

# Politics, Psychotherapy, and the 1907 *Tohunga Suppression Act*

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**ABSTRACT** *Schmid's (2012/2014) reflection on the relationship between psychotherapy and politics challenges psychotherapists to engage as political (human) beings, reconnecting divisions promoted by reductionist thinking. If the human being is a political being then psychotherapy is undeniably a political venture. As an Indigenous emerging therapist practising in Aotearoa New Zealand, I strongly resonate with Schmid's propositions. His movement towards social justice and emancipation call to me, mirroring the Indigenous voices which have influenced and informed my personal and professional development. In the spirit of a discussant paper, this article responds to Schmid's argument by exploring his ideas from an Indigenous, Māori perspective – at least an Indigenous position specific to me. The article challenges and redefines his analysis to reflect an Indigenous reality of practising psychotherapy in Aotearoa New Zealand. Copyright © 2014 John Wiley & Sons, Ltd.*

**Key words:** psychotherapy; politics; tohunga; Indigenous; Aotearoa New Zealand; 1907 *Tohunga Suppression Act*; colonisation

In his article Schmid (2012/2014) states that “psychotherapy must be understood as a political activity or it fails as psychotherapy” (p. 9). This article begins by exploring this statement with regard to psychotherapy in Aotearoa New Zealand. I agree psychotherapy is absolutely political, and argue that *as a political activity* psychotherapy *never* fails. The activity of psychotherapy mirrors the complex nature of human being-ness, particularly the dialectical tension that exists between emancipation and oppression. Psychotherapy functions both to liberate as well as to subjugate, depending on the political agenda (cultural dominance) of the identified group.

If inequitable societal relationships predominate, then social constructions will tend towards monism and totalitarianism. The dominant culture's norms will be supported and validated by apolitical being and thinking; “apolitical” in the sense of a denial of the existence of diverse and oppressed realities, as well as a denial of the privileges derived from those social disparities.

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Following this line of thinking, I suggest that psychotherapy in Aotearoa has flourished in a supposedly apolitical space, which has been created and maintained by a raft of overt policy and political ideologies. Of course, an “apolitical” stance is only possible as it is protected by a glut of legislation and policy which reflect the needs and values of the *dominant* group which, being the norm, are invisible – and, hence, “apolitical”. These dynamics become painfully apparent when the authority of the dominant culture is challenged or threatened, in response to which the state often reacts violently – as the police raids against Tuhoe which occurred at Maungapohatu in 1916 and Ruatoki in 2005 attest.

There are numerous political policies/ideologies that have directly impacted on and are primarily concerned with the mental health or illness of Māori – see Durie (2005) and Williams (2001) for an in-depth analysis of the relationship between Māori and government policy since the 19th century. This article considers the particular relationship between psychotherapy in Aotearoa and the *1907 Tohunga Suppression Act* (TSA). I argue that, as one of many mechanisms used to colonise, assimilate and acculturate the Indigenous peoples of Aotearoa, the TSA effectively suppressed previously existing Indigenous systems of healing, and thereby created an apolitical void in which Western “biomedicine” and psychological models have flourished, thereby privileging biological and intrapsychic determinism (Davis-Floyd & Gaines, 2004; Orange, 2011). Lastly, this article briefly examines how these socio-historical political tensions have recently manifested in the New Zealand Association of Psychotherapists (NZAP).

## FAILED – AND FAILING – PSYCHOTHERAPY

Schmid (2012/2014) states that “Psychotherapy must be understood as a political activity or it *fails* as psychotherapy” (p. 9, my emphasis). I wholeheartedly tautoko (support) the spirit of this statement. However the statement (as I read it) assumes and implies that the nature of “*true*” psychotherapy *only* concerns the provision of emancipatory care for the patient and, in the case of sociotherapy, the larger society. This interpretation denies psychotherapy’s dualistic, pluralistic and contradictory nature (in both content and form), and the gritty relationship between human nature and political power. Psychotherapy and psychotherapists are not separate from these dynamics but, rather, are immersed within the socio-political era in which we live.

“The original understanding of politics as the consequence of an image of the human being helps us to understand the profound anthropological and ethical meaning of psychotherapy as political in all its dimensions” (Schmid, 2012/2014, p. 5). “In all its dimensions” means that in our search for emancipation we must not exclude reductionist theories of power and politics (i.e. those of Machiavelli, Hobbes, and Webber). Psychotherapy, consciously or unconsciously, also seeks to control and oppress individuals and groups, and directs social values and norms in order to maintain inequitable power relations. Any commentary on psychotherapy must, therefore, also consider an analysis of power and the struggle for existence. Given these conditions, the image of the human being and the accompanying manifest political system will reflect the image of the dominant group. Conversely, marginalised group(s) function as the mirror image of the dominant group (Erikson, 1966; Fanon, 1982; Wolfenstein, 1993; Dalal, 2002).

Schmid (2012/2014) states that “politics is the consequence of an image of the human being, or the other way round: from a certain image of the human being follows inevitable

political action” (p. 7). This is certainly true, and the first fundamental political – and therapeutic – action is to decide whose image is “human” and whose image is not. For example, if we look closely at the historical antecedents embedded in the Greek word *polis*, as Schmid explains it, describing the human sociocultural sphere and endeavour, we might discover that *polis* reflected exclusively the rights of Greek male landowning citizens, *not* Greek women, children, slaves, and the poor or non-Greek nationalities, who were not allowed to vote or to have a voice in the political system (Vlassopoulos, 2007). The Greek political system reflected and privileged those deemed fully human, i.e. Greek land-owning men.

A similar process of dehumanisation, the construction of Indigenous peoples of Aotearoa as an inferior race, a subspecies of human, who, therefore, were not afforded rights as human beings, rationalised British imperial colonisation of New Zealand and the “new” world. As I identify primarily as Māori, I am sensitive to how often in our recent history humanism and the construction of the “human being” have been applied and abused to serve the agenda of the dominant group (Smith, 1999; Davis, 2009).

Arguably, contemporary New Zealand society is based on a historical struggle and the contestation of power between European colonising forces and Indigenous peoples (Ballara, 1986; Walker, 1990, 1996; Hawksley & Howson, 2011; Orange, 2013). Foucault (1980) stated that power, and the ideological justification of the social order, in advanced capitalist societies is not only advanced through a political superstructure but is also fundamentally maintained by the employment of technicians, administrators and symbolic workers (Held, 1980), who protect and advance an *ideology* of the human being – and, surely, psychotherapists are some of the most symbolic of symbolic workers? Following Schmid (2014) argument, conflict is not only about political power and control, it is primarily and fundamentally a struggle to define which aspects constitute a human being. According to this analysis of power and social relationships, psychotherapy and psychotherapists as symbolic workers have actively contributed to the reproduction of European power, for instance, in the uncritical promotion of dominant psychotherapeutic theories and modalities, in Aotearoa New Zealand and the resulting subjugation and continued oppression of Indigenous peoples and our wisdom traditions (Fanon, 1982; Arnold, 1988; Nicolson, 1988; McCreanor & Nairn, 2002; Read, Mosher, & Bentall, 2004).

As a consequence of these processes, psychotherapy in Aotearoa New Zealand has flourished, protected by a raft of overt policy and political ideologies, while Indigenous healers and healing systems have been suffocated and subjugated. The TSA, the first government *Act* directly concerning Māori mental health, effectively eliminated any psychotherapeutic (soul healing) relief or intervention originating within a healing context indigenous to this land. Further, an apolitical stance adopted by many psychotherapists continues to promulgate these inequitable relationships by denying conversations about power, privilege, and social injustice (Hardy & McGoldrick, 2008).

## **THE EFFECTS OF THE 1907 TOHUNGA SUPPRESSION ACT**

A close English equivalent translation of *tohunga* is *expert* or *adept* (Voyce, 1989). Traditionally, *tohunga* were expert in their own particular craft. *Tohunga wahitanga* were carpenters; *tohunga whaikairo* expert carvers; *tohunga ta moko* were tattoo artists; and *tohunga ahurewa* and *tohunga makutu* functioned as priest or shamans.

Tohunga incorporated a dynamic repertoire of healing methods ranging from rongoa Māori (pharmacopeia) to mirimiri (massage), karakia (incantation) and waiora (water therapy, infusions and heat applications) (Durie, 1998; Gillies, Tinirau, & Tinirau, 2011). As well as possessing specialised knowledge about remedies and ailments, traditional healers combined physical treatments with ritual, interpretation of symbols and signs (such as dreams), prognostication, spirituality, and understanding of human interaction, including interaction with the environment. Like all medicine and medical practice, these methods and methodologies were embedded within the wider cultural context and drawn from culturally specific epistemologies (DiGiacomo, 1987; Gaines, 1991; Kleinman, 1998).

Indigenous methodologies reflect detailed understandings of complex system interactions represented through symbolic relationships between the environment and the person/people (Plouffe, 2002; Gillies, Tinirau, & Tinirau, 2011). Simply put, the interconnected realities of our universe and intimate relationships within this universe create a complex system of symbolic understanding of the human being. As Durie (2003) observed, tohunga function to meditate between the interconnected realities of the patient, families, communities and society.

In July 1907, James Carroll presented the Tohunga Suppression Bill in Parliament, arguing that the legislation was necessary to improve the health of Māori and to protect the Māori people from fraudulent tohunga (Voyce, 1989). Voyce argued that the “concern for Māori health merely provide[d] fallacious justification for the passing of ... an anti-Rua measure” (p. 108). Rua Kenana, born in 1869, was a Tuhoe prophet, healer and activist who grew up in poverty and hardship. His people’s lands had been confiscated by the State and a scorched earth policy effected (Binney, 1979, 2009). As a young man, Rua began prophesising against the English Settler government. He predicted a Māori millennium, foretelling the expulsion of all Europeans from New Zealand, and actively advocating for Māori to boycott military service.

The (not so) covert purpose of the TSA was to neutralise powerful Māori leaders threatening colonial stability. Webster (1979) argued that the inclusion of “foretelling” was specifically added to the TSA in order to entrap Rua – see Thomas (1971) for a social and cultural analysis of “political prophecy”. The implementation of the TSA followed a period of intense upheaval and war in New Zealand; and European settlers were terrified of a return of war and the threat to European power and authority that Māori prophets, and Rua Kenana in particular, represented. Voyce stated:

Given the genuine lack of help towards Māori people in the liberal era over health and land policy, I am sceptical of any humanitarian motive in passing the TSA. ... The idea of protecting Māori from Rua and tohunga generally must be seen as untrue. Rather the TSA aimed at the protection of Europeans from Rua. (Voyce, 1989, p. 110)

Rua eventually established a community at Maungapohatu, in the heart of Tuhoe lands, which practised a form of self-sufficient communism. The community flourished and Rua gained power, which was perceived to threaten colonial authority. In 1916, armed police raided the Maungapohatu community without warning, killing two people, including Rua’s son, and arresting Rua and six of his supporters. Rua was charged with sedition and remanded in Mount Eden prison in Auckland.

In sentencing Rua, Judge Chapman, who overruled the verdict of the jury, made it clear that the real reason for prosecution was one of authority:

Now you learn that the law has a long arm, and it can reach you however far back into the recesses of the forest you travel, and that in every corner of the great Empire to which we belong the King's law can reach anyone who offends against it. That is the lesson that you and your people should learn from this trial. (Katene, 2013, p. 67)

Durie (2001) stated that when the TSA outlawed tohunga it also effectively outlawed traditional healing methods, driving tohunga and an entire system of organising knowledge and conceptualising the inner and outer world underground. The removal of tohunga can be seen as one aspect of a concerted effort to assimilate Māori into British/European culture and society. By attacking, undermining and removing key social, political and ecological elements that defined Indigenous cultures in Aotearoa, the British settler government was able to destabilise the heart of Māori society and, consequently, resistance to colonisation (Hill, 2004; Maddocks, 1975; Voyce, 1989; Walker, 1990, 1996; Durie, 1998, 2005; Smith, 1999; Williams, 2001; Stewart-Harawira, 2005).

The ramifications of these processes – and of colonisation in general – for Māori have been devastating and are clearly reflected in the analysis of social data where Māori are contraindicated on all health and social statistics measures (MaGPIe Research Group, 2005; Baxter, Kingi, Tapsell, & Durie 2006):

- Māori rates of hospitalisation for mental disorder are 80% higher than those of non-Māori.
- Māori aged 15–24 years are twice as likely to die by suicide as non-Māori, and 1.5 times more likely than non-Māori at ages 25–44 years. Māori children aged 5–14 years are four times more likely to die by suicide than non-Māori children.
- For the 2000–2002 period, life expectancy at birth was 69.0 years for Māori males and 77.2 years for non-Māori males, and 73.2 years for Māori females, compared with 81.9 years for non-Māori females.
- Over half of the Māori population are represented in the most deprived deciles (the measure of socioeconomic status) within Aotearoa.
- In 2012, 51% of the total prison population was Māori, compared with 33% European New Zealander, and 12% Pacifica (Baxter, 2007). (Māori comprise 15% of the total population.)

These data represent the negative space, the void which mental health workers, psychiatrists, psychologists, psychotherapists, and counsellors have occupied in Aotearoa New Zealand. Controversially, the above data challenge the efficacy of these helping professions to ethically treat and assist Māori. Arguably, these helping professions are fundamentally compromised due to the colonising ideologies inherent within the Western methodologies which inform them.

The reality for Indigenous peoples, alongside other marginalised groups, is that psychotherapy can and has been violently employed to maintain societal dysfunction, inequality and the subjugation of minority groups (Erikson, 1966; Szasz, 1974, 1977, 2007; Waitzkin, 1981; Fanon, 1982; Gaines, 1992; Read et al., 2004; Hardy & McGoldrick, 2008).

I heartily agree with Schmid (2012/2014) when he states that the denial of the political nature of psychotherapy is an unconscious attempt to maintain the interests of the dominant group. Dysfunction is conveniently located within the individual or group (Other) rather than in the predominant system or culture. Furthermore, denying that psychotherapy can be used

to subjugate and oppress, *as well as* to liberate and emancipate, denies an Indigenous – and marginalised – experience of psychotherapy. From a critical Indigenous perspective, psychotherapy has not failed, it has successfully served its purpose – which is to protect and maintain the interests of the powerful.

## THE NEW ZEALAND ASSOCIATION OF PSYCHOTHERAPISTS (NZAP)

According to Orange (2013) the 1840 signing of Te Tiriti o Waitangi | The Treaty of Waitangi was a crucial moment in New Zealand's political history as it signified the tipping point where Imperial Britain's perception of New Zealand changed, from being a country where space had to be found for British settlers, to a British colony where space had to be found for Māori. Hindmarsh (2000) has argued that if we are to heal as a nation and achieve social justice, we must “u turn” (p. 131) to this pivotal moment in New Zealand's history. Similarly, I believe that for Indigenous peoples to be served by psychotherapy, psychotherapists must u-turn and return to the creation of the *1907 Tohunga Suppression Act* as a defining moment in New Zealand's contemporary mental health history.

After more than 67 years, the NZAP has been challenged to engage with this history and the contemporary struggle between Māori and Pākehā (a term which refers to non-Māori, usually New Zealanders of European ancestry). In 2005, the NZAP admitted its first Māori member into the organisation. In 2007, Waka Oranga, a collective of Māori psychotherapists was formed (see Hall, Morice, & Wilson, 2012). In 2009, Māori were afforded two seats on the NZAP's Council. In my opinion, another seminal moment for the NZAP was the inclusion of tohunga at the NZAP Annual Conferences held in 2012 (in Wellington) and 2013 (in Auckland, on Orakei Marae). During these conferences tohunga were practising simultaneously as the conference proceeded. Conference attendees were free to observe or consult with tohunga when they felt moved to do so or in need of healing. The atmosphere was an electric mix of fear and curiosity, suffused by a willingness to tolerate each other's presence and engage with the “other”. Tohunga related to me how cautiously they approached the conferences: they were afraid they would be attacked by the established (legitimised, regulated) health care community. This was not an illogical fear of historic persecution, as some NZAP members at the Conference voiced concern that the presence of the tohunga was effectively an endorsement (by NZAP) of unregulated healing practice. Although the TSA was repealed in 1962, its oppressive ideology still continues. Nevertheless, in both Wellington and Auckland conferences, 80% of conference delegates utilised the services of tohunga. The presence of tohunga provided support for conference participants, as well as a lively platform for conversation and debate, bringing the contemporary social, political context of practising psychotherapy in Aotearoa New Zealand right into the heart of the organisation.

Even though these events signal an exciting u-turn in New Zealand's psychotherapy history, the movement towards emancipation within the NZAP has not been easy or painless. Analogous to wider New Zealand society, the NZAP has often recoiled defensively from these powerful conscious and unconscious forces. An example of this involuntary recoiling, and reflecting a parallel process to the TSA, was when, in 2007, the NZAP voted to become a state-registered profession under the *Health Practitioners Competence Assurance Act 2003* (HPCA Act). Again “public safety” was cited as the primary reason behind this shift to state



registration, rather than any acknowledgement of professional protection(ism), monopolies, ideology, or covert political agendas. Critically, the HPCA Act makes no reference to the Treaty of Waitangi or the rights of Indigenous peoples; neither does it require or promote the profession to be in relationship with the Indigenous peoples of this land (for further analysis of which see Tudor, 2011). From an Indigenous perspective, compulsory state registration serves further to entrench the powerful position occupied by Western health professionals, at the cost of already marginalised Indigenous health systems and practitioners. This decision has been hotly contested by an active “political” group of psychotherapists and psychotherapy practitioners within the NZAP (see Fay, 2011).

## CONCLUSION

From an Indigenous perspective, Schmid’s statement about psychotherapy as a political activity is complex as it both reflects an Indigenous desire for the inclusion of a political consciousness *and at the same time* seems to deny an Indigenous experience of “failed” psychotherapy, as if *failed* psychotherapy is any less real, any less political, or any less psychotherapy.

The nature of psychotherapy reflects our human capacity to control and oppress as much as our desire for liberation and freedom. As psychotherapy is a human endeavour, it must also reflect our political nature, which is often paradoxical and contradictory: seeking both freedom and dominion. Any theory of emancipation first requires the existence of oppression. The danger of denying our political-ness is the same danger if we deny our human-ness: we risk losing the diversity and complexity of our being. We risk falling back into the very position from which Schmid (2012/2014) and the person-centred approach are trying to achieve distance, that is, “suppression, totalitarianism, self-satisfaction, contentment, narcissism, idleness” (ibid, p. 14).

I appreciate that there is a danger that my critique is too narrow and that I may appear to have missed the intent of Schmid’s argument. I may make too much from the word “fail”, and take what Schmid intended as a reference to a form of humanistic psychotherapy in particular and apply this more generally to psychotherapy. Nevertheless, I would like to reiterate that, as an Indigenous emerging therapist in Aotearoa New Zealand, I strongly resonate with the spirit of Schmid’s article.

The crucial political and therapeutic action, as I see it, is the challenge to understand and, thereby, privilege the underlying relationship implied in the act of understanding. If psychotherapy truly wishes to be an effective ethical treatment option and authentically engage with contemporary Indigenous distress and dis-ease, psychotherapists – and psychotherapy practitioners – cannot continue to deny our complex political heritage. The denial of our privilege and power as psychotherapists only serves to mute and marginalise Indigenous voices and, as Hindmarsh (2000) observed, the patterns of our history in Aotearoa New Zealand will continue to repeat themselves if we continue to ignore and silence Māori.

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Ko Maungapohatu taku maunga,  
Ko Ohinemataroa taku awa,  
Ko Te Purewa te tangata,  
Ko Tuhoe te iwi.