

An Overview of Pacific Mental Health in Aotearoa

It has only recently been recognised, courtesy of the over-sampling in Te Rau Hinengaro (The New Zealand Mental Health Survey) that Pacific peoples in New Zealand experience mental disorders at higher proportions than the general population: 25 percent compared with 20.7 percent of the overall New Zealand population.² Close to half (46.5%) had experienced a mental disorder at some stage during

their lifetime.²

This same study showed us that only one quarter (25%) of Pacific peoples with a serious mental disorder access mental health services compared to more than half (58%) of the total New Zealand population.² This pattern of “greater need” compounded by the trend of being less likely to have this need met, is a disempowering combination which one becomes quite familiar with when reviewing Pacific peoples’ health in New Zealand.

Information from the primary health care setting shows that Pacific peoples are less likely to have a mental health issue arise as a problem - a rate of 0.8 for Pacific peoples, compared to 8.3 for the total New Zealand population (per 100 visits).³ The same data reveals emergency referral rates in the primary care setting for Pacific peoples are sevenfold (4.3) the rate of the total New Zealand population (0.6).³

Particularly concerning are the high rates of schizophrenia, paranoia and acute psychotic disorders among Pacific peoples, accounting for two thirds (66%) of Pacific inpatient episodes compared to 39% of New Zealand European episodes and less than half (48%) of the overall population.⁴ Among young people (2002-2006), the most common reasons for inpatient mental health admissions amongst Pacific young people (aged 15-24) were for schizophrenia, (48.0 per 100,000) followed by schizotypal and delusional disorders (15.1 per 100,000), compared to 26.8 and 10.9 respectively, for the total New Zealand youth population.⁵

The Ministry of Health have identified that Pacific peoples are more likely to use acute inpatient units (198 versus 170, per 100,000) and stay longer compared to the total New Zealand population.⁷ Other research shows that Pacific peoples have the highest average cost of adult inpatient and community episodes; with the average (cost) weighting for Pacific peoples being 25% above the national average for inpatient episodes and 44% above the national average for community episodes.⁴

Add to this picture, the fact that Pacific people make up 6% of New Zealand’s total population, yet they constitute 12% of all involuntary inpatient consumers.⁴ And Pacific peoples’ utilization of forensic psychiatric services is described by the Ministry of Health as “significantly elevated” (164%) compared to the general population.⁶

To summarise, the most current evidence informs us that Pacific peoples have a higher prevalence of mental illness, particularly in the area of serious mental illness, with high rates of involuntary, forensic and acute admissions.^{2,3,4,5,6,7} This is compounded by

Ultimately negotiated space provides a way of thinking about the process of indigenous theorising.

low or late presentation to services^{2,3,4,5,6} and when mental health services are accessed by Pacific peoples, they are recorded as having the longest and most costly stays.^{4,7} Integrating all of these research findings establishes a fairly bleak vista of the state of Pacific mental health in New Zealand.

It is perhaps not surprising that the Ministry of Health has identified that building “responsive” services for Pacific peoples who are severely affected by mental illness and/or addiction “requires immediate emphasis”.⁸ There is an openness in this directive, to recognise that “responsive” services: “focus on recovery, reflect relevant cultural models of health, and take into account the clinical and cultural needs of people affected by mental illness and addiction”.⁸

Many Pacific health and community leaders, such as Fuimaono Karl Pulotu-Endemann, have tirelessly advocated for Pacific peoples in the field of mental health. They have negotiated vital spaces for the articulation and development of cultural models of health for Pacific peoples.⁹ One can assume that it is partly in deference to the “bleak vista” provided by empirical accounts of Pacific mental health and the documentation of the evidential failure of mainstream solutions that resources for such spaces have been possible. It is also testament to the mobilisation, commitment and passion demonstrated by the Pacific community.

There is now a growing body of writing about Pacific models of care,¹⁰ with the publication of “Seitapu” being one contribution to ways of recognising cultural and clinical competencies in mental health practice.¹¹ As the work developing ‘Pacific models of care’ in mental health has gained impetus, there have been repeated calls for research into the theoretical thinking underpinning Pacific cultural models of care.^{12,13}

Oceania’s Library

If we are to understand the beliefs, ideas and values that influence and inform the behaviour and experiences of Pacific peoples relevant to mental health – then we have to understand the corresponding Pacific indigenous knowledge traditions these derive from. This recognises that systematic bodies of Samoan, Cook Islands, Tongan, Niue, Fiji, Tokelau, Tuvalu and other indigenous knowledge provide a phenomenological foundation for the cultural beliefs and ideas about mental illness; prevention, cause and treatment. The more the focus is on culture for cultural competency development, models of care, quality assurance, tool development and research, the more important it is to understand the operating logic and the foundational philosophy which filter worldviews and which direct culture ‘as it is lived’.

The kind of research is what one Pacific scholar has called: “An exploration into “Oceania’s library” (the

knowledge its people possess)”.¹⁴ This is described by Okere, Njoku and Devisch as the process of “appropriation by cultures of their own rich genius”.¹⁵ It has been recognised that such exploratory work begins from ethnic-specific starting points (of cosmology, chants, language, rituals, protocols, collectively-owned stories, ‘legends’, songs, symbols, genealogies and festival) which provide rich sources of analytical, theoretical, and conceptual information and tools, as well as an abundant mine of ancient Pacific core values and ethics.¹⁶

When culture is understood as a system of logic with its own underpinning assumptions and internal coherence, words such as indigenous knowledge, cultural paradigms, worldview, and epistemes are often used interchangeably. Such terms tend to emphasise culture as a knowledge tradition which has epistemological and ontological functions.

Metaphorically, such views of culture invoke an entire eco-system of interrelated ideas, beliefs, values, knowledge and behaviours. This recognises that all parts of the system are all connected and are often interdependent. Within this vast interconnected system, there is a particular focus on the philosophical foundations directing the congruency and internal consistency of ideas, thinking, values and behaviours.

In mental health, this kind of work involves piecing together cultural beliefs, ideas, practices, and values relevant to mental health that are easily identified. It then involves attempts to ground and locate their place within indigenous knowledge systems and paradigms. This can be likened to taking small clusters or stars of existing thought and behaviour and trying to piece together their place in a greater constellation – within a wider universe of meaning. The night sky may hold the same set of stars, yet different people from different cultures see different constellations and ascribe different meanings to exactly the same night sky. This gives an idea of how mental health practitioners can be looking at the same symptoms but ascribing meanings from different cultural systems. For example, one sees Matariki and the other sees Pleiades, and applies the body of knowledge associated with those different perspectives.

A colonial legacy has meant that Pacific indigenous knowledge systems have been actively rejected by dominant Western paradigms (i.e., theological, philosophical, scientific) from initial cross-cultural contact. This experience of colonisation has meant that indigenous knowledge is not always easily accessed in contemporary settings.

Contemporary Pacific societies are challenged to develop theories of how ideas and perspectives

within indigenous knowledge systems cohere with each other, align, connect and form pathways of logic; create discourses of “truth” and dominoes of “reason”. In contrast to being under-documented and difficult to access, the dominant Western paradigms of mental health are well documented and well recorded. In mental health currently, the reigning paradigm is described by Southwick & Solomona (up against indigenous Pacific understandings) as the “bio-psycho-social”.¹² The bio-psycho-social model is informed by, but not identical to the empirically driven “medical model”.¹²

Negotiated Space

The “negotiated space” is a model developed by Smith, Hudson and colleagues¹ to describe the interface between different worldviews and knowledge systems in a Maori and Western science context. This could be understood as an intercultural space: the in-between terrain where distinctive worldviews and knowledge bases enter into some form of engagement or relationship to potentially be expanded and innovated. This has parallels with Bhabha’s third space, but is differentiated by being purposeful, controlled and reconstructive – with a range of intercultural outcomes (rather than deconstructive with hybridity as exclusive product).¹⁷

In an insightful study looking at Pacific mental health recruitment and retention issues, Southwick and Solomona identified several salient points. They write:

*“Work has been conducted to establish that there is a cultural difference of understanding between the body of knowledge that constitutes the western bio-psycho-social explanation of mental health and mental illness and Pacific peoples’ holistic world-views... Little research has occurred to mediate this polarity... To date these world-views have been presented as polar and mutually exclusive bodies of knowledge”.*¹²

Southwick and Solomona go on to suggest that the failure to translate western concepts of mental health and illness into Pacific concepts and vice versa results in “disconnected discourses” for both the Pacific community and Pacific mental health workers.¹² The “negotiated space” provides the conceptual opportunity for establishing coherence, connections - and at the very least, ‘relationship’. This is in direct contrast to the dissonance and disengagement of “disconnected discourses”.

A simple (Pacific) and somewhat appropriated definition of negotiated space is that it creates a relationship of *va* between cultural knowledge systems. *Va* is a concept shared among many Pacific cultures which refers to a “space that relates” between people, a “socio-spatial” way of conceiving of relationships.¹⁸ With regard to negotiated space, we

talking about a purposive spatial site of relationship between knowledge systems; a terrain of intersection where both commonalities and differences can be explored and understood. As *va* is a culturally located concept, it necessitates that this *va* is guided by principles of balance, reciprocity and respect - although all is possible in the *va*.

The negotiated space is a mandated, deliberately depoliticised space that provides room for engagement and knowledge exchange. It is ‘neutral’ yet requires an acknowledgement of the shared histories of both parties and a commitment to ongoing relationship. It is a reprieve from an explicitly political (and often polemic) relationship (or lack of relationship). It is a place that is stimulated by recognising basic tenets of mutuality and focusing on purposive adaptation and retention, a balance between self-determined growth and self-conscious maintenance. This requires strategies of recurring separation for reflection as well as engagement with other knowledge traditions. This ideally triggers regenerative critique: an ever-shifting spiral, constantly extending and retracting which draws on the stimuli of other and returns reflectively back to core, not necessarily ever returning back to exactly the same place.

The “negotiated space” is characterised as being *purposive* in the sense that it engenders both agency and power. It provides a theoretical alternative to the well established paradigm of being “caught-between-two-worlds”.¹⁹ Often people in this situation are often cast as conflicted, stressed and susceptible to maladies such as “cultural schizophrenia”.¹⁹ Rather, the negotiated space model opens up the confined quarters of the “caught-between” model of intercultural clash. It provides a larger landscape of different ways of tending, resolving, negotiating and mediating a *relationship* (that is, *teu le va*) between cultures and knowledge traditions. This requires having the confidence to establish a relationship and the confidence to negotiate the nature of that relationship.

Constructing knowledge is an important feature of maintaining the vitality of a culture as (cultural) knowledge must constantly expand and evolve to deal with new environments and situations.¹ All knowledge is first and foremost local knowledge.¹⁵ The difference between knowledge systems lies in the ways people move and assemble knowledge and in the ways in which people; practices and places become connected and form knowledge traditions.²⁰

As cultural knowledge systems come into contact with each other and interact, the cross-cultural contact creates a stimulus for exchange and growth. One of the drivers for creating and engaging in a “negotiated space” is the desire to be transformed by the “Other” on the basis of appropriating that which is useful from the ‘Other’ on one’s own terms. As Smith et al write:

“The resilience of a cultural knowledge system is dependent on its ability to respond to transformation and change, to adapt and explain new phenomena in a way that retains a sense of resonance and coherence with the existing philosophies and psychologies of their own knowledge system”.¹

It is argued here that the concept of negotiated space has relevant application to some of the most difficult issues facing the Pacific mental health sector. This includes mediating some of the polarity between Western and Pacific indigenous paradigms of aetiology, illness, treatment.

While the rebuilding and vitalisation of paradigms as separate coherent knowledge systems is a necessary pretext to engagement and interaction, the adoption of separation strategies can potentially lead to an insular lack of critical reflection and analysis. Not being open to critique in the face of changing environments creates challenges to how one’s cultural knowledge maintains relevance as the environment changes over time. Implicit to the negotiated space is balancing the desire to uphold distinctive cultural knowledge spaces with openness to innovation and change.

The negotiated space affords opportunities for people to negotiate:

- their relationship with existing cultural knowledge; [critical reflection]
- their relationship with new cultural knowledge; [knowledge exchange]
- their relationship with different systems of meaning and knowing; [understanding the limits of knowledge systems]
- their relationship with culturally distinctive parties; [power relationships] and
- how individuals manage cultural choices that arise from having awareness and access to more than one culture [dealing with multiplicity].

As well as being useful between “paradigms”, it is proposed that the negotiated space has applicability when thinking about how Pacific individuals and families in New Zealand live intercultural realities.

Possible Process and Outcomes

Theorising about the patterns of possibility engendered in the “negotiated space” has led to hypotheses about many different combinations of process and resolution of intercultural difference (and similarities). All of these possibilities refute narrowly conceived, linear models of “acculturation” which imply one-way-traffic from indigenous to Western.

In the context of Pacific mental health there is recognition that there will be no single best model. Gaining the best outcomes for Pacific mental health consumers requires having a range of services

to choose from. This will vary from mainstream services enhancing the effectiveness of their cultural interface through to Pacific-centred service models that selectively use mainstream expertise. Increasing diversity will create an innovative service environment, more responsive to specific, situated and local challenges.

Reconciliation and Connections

While the negotiated space provides opportunities for conceptual fight, it also values principles of equation, balance and alignment.²¹ *Teu le va* is often translated as “making beautiful the va”: balance, symmetry, beauty – these are unapologetically “Pacific” aesthetic values strongly linked to wellbeing and good outcome.²² It is suggested that the link between balance, aesthetic, beauty and health / wellbeing / optimal outcome, remains a salient insight critical and applicable to contemporary conditions.

As a matter of preference, connections are made and conflict minimised out of concern for the relationship and a desire for harmony and symmetry within the engagement.²² Incongruence may be reconciled via a process of *talanoa* and dialogue,²³ or the distance between concepts may be found to be incommensurable. In these cases, the ability to know the nature of the distance between ideas or values that cannot be mediated or reconciled is understood to be a valuable outcome.

The negotiated space is a consciously neutral place where points of “same” can be discovered. This resists binary positioning of culture and enables room for common ground. It seems unlikely there are not some shared elements - if not many shared elements - that betray the binary ways cultures are understood to be different.

Dialectical Energy: The dynamic interplay of opposing viewpoints

The title above was taken from one of the few research projects on Pacific mental health examining the Samoan perspective of self and how this is connected to wellbeing.²⁴ When comparing Samoan and Palagi conceptualisations of self the research team discovered considerable differences: collective versus individual, spiritual versus secular, holistic versus reductionist, relativist versus universalist.²⁴ The team identified challenges associated with these differences but chose to consider “these distinctions as *dialectics* as this term captures the potential for change that can occur through the dynamic interplay of opposing viewpoints”.²⁴

This draws on Hegel’s famous theory of dialectics, which has three stages: thesis, antithesis and synthesis. In brief, this suggests that the mind generally moves one position (thesis) to the other

side of this argument (antithesis) finally discovering a deeper unity from which the two sides are derived (synthesis). Finding unity in contradiction and incongruence with a preference for balance, affinity and equation is in alignment with the way Tamasese Efi describes the Samoan indigenous reference.²¹

Dialectical interplay and resolution is a creative response to situations where one is faced with incongruent values and ideas sourced to different cultural knowledge systems. In a practical sense this would be a “best of both worlds” synergy or balance that can be evidenced in “Seitapu”.¹¹

Dialogic Independence and Choices

Another potential outcome of the negotiated space is a ‘dialogic’ response to choices that arise from having access to more than one knowledge tradition. In this case, two cultural knowledge systems come into contact with one another yet remain intact without blending or fusing. This enables the option of deliberately weighing, sifting and then choosing ideas (based on merit and applicability) from one coherent knowledge paradigm over the other. This contrasts to a dialectic process, whereby there is a merger of some sort into a new position. Here different positions do not intertwine. For example, models of care (either bio-psycho-social or Pacific) remain largely unaffected by the other, but there is consequently a greater appreciation of when each is most useful. Thus, the nature of the difference or distance (or the *va*) between two positions is well understood and it not necessary to mediate these differences.

The agency and freedom of Pacific peoples to choose an indigenous (treatment) option or a bio-psycho-social option depending on context is affirmed. This resists acts of familiarizing and appropriating “the other into the controlled world of the self, to own the other”.²⁵ It recognises the freedom of the ‘other’ to exist as ‘other’ without being constrained (or contained) by expectations (or obligations) to be *same* to enter or maintain a relationship.

Conclusion

To us, the negotiated space is the watering hole, the marae atea, the debating chamber, the kava circle. It is a space where intercultural negotiation and dialogue is given permission to take place. It is proposed that this space enables and empower cultural innovation, acts of imaginative rediscovery, indigenous knowledge theorising and the creation of new relationships (*va*) with other forms of cultural knowledge and understanding. In a culturally diverse society, negotiating intercultural space is an on-going and never-ending process which both promotes and upholds individual as well as community identities.

Given the increasing prevalence of mental health issues amongst Pacific peoples in New Zealand it is vital that culturally appropriate models of care are developed. While there is a growing body of articulating Pacific cultural values and beliefs, often such texts are silent on the ways that these values are in tension with “mainstream” values and beliefs.

Ideally, the negotiated space is a conceptual enabler aiming to harness the dialectics of that tension and open up the interface to enable a multitude of creative possibilities. Within this space we can understand, mediate, and negotiate intercultural conflict, hopefully emerging with the most optimal resolutions that will serve Pacific peoples. It is expected that outcomes, agreements or solutions sourced from within the “negotiated space” will always be local, specific, situated, contingent and peculiar to their own time, space and context.

Theorising the negotiated space concept has drawn on the Pacific indigenous reference, centring the notion of ‘*va*’ and privileging balance, symmetry, aesthetic and beauty as ideal outcomes within a broader harmonic unity of alignment and equation.

To us, the negotiated space is the watering hole, the marae atea, the debating chamber, the kava circle.

The model of “negotiated space” affirms that Pacific peoples have the agency and ability to choose the “best of both” worlds, to negotiate and resolve cultural conflict – and that these are the opportunities afforded by a multicultural existence. Whether it is dialectic fusion, carefully considered dialogic choices, seeking surface similarities or quests for deeper unity – the aim is establishing positive and life-affirming relationships across cultural divides.

There is a need to re-value Pacific indigenous contributions to world or “commonwealth” knowledge about mental health and wellbeing. The negotiated space provides one option for indigenous theorising. The negotiated space models a way of sourcing the indigenous reference and providing continuing energy and momentum to the rich knowledge legacy passed on to us by our ancestors. It aims to locate this work meaningfully in the heart of the complex, changing and challenging contemporary realities faced by Pacific communities living in Aotearoa / New Zealand.

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