

Me tiro whakamuri, kia anga whakamua: Walking backwards into the future

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Bridgette Masters-Awatere has whakapapa connections to the Northland and Bay of Plenty regions of the North Island, New Zealand. She affiliates to many iwi in those areas, but her strongest ties are to Te Rarawa and Tūwharetoa ki Kawerau. Bridgette lives with her husband Shaun (Ngati Porou) and their two children in Hamilton.

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My parents both grew up on farms in rural townships - one in the far north, the other in the Bay of Plenty. As teenagers they sought the bright lights and flash clothes of the city. They were the generation that were part of the mass migration of Māori to the cities. My parents went to Wellington, where they met and fell in love. Because they both grew up with strong connections to their wider family members, cousins and siblings visited, also got jobs, and made their own love connections in ways that bound my parents' families even tighter together (eg relatives of my mother marrying relatives of my father). As a result, I have connections that bring both sides of my whakapapa together. It was through experiencing the extensive network of my wider whānau that my own sense of identity was built and my relational connection within Te Ao Māori and to place were strengthened.

As the youngest child I was too young to be left at home. So, I got taken with my parents to occasions such as tangi, marriages, church services, sports events or marae hui. And as one of the youngest mokopuna, I was one of the children picked up by aunties and uncles and delivered to my grandparents or whānau houses. These were the times before early childhood centres and kōhanga reo. While I can look back and see how much I learnt from those interactions; at the time, it was possibly the lack of information shared with me that contributed to my questioning the rationale of activities and the inequity of not having a say in anything. These early experiences gave me the opportunities to question. My critique has been enhanced by my formal education

that allows me to turn my gaze to neoliberalism.

Neoliberalism is endemic to our society and the institutions we engage with. Over the last two days I have heard presentations focus on psychological impacts of neoliberalism and I have heard 1-2 lay blame of the current psychology challenges squarely at the feet of neoliberalism.

My formal education as an adult has enhanced my consideration of the complex psychological issues that we as practitioners and professionals have to respond to and manage in our work situations. My training has given me the tools to examine systematically a matter of interest and the skills to communicate my findings to multiple audiences.

I'm sure you're familiar the notion that a valid science is presented as an objective, distanced, hierarchical activity with the Western notions that people are separate from the environment under examination. That position favours a set of values that scientific research must be objective and distanced; anything different is disregarded and challenged as not scientific.

While conducting my PhD, I reviewed research literature searching to find the epistemological bases behind the different approaches. I reviewed Michael Patton's (1986) argument for determining research validity and reliability and then compared that with qualitative researcher Laurence Neuman (2000). To articulate my position within the research realm I drew on other Māori researchers to present and understand Kaupapa Māori positioning. In an attempt to be ironic, I called this positioning "Kaupapa Māori subjectivities"

(Masters-Awatere, 2015).

If you consider the “nature of social reality” from a positivist approach, the focus here is on confirming pre-existing patterns; generally, at a safe distance from the subject under examination. Compare that with an Interpretive approach, which recognises fluidity and the potential of influence from human beings. From a Kaupapa Māori position, people and the environment are inter-related; with clear recognition of the symbiotic connection between the two.

Neoliberalism provides economic incentives and rewards to those who perpetuate extractive relationships.

Māori historical accounts situate a strong connection to the environment (George, 2010). The notion of whakapapa – a value recognised for its importance to Māori culture and cultural practices – is embedded throughout. Whakapapa provides a sense of belonging and a cultural attachment to place. Whakapapa is personified as our connections to natural features such as mountains and water ways (Roberts, Norman, Minhinnick, Wihongi & Kirkwood, 1995). My mountain, the river that runs to the sea, and my marae that sit in the shadow of their respective mountains are landmarks that I grew up connected to. They enable other Māori to locate me, my family and my intergenerational connection to these places. One of the key phrases – Ko wai koe, nō hea koe? Who are you? is a simple question that encapsulates more than the request of a person’s name. It asks the recipient “do you know whose waters do you descend from?” It simultaneously seeks to locate a

person by way of their human lineage, but also their lineage to Atua (Pere, 1984).

Tānemahuta is often depicted as tree. In some pūrākau he is the son of Ranginui (sky father) and Papatūānuku (earth mother) who successfully separated his parents thus allowing light, space and air between the two. He is also attributed with providing the birds, trees, insects and other living creatures on the earth (Royal, 2021). Furthermore, Tane created the first human (Hine Ahuone) and breathed life into her. Māori believe there are 3 elements essential to supporting a human life force (Ira tane, Ira wāhine and Ira atua). Our connection to the natural environment is located within our narratives and maintains our obligations to our tuakana. It is the maintenance of our narratives that keeps us (as Māori) connected to the natural resources of this land. It is neoliberalism that has threatened our connection, and is what threatens our health.

Pollutants from farm run-off get into our waterways. Similar to pollutants from factories discharging particles into the air. Clear-felling of forests removes the carbon-filtering process that living trees contribute to produce sledge waste that contribute to silt in our rivers and result in a huge mess on our beaches. Neoliberalism drives the extractive actions that are enmeshed throughout society.

In the context of climate change, practices of extraction have meant more is being taken from the natural environment with less resources being put back to replenish and nourish it. Documented throughout climate change literature are forecasts of increasing frequency of extreme weather events, extended hot periods, increasing vector borne

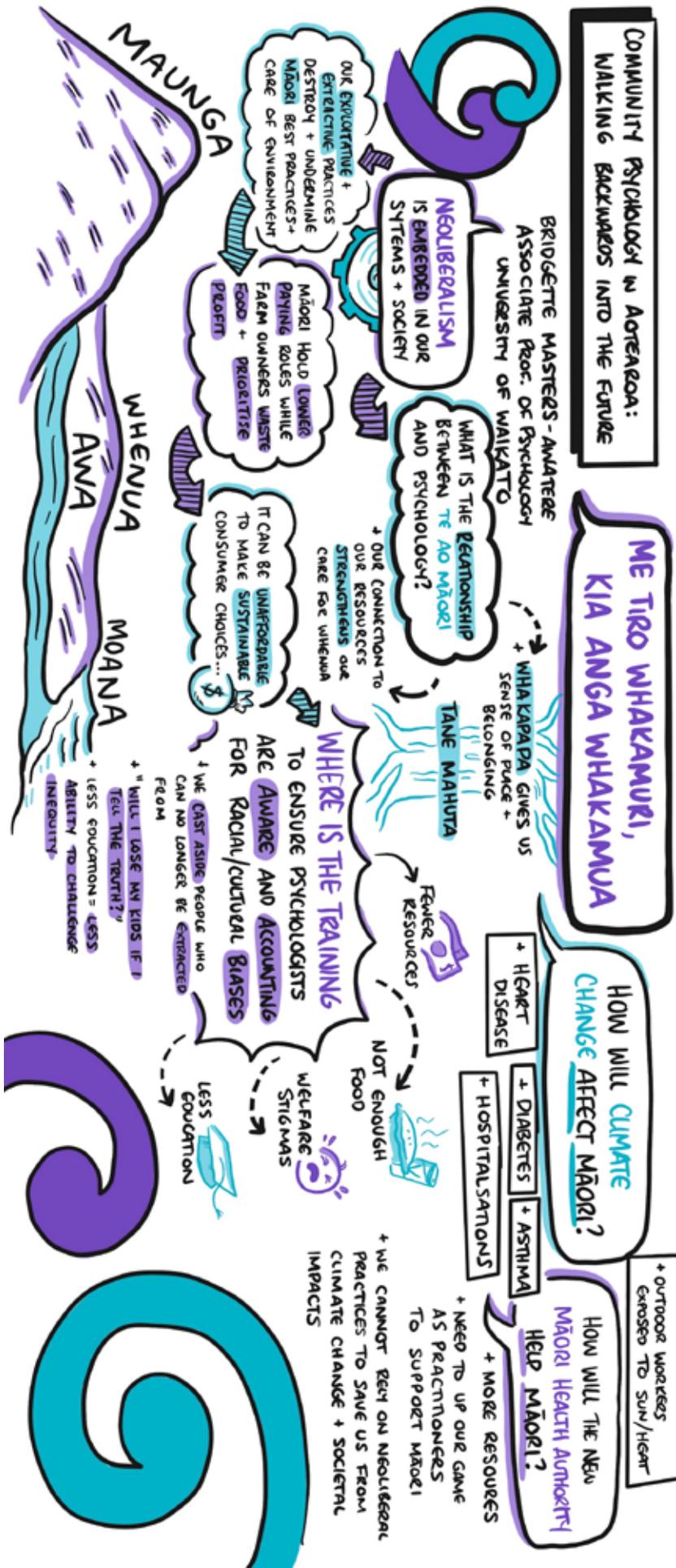
diseases and slowly there is a growing recognition of Indigenous people’s vulnerability.

Neoliberalism provides economic incentives and rewards to those who perpetuate extractive relationships. For many Māori, their everyday relationship with the environment has changed. For some their relationship with natural resources has resulted in adopting neoliberal values that practice extraction rather than interconnection.

In my parents’ generation, Māori generally owned the land they farmed. They therefore had decision-making powers to determine how much impact on the environment they were willing to have through their farming practices. Don’t get me wrong, obviously there were those on both ends of the continuum. But generally, much of their farming practices were a combination of cultural values upon the land alongside economic motivation.

The Te Ōhanga Māori Report published by The Reserve Bank and Berl (2021) notes Māori represent 10% of dairy production and 30% of beef and lamb. 450,593 effective hectares (ha) of Māori land were being used for agricultural production, with nearly half the total in grassland or pasture (217,933 ha) focused on dairy or beef and lamb production (MfE & Statistics New Zealand 2018). Māori investment in horticulture is mostly in kiwifruit, with Māori owning around 10% of the total value of this industry (Reserve Bank of NZ and BERL 2021).

Māori are the employees who work on land owned by non-Māori businesses. They are the fruit pickers and packhouse workers that prepare the vegetables for large supermarket chains and the international markets. They are the ones spraying the paddocks to control for weeds; being



Live illustration by Pepper Curry of Bridgette Masters-Awatere's keynote address

exposed to toxins that will impact on their health.

Those same corporations let food that could feed thousands go to waste because it will impact their profits and payments to shareholders if they have to pay pickers to collect the “less than perfect looking” or late season vegetables that will not be sellable for ‘top dollar’. Productivity is focused on and measured by ‘how much you can get for the lowest cost’.

Those with the least power to influence, with the least resources to engage or respond to situations of stress and urgency, are those who are most impacted by negative outcomes.

These social constructions of success have shaped the market economy and influenced the systems we live in, the poor state of environment, and the climate crisis we face. The Climate Crisis is a symptom of a neoliberalist system of compartmentalising and extracting resources.

A study I was involved in last year administered a survey to Māori about their attitudes and behaviour with regard to nature and the environment. Within the responses it was clear that Māori have a high regard for nature, and their attitudes reflect that. However, when it came to behaviours, these were less prominent (Tassell-Matamua, Lindsay, Bennett & Masters-Awatere, 2020). Why? Because to be pro-environment in your behaviours is more expensive. If you think about the cost of battery eggs versus the cost of free-range, of buying organic and fair-trade items; purchases that are ethics-based or environmentally conscious vs less ethical processes.

The cost of changing behaviour to match your attitude is not always a realistic option. It is a position that requires resources, and that is a privilege or luxury that many Māori can't afford (Graham, Jackson, Masters-Awatere & Stolte, in press).

I'll turn my attention to the Health system with its focus on efficiencies which have been organised in a way that prioritises unit cost and measurable outputs (Masters-Awatere, Cormack, Brown, Boulton, Tangitu-Joseph & Rata, 2019; Masters-Awatere, 2017). I'll use a family in Gisborne that inspired my work on the Hospital Transfers project. A Māori man, who had been on ACC for years after work-related injuries meant he could no longer work in the labour-type jobs he was accustomed to. At age 49 he started experiencing seizures. During one particularly severe episode in the middle of the night, scared she drove to the local hospital, leaving her two children asleep at home. At A&E they waited for four hours. Neither of them owned a cell phone; at home they only had a landline. Her requests to use a phone to call home were not met with help; she could not call anyone to check on her children. While waiting he had more seizures initially drawing the attention of staff. But with each subsequent episode, they observed less and less assistance forthcoming. Now, why would that be? Could it be because:

- she was dressed in a manner that did not meet social expectations of how one should present themselves in public (remember it was 1am in the morning);
- she had been unable to access a phone to call her mother to check on her children at home alone (with all the stress of worrying about their safety or if anyone complained, the

potential to lose her children);

- with each episode she became more and more worried for her partner?

It could have been none of these, all of these and more. We can never know.

My question for the psychologists, aspiring psychologists, and those who train psychologists is, “where is the training that teaches health professionals to consider more than the people presenting in front of them?” AND “where is the racism-radar that tells people to assess their responses are not drawing from a racist or discriminatory perspective and to double-check their ongoing actions do not draw from those assumptions?”

There is no way, this family should have been discharged from hospital with the prescription written on a brown paper bag; told to go to pick a hospital (either Hamilton or Palmerston North) for further treatment without any support or advice about the State's obligations for quality healthcare.

I could spend my whole presentation walking you through examples of how multiple systems let this family down. From the education system, the employment pathways offered, the sickness benefit and cycle of rental housing they were locked in, culminating in a health system that did not undertake critical tests early enough to provide a real opportunity to survive. In short, neoliberalism did what it is intended to do – extracted everything it wanted from these people, and when they could no longer contribute, cast them aside.

This family experienced the partner/father dying at age 51 of cancer that had spread from his lungs to his brain (the cause of the original seizures that started 2 years before

he passed). A cancer that his family suspect was linked to his working with farm sprays in the paddocks. My brother-in-law nearly died of blood poisoning earlier this year after mowing a paddock that had been sprayed and inaccurately recorded in the logbook. These chemicals are being put on our food, to make it grow faster so it can be sold quicker and make more money as “first season crops”.

The whole system is designed by people who have a high level of resources who draw upon their positions of privilege to determine access to supports, should people need assistance. Those in positions of power allocate resources based on the assumptions they hold, and the attributes they recognise or value. Those with the least power to influence, with the least resources to engage or respond to situations of stress and urgency, are those who are most impacted by negative outcomes.

Throughout my research over the past 5 years I have repeatedly heard accounts from whānau Māori about the poor treatment of them or their loved one who has been unwell (Graham & Masters-Awatere, 2020). Too often I listen to narratives of having no sick leave; having to take time off from their jobs to either care for themselves, or their dependents; of not being fed while in hospital. If I focused all my attention on teaching them strategies to cope with the immediate stressors, I would not be able to see the cost burden these people carry that is either hidden or not recognised within the systems we navigate. Similarly, I would not have seen the need to target change across multiple levels of need (cf. Masters-Awatere et al, 2017; Masters-Awatere, Rarere, Gilbert, Manuel & Scott, 2019)

AND “where is the racism-radar that tells people to assess their responses are not drawing from a racist or discriminatory perspective and to double-check their ongoing actions do not draw from those assumptions?”

During my undergraduate training I was introduced to Bronfenbrenner’s (1979) Ecological Systems model and Kurt Lewin’s (1946) heuristic formal for explaining behaviour ($B=f(P,E)$). At graduate level I was introduced to Community, Clinical and Environmental Psychology. I saw the relevance of all these psychological models, frameworks, theories and approaches to Māori AND I saw their weaknesses with regard to the absence of Indigenous or Māori worldviews.

Through my research, such as the hospital transfers project, I have been able to draw from all those areas in order to tighten my focus on the systems and policies

that are implemented from the perspective of those with privilege and resources (Masters-Awatere, Murphy, Rimu, Helmhout & Cormack, 2020). I was able to examine the context that contributed to narratives from people’s negative experiences of the health system (Graham & Masters-Awatere, 2020; Masters-Awatere, Graham, Scott & Atatoa Carr, 2020). To a point, my training enabled me to understand why they were presenting as anxious, uncomfortable, distressed or non-compliant. But my value position then shaped the way I used that information to respond to and manage their immediate, short term and long-term needs. My upbringing highlighted the multitude of influences within the context of an environment. Over the years that I have been practicing I have tried to systematically and critically engage in a multi-level analysis of the context surrounding the issue under examination. I purposefully position my work to prioritise Māori health; and because of my desire to ultimately be a good ancestor one day, I specifically think about climate change and the impact I have on the planet.

It has been the interconnection of human health and climate health that drove my interest to submit a proposal to the Deep South National Science Challenges. The project Haumanu Hauora – involves working with 3 DHBs in the central North Island of New Zealand and reviewing both their current responses to climate change, but with the purpose of helping them to develop responses to climate adaptation with specific regard to Māori.

Health statistics and hospitalisations for Māori already highlight how the current situation is about surviving not thriving. Māori health vulnerability to the impacts of climate change have not really been considered. That gap is obvious from the interviews so far with policy analysts and tāngata whenua from 3 DHBs AND from an environmental scan of New Zealand’s remaining 17 DHBs.

Around the world, there is a small but growing recognition of the vulnerabilities Indigenous people face in the context of climate change. But no one has really delved into the types of vulnerabilities or their reasons. Over the course of my project, I have been looking at Māori health and its threat from climate change. Here is a summary of what will be described in more detail in an upcoming publication:

- Māori are two times more likely that non-Māori to be hospitalised with cardiovascular disease
- Heart failure mortality amongst Māori is twice as high as non-Maori

- Māori women are 4.5 times more likely to be hospitalised with heart failure
- Māori children are 1.3 times as likely than non-Māori to have medicated asthma
- Māori aged between 5-35 years are almost twice as likely as non-Māori in the same age group to be hospitalised with asthma

When these health rates are considered against a known risk Climate Change factor such as work-type, Māori health vulnerability is alarming given that Māori are overrepresented in low skilled occupations, which includes labourers with outdoor work environments. The risk of heat related deaths is 3.5 times higher among agricultural workers and 2.3 times higher for construction workers (Johnson et al, 2016; see also Borg & Bi, 2020). Māori are more likely to be employed in work environments with greater heat exposure, generating a “Higher burden of chronic disease for Māori, thus greater risk of heat-related deaths and illness” (Jones et al, 2014, p. 57).

The violence wrought by colonisation’s enduring legacies intersecting with structural disadvantage entrenched through neoliberalism on Māori highlights our vulnerability within the context of Climate Change.

Institutions of colonialism such as religion, law and education have systematically eroded the strength of everyday Māori cultural interactions; language use, health practices and relationships with the natural features of this land were initially restricted, and through the ongoing impacts of neoliberalism, continue to be eroded. What do you envisage that the introduction of a Māori Health Authority will do to change

the continued privileging of a neoliberal system?

If we seriously want to reduce further risk to Māori health and climate crisis impact on already vulnerable population we need to move away from the production-unit, cost efficiency measures and move towards social, cultural strengths

My hope is that the new structure will allow Māori values and principles regarding collective health and wellbeing to the centre. We are starting to see movement in the right direction with resources being directed to the wellbeing economy. If you look back to the actions of Princess Te Puea Hērangi with her plans for Māori health when she led the opening of Mahinarangi at Tūrangawaewae marae, I can see that by looking backwards as we walk into the future, we can find useful strategies and visionaries to draw inspiration from.

Our health is more than coming up with mitigation strategies to minimise emissions & reduce carbon footprint. If we seriously want to reduce further risk to Māori health and climate crisis impact on already vulnerable population we need to move away from the production-unit, cost efficiency measures and move towards social, cultural strengths. Neoliberalism is a system that has trapped everyone – whether we know it or not. Like others in the health sector, psychologists find it easier to focus on the presentation of behaviours immediately in front of them. Staying comfortable in the individual behaviour modification and attitudinal micro-level target area. But we need to take a multiscale view and critical analysis.

For those of you who are practitioners, I invite you go to the institutions that train psychologists and look for ways to engage a multi-level practice in the training that is delivered, but to enhance your own in a way that connects to the theoretical teaching that takes place within the training institutions.

For those of you who are teaching psychology, I invite you to review your training programmes to evaluate how you engage in multi-level analysis that not only teaches your students to observe the complex interplay of systems as they learn to make critical assessments about how to respond to client behaviours – but most importantly ensures they develop strategies to inject feedback by challenging inequity and being a voice for those who need an advocate.

It is imperative that psychology becomes better and does more. The students coming through now need to learn how to be science-practitioners and scholar-activists AND those of us practicing now need to up our game. People’s health, the health of this country and the planet cannot wait.

Ko te pae tawhiti whaia kia tata. Ko te pae tata whakamaua kia tina!

References

- Borg, M.A. & Bi, P. (2021). The impact of climate change on kidney health. *Nat Rev Nephrol* 17, 294–295. <https://doi.org/10.1038/s41581-020-00365-4>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. London, England; Harvard University Press.
- George, L. (2010). The interweaving of people, time and place - Whakapapa as a context and method. *Pacific Studies*, 33(2-3), 257-241.
- Graham, R., Jackson, K., Masters-Awatere, B., & Stolte, O. (in press). Hidden hunger in the land of plenty: Food insecurity in Aotearoa New Zealand. *Global Journal of Community Psychology in Practice* (GJCPP).
- Graham, R., & Masters-Awatere, B. (2020). Experiences of Māori of Aotearoa New Zealand’s

public health system: a systematic review of two decades of published qualitative research. *Australian and New Zealand Journal of Public Health*. <https://doi.org/10.1111/1753-6405.12971>

Johnson, R. J., Peter Stenvinkel,† Thomas Jensen,* Miguel A. Lanasa,* Carlos Roncal,* Zhilin Song,* Lise Bankir,‡ and Laura G. Sánchez-Lozada§ (2016). Metabolic and Kidney Diseases in the Setting of Climate Change, Water Shortage, and Survival Factors. *J Am Soc Nephrol* 27: 2247–2256.

Jones, R., Bennett, H., Keating, G., Blaiklock, A. (2014). Climate change and the right to health for Māori in Aotearoa/New Zealand. *Health and Human Rights Journal* 16(1): 54–68.

Lewin, K. (1946). Behavior and development as a function of the total situation. In L. Carmichael (Ed.), *Manual of child psychology* (pp. 791–844). John Wiley & Sons Inc. <https://doi.org/10.1037/10756-016>

Masters-Awatere, B. (2015). “That’s the price we pay”: *Kaupapa Māori Programme stakeholder experiences of external evaluation*. University of Waikato.

Masters-Awatere, B. (2017). A game of slides and ladders: Māori providers and funders. In S. Groot, C. Van Ommen, B. Masters-Awatere, & N. Tassell-Matamua (Eds.), *Precarity: Uncertain, insecure and unequal lives in Aotearoa New Zealand* (pp. 146-161). Massey University Press.

Masters-Awatere, B., Boulton, A., Rata, A., Tangitu-Joseph, M., Brown, R., & Cormack, D., (2017). Behind the label: Complexities with identifying as ‘Maori’ in the Hospital Transfers project. *New Zealand Journal of Psychology*, 46(3): 20-29

Masters-Awatere, B., Cormack, D., Brown, R., Boulton, A., Tangitu-Joseph, M., & Rata, A. (Dec, 2019). Hospital Transfers: Supporting whānau engagement during hospitalisations. *Te Arotahi Series #4*. Ngā Pae o te Māramatanga, University of Auckland. http://ebooks.auckland.ac.nz/tearotahi_december_2019_no_4/

Masters-Awatere, B., Graham, R., Scott, N., & Aratoa Carr, P. (2020). Meal provision needed for caregivers who stay with a child in hospital. *International Perspectives in Psychology: Research, Practice, Consultation*. <https://doi.org/10.1037/ipp0000131>

Masters-Awatere, B., Murphy, S., Rimu, K., Helmhout, B., & Cormack, D. (2020). National Travel Assistance entitlements are inaccessible to whānau Māori. *International Perspectives in Psychology: Research, Practice, Consultation* 9(3),180–184. <https://doi.org/10.1037/ipp0000140>

Masters-Awatere, B., Rarere, M., Gilbert, R., Manuel, C., & Scott, N. (2019). He aha te mea nui o te ao? He tangata: What is the most important thing in the world? It is people. *Australian Journal of Primary Health*. doi: 10.1071/PY19027

Ministry for the Environment & Statistics New Zealand (2018). *Change in use of Māori land or primary production*. http://archive.stats.govt.nz/browse_for_stats/environment/environmental-reporting-series/environmental-indicators/Home/Land/maori-land-use-for-primary-production.aspx

Neuman, WL. (2000). The meanings of methodology. *Social science methods* (4th ed.) New York, NY; Palgrave Macmillan.

Patton, M. (1986). *Utilisation focused evaluation* (2nd ed.) Newbury Park, CA; Sage.

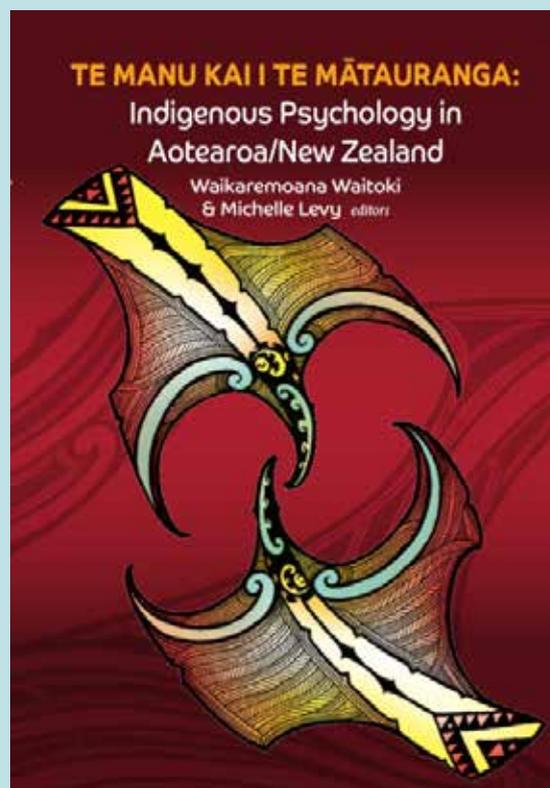
Pere, R., (1984). *Te Oranga o te whānau. The health of the family. Hui Whakaoranga: Māori health planning workshop proceedings*. Hoani Waititi Marae, Auckland, New Zealand.

Reserve Bank of NZ and BERL (2021). *Te Ōhanga Māori 2018*. Wellington: Reserve Bank of NZ and Bureau of Economic Research Limited (BERL).

Roberts, M.; Norman, W.; Minhinnick, N.; Wihongi, D., and Kirkwood, C. (1995). Kaitiakitanga: Māori perspectives on conservation. *Pacific Conservation Biology*, 2, 7-20.

Tassell-Matamua, M., Lindsay, N., Bennett, A., & Masters-Awatere, B. (2020). Māori Cultural Identity Linked to Greater Regard for Nature: Attitudes and (Less So) Behavior. *Ecopsychology*, 13(1) 9-18. <https://doi.org/10.1089/eco.2020.0027>

Te Ahukaramū Charles Royal, ‘All images and media’, Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/papatuanuku-the-land/media> (accessed 5 September 2021)



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