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**‘Jacqueline Leckie, Old Black Cloud: A Cultural History of Mental Depression in Aotearoa New Zealand’**

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Jacqueline Leckie, *Old Black Cloud: A Cultural History of Mental Depression in Aotearoa New Zealand* (Massey University Press, 2024), 311pp. Paperback. NZ\$49.99. ISBN: 978-1-9910-1672-0.

It seems rather morbidly ironic to be reviewing a book about depression when there is so much anxiety in this world, whether politically, economically, socially or in terms of climate change. There are profoundly sad and disturbing stories to be found in this detailed and attentive analysis, but it also does what all good history does: shows how mental depression has a history. Many things appear to be constant but there are also clear changes according to the social, political, and economic context.

The book is organised into thematic chapters that provide a broad chronology overall. The careful introduction includes a discussion of the sources that underpin the thorough research Leckie has conducted. Asylum and psychiatric hospital records are a starting point. Leckie is the latest of a group of historians and postgraduate students (including myself) who have used these records, joining the plethora of international studies now available. Noting that this was an imperial activity and asylums were an early mainstay of colonies, she does not fall into the trap of using these records just because they are conveniently there. She interrogates them intelligently: 'they are document factories and historians need documents' (p. 15). Privacy issues also abound. Leckie adds sources from the media, coronial enquiries, military records, genealogy sites and collections, memoirs, poetry, manuscripts, and oral histories. This range is impressive and allows her to go beyond the late nineteenth and early twentieth century focus of many historical mental health studies.

The first chapter on diagnosis and discourse focuses on medical interpretations and provides a fitting overview for the stories which follow. There is an important chapter on Rāwakiwaki, one of several words for depression among Māori, which discusses why few came to the attention of the medical establishment before the twentieth century but are suffering high rates of depression more recently. Māori spiritual beliefs, the impact of land dispossession and urbanisation from the mid-twentieth century, rates of suicide, and intergenerational trauma are all sensitively discussed through individual accounts.

Chapter Three canvasses loneliness after migration in rural and urban experiences of work, with dislocated social networks, and gendered expectations of how to cope. Enduring 'darkness' after fighting the two world wars, and the impact on family and loved ones, including how the effects of horrific experiences were often delayed or suppressed, is a sobering read in Chapter Four. I found especially insightful the discussion of living with depression in Chapter Five which begins and ends with poetry. Leckie's discussion of how poets, writers, and musicians and others often lived quite ordinary untroubled lives, punctuated by bouts of depression, is innovative. As with the other chapters the attempt to get at lived experience and go beyond the medical world is especially appreciated.

The next chapter on depression and ethnicity also adds much to the current literature. Reflecting Leckie's previous scholarship, the experiences of Chinese, Dalmation, and sufferers of Pacific descent adds much to our knowledge and underlines her point that the current historical literature is rooted in Western psychiatric concepts that cannot be applied cross-culturally. The recurring themes of loneliness,

estrangement from family, culture and environment, harsh working conditions, shame about being a 'good' migrant, stigma, and discrimination are clearly portrayed.

The extremely disquieting final chapter surveys treatments from quack pills and potions to lobotomies, shock treatment, and deep sleep therapy. The use of these institutionally for punishment reverberates in the current Royal Commission of Enquiry into Abuse in Care. While most sufferers did not enter hospitals, they were subject to medication with many side-effects and GPs found it difficult to monitor their use.

Leckie reproduces a selection of images of asylums and notable people mentioned in the text, as well as advertisements for pills and potions, and people currently working for change in the mental health sector. These provide a visual counterpoint to the text and it is a pity the captions are so brief.

This book is not an easy read, but it is fundamental to providing careful historical context and complex, individual stories for a phenomenon that is often discussed in abstract, simplistic, or unhelpful ways. The book ends with a plea to recognise that although many experiences are 'individual, varied and complex, we as a community need to acknowledge the wider contexts...that bring these into play' (p. 237), as a step towards prevention, minimisation, and alleviation.

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