Introduction

I was a 16-year-old college dropout when I got pregnant. I married the following year and had a couple more children before I got divorced at age 22. At 29, and financially reliant on a Domestic Purposes Benefit, I decided to embark on a university education. In preparation, I attended a bridging course for women. I was filled with a mixture of fear and excitement. On the first day, participants were given the option to stay in the main group or join a Maori women’s group. I really wanted to join the other Maori women, but there was a problem; I was white, and I assumed the class would be taught in te reo Māori (indigenous language), and I was far from fluent. I felt torn. My heart wanted to be in the Maori group, but I imagined the other women staring at my white face thinking “What’s she doing here?” So I stayed in the mainstream group. But I never quite belonged there, either.

What this does not tell you is that I struggled through my adolescence and early adulthood with great dispiritedness resultant from a number of social and environmental factors. Twice, the sense of isolation and hopelessness became overwhelming, and
I was admitted to the hospital. In the early 1980s, mental health services treatment completely lacked a cultural focus, and staff were inept at helping me understand my “mixed bag” of life experiences, which included being a fair-skinned bi/multiracial Maori (indigenous) and Pakeha (European/New Zealander) lesbian trapped in a heterosexual relationship. The climate was changing from monocultural nationalism to biculturalism. Highly politicized Maori ethnicities were employed in Maori sovereignty struggles, which strategically reproduced the notion of an essentialized Maori identity. Juxtaposed neatly against a discrete, finite, and stable Pakeha identity, the Maori/Pakeha cultural binary was reproduced. With respect to my racial corporeality, I was constructed by mental health services as Pakeha, in binary opposition to Maori. This was irrespective of the fact that my mother is a “brown” indigenous woman. I was white, and I was Pakeha. End of story.

Based on my personal engagement with the mental health sector, as both a user of services during the early 1980s, and much later as a mental health clinician and researcher, I am of the opinion that there is a blind spot in current articulations of Maori identity within cultural assessment and intervention frameworks. Simply put, there is amnesia about the historiography of the ‘place’ of race within theoretical articulations of Maori diversity. There is also a lack of information and utilization of a Maori hybridity concept within configurations of Maori subjectivity. The definition of hybridity I utilize in this chapter is informed by the work of Homi Bhabha:

The importance of hybridity is not to be able to trace two original movements from which the third emerges, rather hybridity…is the ‘third space’ which enables other positions to emerge. This third space displaces the histories that constitute it, and sets up new structures of authority, new political initiatives, which are inadequately understood through received wisdom…The process of cultural hybridity gives rise to a something different, something new and unrecognisable, a new area of negotiation of meaning and representation. (1994:211)

Maori bi/multi raciality and ethnic diversity is clearly increasing; however, there is lack of robust research on the social construction and discursive performance of the raced and gendered Maori subject. Bhabha’s concept of hybridity is useful in that it provides a space to think about Maori subjectivity in a way that takes into account the new subjectivities that are formed from