

*A regular column prepared by the National Standing Committee on Bicultural Issues, which aims to inform readers about bicultural issues, and explain their implications for the activities of psychologists, and for the practices and policies of the Society.*

## Psychological Practice for the New Zealand Context

by P.R.Hirini & R.G.Nairn

As our Society begins the task of preparing a general handbook for psychological practice in this country it is essential that we move, even more rapidly, to overcome problems that have long been part of psychological practice here. Of particular importance are the problems that arise because the discipline and its professional practices here were almost entirely shaped from the USA and the UK. When we surveyed departments of Psychology and Education in 1993 we found all Psychology departments prescribed a text originating in the USA. We found little evidence that staff were encouraged to include local content.

Reference to the history chapters of introductory psychology text will show that the authors of this canonical psychology were predominantly men who, overwhelmingly, were committed to developing a positivist science of behaviour. It was on this base that counselling and related practices, in the forms that were to be most influential in this country, were being developed at times when members of ethnic minorities were not active participants in these fields. For this reason they were also absent from the bodies and boards responsible for controlling practice and training (Ponterotto, Casa, Suzuki & Alexander, 1995). These were times when ethnic minorities were subject to discrimination, overt or covert, and largely segregated from mainstream society.

Such discrimination meant that those proceeding to higher education, professional training and practice were a rather homogeneous group. Theories developed in this context, often derived from investigations on students in these universities, were limited by the culturally homogeneous context in which they were produced. For these theories "culture" or "ethnicity" was error variance for a universalised science of human behaviour. Needs and values arising from and important in other cultural contexts were ignored or reported as interesting departures from human behaviour as normalised by the theory and observation. It was this

body of universalised theory and the practices derived from it that were imported and taught in New Zealand.

During the 1950s and 60s an increasing number of articles reported problems experienced by practitioners working with clients who were not white or middle class within the standard paradigm. Initial responses focused on deficiencies of the clients. Articles sometimes suggested that such clients should be put through the therapeutic equivalent of a HeadStart programme so they could benefit as white, middle class clients did. Over time research has forced the acknowledgement that all clients respond to therapy from within their own culture. The key difference between a client who shares the same cultural base as the therapist and one who doesn't is that the former has their cultural needs incorporated within the psychological practice. The latter client does not have their needs incorporated in this way and therefore appears to need special treatment.

Since the 1960s ethnic minorities have been engaged in a very visible struggle to receive equitable treatment as an non-negotiable right of citizenship. The numbers of students from these groups participating in higher education increased and, more slowly, so did the number of practitioners and critics of psychology. This development was particularly important for counselling psychology in the USA as they began the struggle to have psychology recognise the role of culture in people's lives and to become responsive to the cultural diversity of the USA (Aubrey, 1977). Such changes were not as readily imported here and there still seems to be considerable support for the model of psychology as a body of universally generalisable understandings of human behaviour. This individualised psychology is rendered a-social by its refusal to take culture seriously and consequently is predisposed to explanations that are victim blam-

ing.

In contrast there is a developing psychology that accepts the centrality of culture in all people's lives. Culture provides the framework within which peoples and people give meaning to their situation, their actions and their goals. There are a growing number within psychology who recognise that clients in therapy need to have their culture - its values and practices - acknowledged. But the developments necessary to restructure practice in line with this recognition have been slow to occur.

Studies such as Brislin (1990) show that most psychologists still use their own standards and values in making decisions about clients. This may occur because they are unaware of alternative practices or because they are simply unaware of the differences in needs and values. The current survey of Society members by Seymour and Davis will be very interesting as respondents are asked to present an ethical dilemma arising in their work. Our expectation will be, as with the earlier survey of Canadian psychologists, that few of the dilemmas will reflect cultural issues because practitioners are relatively unlikely to recognise these problems. If this expectation is borne out we will have to say that too few of our Society members have the fundamental skills to practice effectively and ethically across such cultural borders.

In this column (June, 1995) we presented a summary of how departments were acting to be more bicultural. As Tereki Stewart said in his comments on these moves;

*This predominant focus on "cultural" aspects of change is problematic because it attempts solely to fit Maori within existing structures and frameworks. (1995)*

Three years on from the survey on which that column was based there have been more changes although Psychology departments have been slower than Education departments in this. But the key question remains, is the goal of such changes to fit Maori more comfortably "within existing structures" or a commitment to ensure practitioner effectiveness for clients. The Diploma in Educational Psychology at Otago has, at least since 1988, required all students to complete bicultural training. The NSCBI has not heard of any other training course in professional psychology that makes a comparable requirement.

In our submissions to the Working Party on the Code of Ethics, NSCBI have emphasised that the minimum requirement for a psychologist to work in an effective and ethical manner across cultural borders is an informed awareness of the culturally grounded nature of their procedures, priorities and evaluative criteria. Clearly this means that we have to recognise that evaluations of a member of a group, or of the group itself, by someone from outside the group

must not be assumed, uncritically to be valid (Pedersen, 1995). Similarly, whatever theory is drawn on as the basis of such evaluations, cannot be treated as universally valid. Rather it is the group's culturally based criteria and understandings that should be emphasised. The developing psychology referred to earlier requires such an understanding of the situation in terms of the participant's culture. This means that practitioners have to be creative and flexible, able to participate effectively in the processes by such understandings are developed, and to operate effectively in diverse situations.

It is essential that training programmes encourage and foster such skills but the survey of training referred to earlier suggest that this is not happening at a formal level. We believe it is important for more trainees to be explicitly exposed to agencies and programmes that emphasise such skills in their work. The Family Centre in Lower Hutt is an example of a New Zealand agency that has developed its own form of Just Therapy, working with Maori and Pacific Island people (Waldegrave; 1985, 1990, 1993; Tamasese & Waldegrave, 1993). Other local models and methods have been developed (Rankin, 1986).

New methods of working with Maori iwi are likely to evolve with the advent of specialist Maori mental health teams. It is desirable for New Zealand training and practice to build on these models rather than continuing to drag our heels until we are forced to recognise the centrality of culture to our discipline and practice by the international fourth force in psychology (Ivey, Ivey & Simek-Morgan; 1996).

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