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**“Our Stories Could Kill You”’: Storytelling, Healthcare, and the Legacy of the “Talking Cure” in Patricia Grace’s *Baby No-Eyes* (1998) and Georgia Ka’apuni McMillen’s *School for Hawaiian Girls* (2005)**

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## **“Our Stories Could Kill You”’: Storytelling, Healthcare, and the Legacy of the “Talking Cure” in Patricia Grace’s *Baby No-Eyes* (1998) and Georgia Ka’apuni McMillen’s *School for Hawaiian Girls* (2005)**

The notion of indigenous intergenerational historical trauma, developed by Native American engagements with trauma studies, has influenced models of bicultural or multicultural healthcare in New Zealand and Hawai’i. These discourses are underpinned by beliefs that indigenous storytelling facilitates healing, a premise shared by postcolonial trauma scholarship dealing with Pacific literatures. This article questions underlying – and romanticized – arguments that Māori and Hawaiian storytelling is a healing process. It analyses the representation of oral rites in Patricia Grace’s *Baby No-Eyes* (1998) and Georgia Ka’apuni McMillen’s *School for Hawaiian Girls* (2005) to show how storytelling is re-envisioned as a potential rather than realized space of healing. It contends that the enduring legacy of the “talking cure” obscures issues of responsible telling and listening, intergenerational respect, and the role of silence in Māori and Hawaiian iterations of collective health and wellbeing. By reframing storytelling as a complex, precarious, and even dangerous route to health and wellbeing, these readings demonstrate how Pacific literatures might contribute to culturally sensitive and nuanced appraisals of the conditions of oral rites and its relationship to colonial trauma.

Keywords: trauma; indigenous; health; storytelling; Māori; Hawaiian

Readers of the Māori author Patricia Grace might be forgiven if they thought they had misread the quotation in the title of this article. More familiar, perhaps, is a passage from Grace’s 1998 novel *Baby No-Eyes* whereby a story “starts from a centre and moves away from there in such widening circles that [...] you will finally arrive at the point of understanding” (28). It is to reach an “understanding” that “Mad Shane”, a Māori technician, takes his pregnant wife Te Paania to visit his grandmother, Gran

Kura, and *whānau* (extended family, [24]). As his pejorative nickname implies, Shane experiences poor mental health. He oscillates between enraged outbursts and periods of withdrawal staring at violent television programmes “where cars hurled over cliffs and burst into flame” (23-24). Grace refrains from “diagnosing” Shane, yet his explosive acts of violence are common symptoms of Post-Traumatic Stress Disorder. He confronts Kura on the family veranda: ““You old grannies are a load of shit [...] they got my stuff, I want it”” – in particular, ““Our names, our secrets, our stories”” (26). Shane realizes the connection between his mental health and ignorance of Māori epistemologies and histories when he asks his grandmother ““How can I be Māori without ... without ... without what?”” (27). He apprehends a connection between the systematic assimilation of the Māori by *Pākehā* (New Zealanders of European descent) society and the manifestation of trauma in his generation. Shane’s plea establishes an argument that indigenous storytelling addresses damage caused by generations of silence – that by hearing cultural histories and genealogies he can regain his mana (spiritual and cultural power) and end his suffering.

This scene anticipates current debates regarding the curative power of storytelling in indigenous Pacific cultures in the wake of Native American clinical and theoretical responses to Holocaust trauma studies research. As I will demonstrate, interventions in postcolonial literary trauma studies similarly attest to the restorative function of oral rites in the Pacific islands. This article critically considers the Pacific adoption of Native American writings on indigenous trauma, which in turn is an attempt to “decolonize” trauma studies. I contend that interpretative and clinical commitment to the recuperative and ameliorative properties of indigenous storytelling presumes the utility of the “talking cure”, a psychotherapeutic methodology whereby speech acts as a curative force for trauma and other wellbeing issues (see Marx, Benecke, and Gumz,

2017, 2). To my mind, there is a risk that oral practices become romanticized when they are read in terms of an indigenous “talking cure”. If we continue to adhere to an uncritical view of indigenous storytelling as therapeutic, then we risk not engaging sensitively with Māori and Hawaiian approaches to trauma, health, and wellbeing that do not necessarily subscribe to predominant psychotherapeutic models.

Let us return to the unfolding scene on Gran Kura’s veranda. Kura defies Shane’s assumption that narratives will heal, stating “our stories could kill you [...] or you could kill someone if we tell” (26). Two claims are made to dispel any laudatory assessment of oral practices. First, Kura argues that storytelling may well be fatal, demythologizing any notion of an “indigenous” narrative panacea. Second, narrativizing ancestry (whakapapa) is emphasized as one factor within a network of wellbeing which prioritizes collective health – “you could kill someone if we tell” – to determine whether it is safe for stories to be told. Kura’s claim invites us to consider the conditions and situations in which indigenous stories are told as well as analysing the therapeutic potential of a narrative’s content.

Straying from protocol and due ethical consideration prior to sharing genealogical narratives has severe consequences. Despite her reservations, Kura eventually tells Shane the story of her cousin Riripeti, who died from fear of the *Pākehā* school system. She reflects:

It became our secret and our shame. It’s a story that never had words, not until today. Today the words were jolted from my stomach by Shane, where they had been sitting for sixty years. They came to my throat, gathering there until the sun went down, when they spilled out on to the verandah [sic] in front of the children’s children, who may not be strong enough for them. (39)

Even as Kura articulates the shameful nature of keeping Riripeti’s story a secret, the language used to describe how and when her story was told is violent and uncontrolled

– it is “jolted” by Shane’s demands and then “spilled” out to the audience. The implication that Kura was forced to tell prompts her reservations that the story could present a risk towards her grandchildren who may be unable to safely comprehend them. Her fears are justified: after hearing Riripeti’s story Shane once again becomes withdrawn, singing gospel songs in a “cold and hard” voice (40-41). Shane interprets Kura’s story as linking being “Māori” with being “killed by school” (38), which belies his romanticized assumption that familial stories convey “healing” expressions of indigenous culture. As a result, he insists on leaving and commits suicide by crashing his car in mimesis of the television programmes he watches. Te Paania survives the crash as a passenger but miscarries their child. The eponymous Baby then appears as a ghostly presence to take her place in the *whānau*. In this case, then, telling genealogical stories has traumatic consequences for the present. Grace proposes that although narrators may (eventually) consent to telling familial stories together, their audiences must be ready to safely hear and interpret them, or else listening to stories incurs further traumatic loss.

My preliminary analysis of this little-discussed moment in *Baby No-Eyes* stakes out some initial implications for indigenous storytelling and wellbeing if we take Kura’s contention that “stories could kill” as our “point of understanding”. I will expand upon these initial observations with recourse to the representation of storytelling in Grace’s *Baby No-Eyes* and Hawaiian author Georgia Ka'apuni McMillen’s *School for Hawaiian Girls* (2005). Both novels allow for contrapuntal yet complimentary readings which, far from romanticizing the remedial qualities of oral narrative, interrogate its efficacy so that storytelling is re-envisioned as a potential rather than a realized space of healing. Grace’s and McMillen’s texts encourage us to consider the conditions and culturally specific contexts of storytelling. If we do so, we might nuance our understanding of oral

rites and their relationship to colonial trauma in Pacific cultures on their own terms, and eschew frameworks characterized by the “talking cure”.

Integral to my analysis of the therapeutic prospects of storytelling is the theorization of indigenous trauma which blossomed in the 1990s, when Native American scholarship forged an interdisciplinary connection with Holocaust trauma studies. Clinical psychotherapists such as Eva Fogelman (1988) influenced Lakota psychologists Maria Yellow Horse Brave Heart and Lemyra M. DeBruyn’s seminal article “The American Indian Holocaust: Healing Historical Unresolved Grief” (1998). This essay conceptualizes Native American trauma as collective and intergenerational, originating from historical colonial atrocities such as the 1890 Wounded Knee Massacre, and sustained by the iniquities of colonial rule. These traumatic “grievances”, it is claimed, have caused ill health and “social pathologies” such as domestic abuse, substance addiction, and suicide which are transmitted over generations (60-61). The concept of intergenerational historical trauma influences recent indigenous health research in Aotearoa New Zealand and Hawai’i. Leonie Pihama et al. (2014) and Rebecca Wirihana and Cheryl Smith (2014) make convincing cases for the incorporation of Brave Heart and DeBruyn’s model of intergenerational historical trauma into studies of Māori wellbeing, given the parallel histories of Māori land dispossession and cultural assimilationist colonial policies (258; 199). Likewise, Bud Pomaika’i Cook draws on the same sources to argue that Hawai’i’s annexation and transformation into a plantation economy devastated the local population, producing contemporary health and wellbeing disparities (8-10). The influence of Native American research means that definitions of indigenous trauma in the Pacific Islands have become increasingly historicized and theorized as transmissible across generations.

As well as theorizing the existence of intergenerational trauma, Brave Heart and DeBruyn propose measures for its amelioration and suggest that their methodology can be adopted by other indigenous groups (67). They draw on Fogelman's group narrative therapy model for Holocaust survivors to propose a model predicated on "maintenance or replacement" of "extended kin networks which support identity formation, a sense of belonging, recognition of a shared history, and survival of the group". These groups are mediated by clinicians trained in dealing with intergenerational trauma (70-71). The groups' participants share stories of historical atrocity and everyday feelings of oppression to heal "unresolved historical grief" (61). We can see how Brave Heart and DeBruyn incorporate the tenets of the "talking cure" into their praxis as they reconfigure the therapist-patient dynamic into a collective forum for mutual healing.

This model of collective healing sits well with Māori and Hawaiian conceptualizations of health and wellbeing. Mason Durie (1998) popularized a metaphor depicting Māori health as a *Whare Tapa Whā* (house) which contributed significantly towards the development of Aotearoa New Zealand's bicultural healthcare system. Such metaphors stress that all health needs (mental, physical, spiritual, and *whānau* health) must be balanced, and wellbeing is achieved through "interdependence rather than independence" within Māori communities (72-73). Similarly, Native Hawaiians adopt a triadic model of health called the *lōkahi* triangle based upon principles of 'ohana (family), aloha (love and compassion), and *lōkahi* (balance) which inform multicultural healthcare initiatives (Look et al., 2013, 28). Both cultures believe that relationships with *whānau* or 'ohana and knowledge of one's ancestry are integral to health and wellbeing (Durie, 72; Benham, 2007, 515). Storytelling practices, therefore, neatly combines familial interaction and the transference of genealogical knowledges.



Subsequently, it is unsurprising that Brave Heart and DeBruyn's model of collective storytelling is regarded as a viable treatment for indigenous trauma (Wirihana and Smith, 2014, 203-205; Schultz, Tatofi, and Navarro-Ishiki, 2017). However, their assertion that kin networks may require "replacement" and need to be guided by therapists raises questions regarding the accessibility of clinical strategies. As Wirihana and Smith concede, indigenous storytelling is usually a domestic practice (205). Such a concession intimates a limitation of indigenous health researchers to fully explore the therapeutic potential of storytelling in quotidian contexts. This opens the possibility for fiction to contribute to these discussions.

In *School for Hawaiian Girls* and *Baby No-Eyes* storytelling is conducted entirely within families as medical institutions epitomize cultural insensitivity. In McMillen's novel, doctors suggest that Moani Kaluhi's disabled sister Puanani is sedated for a pelvic exam (128-129), while in *Baby No-Eyes* Baby's body is placed in a Wastecare bin with her eyes removed, before being returned to her distraught family with her eyes in a food carrier bag (62-64). The narration of a person's place within their family and ancestral lineage interweaves day to day hurt and intergenerational historical trauma across the texts. In addition, familial narrative structures are integral to the novels' form which makes them particularly fruitful for an interrogation of the relationship of storytelling to trauma. Grace and McMillen both depict the sudden, violent deaths of indigenous children. Baby's miscarriage and the mistreatment of her body in the hospital prompt Kura to share whakapapa with Te Paania and her young grandson Tawera (Baby's half-brother, born four years later). In *School for Hawaiian Girls*, we learn that Lydie Kaluhi and her sister Bernie have attended the titular missionary school under the tutelage of haole (non-native Hawaiian) Sarah Christian. Sarah's brother Daniel rapes and kills Lydie as she flees from home to be reunited with her infant child

Angelina on Maui, and Lydie's brother Sam discovers her body. In the novel's present, Bernie's granddaughter Moani attempts to uncover this family secret, much to Bernie's and Sam's consternation. Lydie's and Baby's deaths are symbolic of the insidious degradations of colonialism and woven into stories of intergenerational historical trauma. By situating storytelling within these domestic, familial contexts, Grace and McMillen imagine and explore the cultural nuances and dynamics at stake in the narrative process. Their writing eschews psychotherapeutic methodologies that prioritize the curative properties of oral narrative to overcome trauma, and empower instead a critical analysis of storytelling.

My methodological approach builds upon Stef Craps' argument that postcolonial interventions into trauma studies "can help identify and understand situations of exploitation and abuse, and act as an incentive for [...] systemic critique of societal conditions" (124-125). Scholars within this discipline present useful critiques of public institutions that utilize storytelling to "remedy" historical colonial trauma. For example, Ana Miller (2008) assesses the ability of literature to articulate localized iterations of personal and collective trauma, and reveals her suspicion of the therapeutic intentions of South Africa's Truth and Reconciliation Committee's public testimonial programme (154). Despite some scepticism of the "talking cure" found in other postcolonial contexts, the tone of analysis for indigenous Pacific storytelling is optimistic. Irene Visser is a prolific author on Māori and indigenous trauma (2011; 2012; 2015). She argues that Cathy Caruth's (1996) configuration of trauma as paradoxically unspeakable, even as the traumatized feel a compulsion to tell, sits uneasily with indigenous "spirituality" which extols the restorative power of oral ritual (2012, 317). Visser draws on Judith Herman's 1994 study *Trauma and Recovery* to conclude that storytelling in Pacific cultures facilitates healing from colonial trauma "because it

connects past and present, drawing upon the ancestors and their sacred power to restore harmony and health” (2015, 259). The legacy of the “talking cure” clearly reverberates in postcolonial trauma studies scholarship of indigenous storytelling.

As insightful as Visser’s analysis is, I suggest that she constructs a false dichotomy in which silence is associated with Caruthian aporia and the enunciated story is equated with amelioration. In focusing on storytelling as a methodological endpoint, such views risk romanticizing the principles of the “talking cure” which, in turn, obscures the cultural nuances and dynamics involved in the storying process in Māori and Hawaiian contexts. I seek to redress this critical elision by proposing that Grace’s and McMillen’s novels emphasize the risks to wellbeing associated with storytelling and highlight how silence might function as a restorative practice. This intermediary space where we evaluate when stories are told, to whom they are told, and why stories are unspoken until a particular time or remain untold, can qualify or nuance the turn to “narrativization” in postcolonial trauma studies and indigenous health research.

### ***“A Right Time for Speaking”: The Conditions of Telling in Baby No-Eyes***

In *Baby No Eyes* family is the forum for the delivery and reception of storytelling. Tawera initiates the collective familial telling of Baby’s story, announcing “All right Mum [Te Paania] and Gran Kura and all of us let’s tell everything” (20). Consequently, the novel’s form resembles a hui, a community meeting in which everyone speaks in turn. The narratives relate intergenerational, historical and ongoing cultural traumas. Visser interprets *Baby No-Eyes* as an example of how indigenous ritual and storytelling can repair intergenerational historical trauma. She refers to a motif in the novel whereby the telling of stories is likened to unwrapping bandages (Grace, *Baby No-Eyes*, 66) to

show how “oral storytelling enables a healing process, which allows insight, acceptance, and access to various modes of redress” (Visser, 2014, 260). Rauna Kuokkanen (2006) also argues that Kura’s stories of whakapapa integrate ancestors and future generations into the extended family for collective good (60). Kura’s role as a keeper of ancestral stories makes her a *kaumātua* (an elder), a role perceived as important to ensuring *whānau* health and wellbeing (Durie, 1999, 104-105). Together, these arguments situate Kura’s stories as a curative force.

Yet Kura’s narrative voice resists her romanticization as an omniscient healer as she questions the practicalities of storytelling and troubles the healing integrity of speech. Visser contends that Grace’s novel equates indigenous silence to unethical complicity with colonial laws and practices. However, Kura’s narrative voice also foregrounds the risk to wellbeing that the spoken word represents, using the example of the establishment of Land Courts: “people became more and more silent, because if they spoke they would harm their children” (116). Land disputes created intrafamilial tensions, and oral narratives at the Courts threatened to dispossess future generations from their ancestral land. The conditions for the safe telling of stories were no longer accessible in a historical context determined by survival in the face of colonial oppression. In such circumstances Kura acknowledges that her ancestors “kept the knowledge of the boundaries, kept the stories of what had happened. They survived” (115). It is significant that the stories were ‘kept’ – they were not forgotten, but not related either. Silence is asserted as an active quality integral to safeguarding wellbeing under extreme and traumatic circumstances, and not a passive capitulation to *Pākehā* governance. By recognizing the value of silence, storytelling is resituated as a conditional route to wellbeing instead of a healing endpoint.

As my opening analysis of the consequences of Riripeti's story demonstrates, Kura is preoccupied by the potential of language to hurt. After telling her cousin's story in English, which results in Shane's suicide and Baby's death, Kura decides to tell stories of whakapapa exclusively in te reo (the Māori language), vows never to speak English again, and becomes a te reo teacher (66, 147). She remains aware that Māori spoken protocols are still dangerous, with a capacity to cause intergenerational damage. She speculates that her great-grandmother Pirinoa's difficulty to conceive children was "because of wars, disagreements and reprisals, [so] her people moved about from place to place, which could have left them open to bad-eye and speaking" (117). Kura acknowledges that the power of "bad-speaking" compromises health and wellbeing across generations. Her stories dramatize strategic negotiations between silence, resistance and storytelling that refuse to romanticize Māori oral practices as intrinsically remedial. Instead, Kura's narratives reflect on developing the appropriate conditions for storytelling, rather than emphasizing an innate ability for storytelling to heal.

If Gran Kura's stories emphasize the risks of telling inherited colonial trauma, Tawera's narratives enunciates day to day anxieties stimulated by hearing stories of one's place within whakapapa. Te Paania recounts her relationships with Baby's and Tawera's fathers (21-25; 130-132). After Shane's death and Baby's return as a ghostly presence, she has a temporary relationship and conceives Tawera as "maybe it would be easier if there were two" (131). Tawera is upset by her account of his genealogy ("You didn't even have a very good reason for making me. It was only so I could babysit my big sister") seeing himself as a tool for Te Paania's convenience. Storytelling upsets both teller – "[Te Pannia] looked shocked" (141) – and listener. The opportunity for reconciliation is obstructed by Tawera's silence: "'you don't have to explain. But geez, Mum, 'Better than nothing?' How do you think that makes me feel?'" (142). Tawera

does not wish to be answered, and in turn silences Te Paania through posing rhetorical questions. Safe storytelling can only occur when the listeners are willing to listen, and tellers need to be able to relate genealogical stories with sensitivity and delicacy. This is equally important in familial situations and when navigating intergenerational historical trauma. Baby No-Eyes' family narrators refrain from affirming the healing properties of storytelling to demonstrate its fundamental conditionality and capacity to hurt.

While Grace draws attention to creating the right conditions for storytelling and avoids positing narrative as curative, she also suggests how oral practices might be adapted to accommodate whānau needs. This is dramatized by the novel's structure which makes use of Māori ontologies of spiral time in which "narratives are anticipated and reexperienced" (original italics, DeLoughrey, 1999, 66) so that Māoritanga "is seen to carry, intrinsically, the seeds of its own continuing renewal" (Knudsen, 2004, 5). This becomes evident at a juncture in the novel which combines everyday hurt and inherited intergenerational trauma as the young Tawera allows his spectral older sister and dying grandmother to go to the afterlife. Kura had previously revealed the oral protocols for Tawera to send Baby to the afterlife. This process harnesses the power of "bad-speaking" by swearing at the incumbent spirit (239). As Kura lies on her deathbed, Baby entreaties Tawera to tell her to "piss off" and he responds, crying, "stop trying to make me make you." (286). Tawera's distress at the prospect of "bad-speaking" causes Baby to change the protocol: "don't cry [...] Don't swear if you don't want to ... But I'll tell you what, just let me" (286). This moment echoes some of the conditions of Shane's original confrontation of Kura. At that time, his demands for Kura to tell stories of intergenerational trauma realizes the damaging potential of oral narratives and, in turn, causes further familial grief with his and Baby's deaths. In the current moment, Baby recognizes the damage that her demands for "bad-speaking" could cause for her

brother. Hence, she demonstrates, oral rites can and should be altered to protect vulnerable speakers, in this case a young boy, from the prospective traumatic effects of spoken protocol.

As well as envisioning how oral rites might be altered to avoid incurring traumatic consequences, Grace considers how such strategies can be deployed for relating traumatic experience. Again, this matter is explored using a spiracular narrative structure. Following Baby and Gran Kura's deaths, Tawera internalizes his trauma, withholding his story until he feels appropriate:

Last words?

Last words.

It's been three years and I haven't told anyone about those last words.

[...] I haven't forgotten. It was awful. [...]

I'll tell all about it later.

Maybe.

All right, I will, but later. (272)

Tawera agrees to talk about a highly traumatic event but refuses to deliver his account until a chapter later. He receives gentle encouragement from his mother to tell this story – “‘You’re doing a great job. Also, you haven’t finished. Remember what you said about later, later’” (281). Tawera still reserves the right not to speak until he feels ready, three years after the event. Grace demonstrates the importance of allowing tellers to take their time before relating traumatic events to their family, and the family’s role in providing gentle encouragement over violent demands. Even though Tawera’s emotional hurt at the time – “‘It was awful. It wasn’t fair. I was furious’” (287) – becomes muted, his pain remains: “‘I was alright. | Mostly’” (289). This sentiment belies a sense of storytelling as a healing endpoint as “‘mostly’” suggests an uneven, perhaps unfinished process. While Grace gestures towards how storytelling practices might be

adapted, she continues to assert that collective storytelling is not an unqualified remedial event.

At the crux of Grace's novel is an assertion of the narrator's right to speak when they want or feel able to. Moreover, family facilitates their telling by being flexible with oral conventions and refraining from pressuring the individual to speak. Consequently, *Baby No-Eyes* foregoes an iteration of storytelling as an indigenous panacea by teasing out the damaging potential of oral narrative for teller and audience alike. Through recourse to a spiracular narrative structure Grace stakes out how the conditions of storytelling might be altered to accommodate the health and wellbeing needs of teller and audience when narrativizing traumatic circumstances. Rather than conceptualizing storytelling as only ever having the possibility to heal, Grace's novel instead invites consideration for how it might be possible to, in Kura's words, find "a right time for speaking" (161). Grace's demythologization of the curative properties of oral rites also calls for further thoughts on how *Māoritanga* might account for the significance of silence in addressing inherited indigenous trauma and everyday hurt.

***"It was my right to remember her. My right to forget her": The "Rights" and "Rites" of Silence in School for Hawaiian Girls***

Native Hawaiians share the belief in the importance of 'ohana to maintain the *lōkahi* triangle of health (Kamemoto, 2013, 18-19). In *School For Hawaiian Girls*, Lydie's death bridges everyday familial trauma and unresolved (colonial) historical grief as the murder occurs in 1922, in a sugarcane field irrigation ditch, during the peak of US colonisation via Hawaiian mission schools. The Kaluhis' response to Lydie's fate is to "forget" and "pretend" that she and her baby did not exist (110). McMillen's narrative is separated into four voices. The traumatic colonial legacy of Lydie's death accounts for



Sam and Bernie's behaviour and thoughts in the present which are divulged via their respective narratives.

While McMillen weaves these narrative voices together, storytelling is not a collaborative exercise as with *Baby No-Eyes*. The elder Kaluhis do not tell Lydie's story to each other and they refuse to relate their family history to their great-niece and granddaughter Moani. Sam explains the reason for such intrafamilial silence:

if she was your sister, her neck cut from ear to ear you would have done the same thing we did. One thing I know is that people survive, however they can. For us that meant not talking about it. Not thinking about it. For us that meant forgetting.  
(38)

The Kaluhis' fragmented narrative can be interpreted as consonant with trauma theorists' arguments that testimony – the independent disclosure of traumatic events – mimics the incomprehensibility of a debilitating trauma and enables the reader to show empathy by vicariously sharing the narrator's experience (Felman, 1992, 5-6). In this case Sam's refusal to tell combines the disturbing imagery of a child's murder with rhetoric which seeks to justify in emotional terms why silence is necessary. Yet as Anthony Carrigan argues (2009) attempts to forget genealogy endanger indigenous Hawaiians' cultural growth (183). Indeed, Sam's career as a ruthless hotelier leads Cara Cilano (2006) to suggest that he distances himself from his heritage by participating in the colonial metanarrative of the American Dream (389). McMillen also makes clear that this cultural denaturalization leads to imbalances in physical and mental health. Sam's endeavours to "forget" his sister through work causes him to develop a digestive disorder. He also becomes sexually aroused when he fights others and engages in a string of abusive marriages. Sam's illnesses are linked with "not talking" about Lydie's

traumatic death. The implication is that if Sam was able to vocalize his pain to his 'ohana then the physical and mental toll of trauma could have been averted.

I argue that McMillen's use of "testimonial" narratives require consideration with recourse to Hawaiian oral practices and rites. These practices are at odds with trauma theory and medical practices which accentuate the telling of a whole story and its subsequent "working through" as a remedial practice. Critics aptly note that Sam and Bernie grow up in an impoverished community influenced by Christian missionary beliefs (Carrigan, 185; Cilano, 392). However, the elder Kaluhis' connection with their Hawaiian heritage has not received the same critical attention. McMillen reveals the Kaluhis are descendants of the Kohala ali'i, the chiefly class of the island on their paternal side (141). Despite their father's notoriety for being a drunkard, Sam recalls how his father used Hawaiian healing massage to rescue the infant Daniel from drowning (109). Sam and Bernie also seek to uphold the integrity of the Hawaiian language, correcting Moani's pronunciation (47). These facts suggest that the Kaluhis are more cognisant of, and influenced by, indigenous practices and ancestry than might first appear.

Consequently, there is scope to read Bernie's and Sam's narratives with reference to Hawaiian oral storytelling practices, such as *mo'okū'auhau* and *mo'olelo*.

*Mo'okū'auhau* are chants developed over generations that constitute indigenous genealogies, histories, and mythic realities. Ali'i held the sacred rights to produce and own chants which were fundamental to sustaining Hawaiian socio-political hierarchies (Buck, 1993, 123-125). Chants are selective and episodic in nature with elders (*kūpuna*) and ali'i deciding on the events and lineages to be included. They would also be revised so that they might buttress ali'i social hierarchies and authority (Browne et al., 2014, 138). *Mo'olelo* is another form of storytelling, meaning a narrative fragment. Tellers

have the privilege and responsibility to criticize their narrative so that they may draw lessons from them. *Kūpuna*, with their authority, age, and wisdom, are best suited to delivering mo'olelo (Osorio, 2001, 369, 360). Mo'okū'auhau and mo'olelo emphasize that omissions are integral to Hawaiian epistemology instead of holistic narrative. Given that Sam and Bernie's sociocultural backgrounds intersect with the rights of ali'i and *kūpuna*, it would be a simplification to posit that the Kaluhis' narrative fragments and unwillingness to disclose Lydie's story leads to negative health outcomes. We must consider how Hawaiian storytelling "rites" are enmeshed within hierarchies of "rights" if we are to evaluate the relationship between narrativization and indigenous Hawaiian healing from colonial trauma.

Fundamental to hierarchies of Hawaiian storytelling is the right of ali'i and *kūpuna* to be respected by younger generations (Browne, 146). Sam has exclusive knowledge of Lydie's story and positions himself as the figurative ali'i (head) of his family: "there was only one path in my family, and it led to me" (182). Bernie also claims authority due to her status as a *kūpuna*: "If he [Sam] ever said anything [...] he'd never see either of us again. I was the grandmother. I could do that" (92). The elder Kaluhis invoke their authority to control the transference of genealogical knowledge when Moani asks about Lydie:

[Sam] sat up, resting his elbows on his knees. 'Moani, *pau kēlā*.'  
'You understand?' our grandmother told me. 'This is finished.' (49)

Sam's imperative, delivered in Hawaiian, equates to a royal decree, preventing Moani from discovering Lydie's past, and is emphasized by Bernie's translation.

In this moment Moani's demands for Lydie's story present an issue of intergenerational rights within the rites of storying. McMillen brings this question to light though Bernie's agitation at her granddaughter's behaviour:

Why was Moani insisting that I remember Lydie? If I didn't want to talk about Lydie, then what gave Moani the right to talk about her? Lydie was mine first. It was my right to remember her. My right to forget her. (125)

Bernie's right as a *kūpuna* to tell, or not, Lydie's story is brought into conflict with her granddaughter's desire for a complete genealogy. Moani's circumvention of Bernie's and Sam's wishes by going to a records office, and her promise that "I'll find out no matter what" (101-104), undermines narrative protocol and respect for ali'i and *kūpuna*. Her attempt to gain a 'whole' story prioritizes comprehensive results and data over familial responsibility or respect for indigenous epistemologies (see Smith, 1999). Carrigan suggests that Moani's action shows how "it can be both productive and culturally invigorating for native Hawaiians to exercise the right to be 'selfish' if it creates space for restorative cultural articulations" to prevent "culturally constitutive" stories from being forgotten (186). This process comes at the cost of ali'i and *kūpuna* rites and rights, which raises questions of the value of intergenerational relationships with older members of 'ohana who directly experienced colonial trauma. McMillen's narrative draws attention to the issue of rights in Hawaiian storytelling which have implications for using storytelling as a therapeutic device.

We see these implications played out fully when the ali'i and *kūpuna* figures invoke their responsibility (*kuleana*) to use silence to maintain the wellbeing of the teller and their 'ohana when dealing with traumatic legacies. Such strategies attempt to find, however difficult, an appropriate balance of health as theorized by the *lōkahi* triangle instead of adhering to perceptions of curative narrativization. For Bernie and Sam, incomplete stories of 'ohana are vital to protect their wellbeing, as Bernie elaborates:

I didn't have to explain Lydie to anybody. The same way I didn't have to talk about my daughter Haunani. I was the one who lived with the loss. Nobody else felt her death like I did. I decided not to talk about it. I decided to forget. No matter what, my girl was never coming back. Every morning I woke up and remembered that she was gone. My beautiful girl who hurt me so much. (125)

Bernie is not willing to share her sister's or her daughter's stories as the process would cause her to return to a painful daily existence. The prospect of telling Lydie's story disrupts Sam's emotional wellbeing: "The only way I survived was by forgetting the past, and looking to the future. Moani was making me go back to the hillside – beautiful Lydie lying at my feet. Moani was breaking my heart" (110). Sam and Bernie's mo'olelo narratives are not symptomatic of fragmented psyches but are attempts to utilize their right to omit aspects of their mo'*okū*'auhau to maintain an acceptable balance of wellbeing, despite the challenges to health that traumatic circumstances present. The right to omit embedded in genealogical narratives destabilizes the assumption that narrative silences are inimical to wellbeing. The strategic use of silence also refutes Felman's assumption that testimony narratives mitigate trauma through helping victims order a fragmented recollection of events (Felman, 1992, 74). Sam and Bernie know what happened to Lydie and Haunani and their silence enacts the right to responsible telling to prevent damage to health when telling their mo'*okū*'auhau rather than being debilitating manifestations of trauma.

Parallel to the teller's health is the audience's wellbeing, conveyed by the Hawaiian proverb *I ka ʻōlelo nō ke ola; I ka ʻōlelo nō ka make* (In the word is life; in the word is death) which simultaneously evokes the generative and destructive properties of words (Buck, 125). Sarah summarizes the proverb's consequences for the Kaluhis: "If I provided them [Moani and her cousin CJ] the answers to their questions, I would hurt [Sam] because I would subvert him. If I said nothing I would still hurt him, because I

would hurt his own blood” (198). In such a hopeless situation, McMillen shows that true kuleana balances knowing one’s ancestry and ensuring the health of that genealogy for future generations. This compromise is demonstrated through Sam’s decision to not tell Moani about the circumstances of Lydie’s death or the fate of her child Angelina. Sam’s mo’olelo reveals that Lydie became pregnant due to a fleeting sexual encounter they shared. When Sam traces Angelina years after Lydie’s death, he realizes that “worse yet she looked like two Kaluhis put together” (172). Sam understands that telling Moani Lydie’s genealogy would be morally problematic due to the historical influence of Christian contempt for indigenous incest in contemporary Hawai’i (119). His refusal to tell Moani her cousin’s genealogy means that she finds CJ Moku, Angelina’s son, under the premise of being cousins and his incestuous ancestry is never revealed. CJ, Moani, and Puanani are able to begin a new 'ohana on Maui and together they raise Puanani’s daughter (191), promising familial regeneration and collective health. However, their newfound 'ohana comes with the cost of leaving Bernie and Sam. Stories can only ever be a potential space for healing as Bernie and Sam’s taciturnity results from their belief that telling amplifies the damage to themselves and their already wounded genealogy. If Gran Kura and Tawera exemplify the negotiations required for responsible collective telling of stories, Bernie and Sam represent its corollary of not telling to preserve health.

Grace and McMillen demonstrate how the role of the family as narrators of ancestry reveals storytelling’s insufficiency to heal. The authors blend the concepts of everyday trauma and unresolved historical grief through two culturally distinct modes of storytelling: through consensual familial storytelling in *Baby No-Eyes* and edited mo'okū'auhau and mo'olelo narratives in *School for Hawaiian Girls*. The use of multiple narrators, fragmented narrative, and narrative silences are not Eurocentric conceits

which valorize the “talking cure”; rather, as I have argued, they are culturally specific storytelling techniques which challenge the precept that talking “cures”. Whether healing is achieved is contingent upon if the teller and audience are ready and willing to tell and listen to achieve the best balance possible between all aspects of health. In the literary works considered here, there is a collective cry not merely for the right to speak, but for the right to speak or not speak responsibly to protect family members’ health. Spoken words are not inexorably healing as they can wound tellers and listeners, or have no authority at all unless listeners act responsibly with due consideration of the rights at stake in oral rites. Grace and McMillen therefore qualify trauma theorists’ and indigenous scholars’ assumptions that the “talking cure” provides a means to overcome intergenerational historical trauma and everyday hurt. Grace and McMillen avoid the “healing” lacuna and demythologize a possibly problematic stereotype: that indigenous storytelling practices are uncomplicated routes to healing. This cliché worryingly lingers in postcolonial trauma studies and has inflected indigenous health research. Through these imaginative works, contrariwise, we can read against the persistence of the talking cure’s long shadow so that the potential and problems of storytelling as a healing practice can be fully understood, and gives due nuance to ongoing issues of intergenerational trauma and contemporary wellbeing in indigenous Pacific contexts.

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