

**Bicultural Issues**

The National Standing Committee on Bicultural Issues provides regular commentary on bicultural issues. It aims to explain their implications for the activities of psychologists, and for the practices and policies of the Society.

## The Treaty of Waitangi in Clinical Psychology Training at the University of Waikato.<sup>1</sup>

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### Introduction

Maori have consistently referred to the Treaty of Waitangi (the Treaty) as the constitutional basis for defining status and relationships in New Zealand society. Initially it was a document for colonists to negotiate their role and identity in Aotearoa/New Zealand. A century later it has become the document for Maori to re-establish their own status and relationships with national institutions. It is recognised these institutions are based on, and largely identical with, those of the dominant ethnic group (Metge, 1990).

### Status of the Treaty and bicultural relationships in organisations

Organisations and departments with a commitment to establishing a visible and meaningful Maori presence need to consider three stages of development:

1. Understanding the broad history and social background of Treaty of Waitangi relationships and their relevance to a bicultural perspective.
2. Accepting responsibilities and establishing systems to accommodate a Treaty framework and a bicultural perspective.
3. Identifying and implementing practical actions throughout the organisation that are consistent with these views.

The clinical psychology training programme as part of the Psychology Department at the University of Waikato depends on the larger environment for ongoing success in developing bicultural protocols.

Frictions and problems which arise between different cultures are partly social, due to competition for power in the social system, and partly cultural, due to differences in ways of seeing and valuing the world (Metge, 1990). This recognises that institutions must

recognise and implement power and decision-making changes as well as the changes in the value structures. Clinical psychology as a discipline similarly needs to recognise these changes. Integrity in the profession demands that these issues should be addressed and demonstrated in the process and content of the professional training programmes.

In the Psychology Department at the University of Waikato, the Kaupapa Maori Advisory Committee is examining its current role and functions and structural position in relation to other Department of Psychology committees. The Treaty of Waitangi is acknowledged in the University of Waikato Charter and provides a formal basis for more explicit definition within the Psychology Department values in the Strategic Plan. Together with a staff Treaty training day, these actions increase awareness and understanding of Treaty relationships in the Department, and extend involvement with cultural issues and staff responsibilities beyond the Kaupapa Maori Advisory Committee. The support of Kaupapa Maori tutors across subjects as support for Maori students and creates a network for peer and staff support for Maori students within different topic areas.

### Clinical Psychology Training and the Treaty of Waitangi

Early progress in operationalising the underlying principles of the Treaty have been made within the clinical psychology training programme at the University of Waikato (Herbert, 1998). The Treaty provides the framework and rationale for both the practical assignment work and professional practice discussion. Values based on the three Treaty Articles are incorporated into the training programme protocols in a way that provides support and understanding for both Maori and non-Maori students. These protocols

1. The second of two articles based on *Maori visibility in psychology in Aotearoa/New Zealand*. A paper presented at the Annual Conference of the New Zealand Psychological Society, Massey University, Palmerston North, 1997.



continue to develop on the basis of Treaty and bicultural understanding:

1. The importance of direct Maori input derived from the marae setting and Maori professionals in other settings (clinical and community psychologists, policy analysts, mental health managers, mental health workers). A range of experiences in the university, in marae (urban and rural), as well as other clinical settings is designed to broaden students' and trainees' understanding of iwi with Article II parameters, and Maori urban development under Article III.

2. The ongoing recognition of the equal partnership status for Maori and their role in relation to the programme. Maori students and trainees are accorded fair and equal status with other students as defined in Article III. Maori staff have the responsibility to ensure this safe environment particularly if there are few Maori students in the programme.

3. Maori community consultation is a specially developed process, and adheres to Article II structures. Maori are consulted as tangata whenua in the appropriate manner and with formal recognition. Since the 1997 Treaty settlement process, the University of Waikato now formally recognises Tainui iwi as tribal landlords of the site and the paramount role of Tainui kawa and protocol. The clinical training programme acknowledges this and also the bicultural responsibilities of representing and supporting staff and students from diverse tribal affiliations. This allows the tangata whenua consultation processes to remain independent of the teaching processes.

4. Treaty and bicultural aspects of the clinical course are presented in conjunction with mainstream clinical training. This allows comparing and contrasting protocols, and discussion of ethical and cultural issues, as training proceeds. The Treaty of Waitangi framework provides the basis for bicultural understanding of research, practice and service delivery.

5. Practicum work is undertaken with a focus on understanding the diversity of communities and

community (clinical) practices, so that students and trainees avoid stereotyping. Coursework and practicum assignments are inclusive of the Maori perspective and not an "extra". ("cultural racism", Ministerial Advisory Committee, 1986, p.25).

6. Students are encouraged to seek out and assimilate their own information and experiences as well as to provide resources for others. Appropriate consultation methods are discussed. This develops teamwork and a better awareness of ways of accessing community and Maori groups and organisations. There is a staff responsibility to provide personal support and opportunities for all students to discuss experiences and information as personal development.

### Future issues

#### *Workforce development:*

There are several important issues that were raised in the Abbot & Durie (1987) survey relating to the unavailability of Maori academics to staff clinical psychology training programmes. Although this picture has improved slightly over the decade, it does raise the issues of continuing to encourage Maori into the field of applied psychology. The current climate recognises that contracting Maori expertise into a course can create an artificial division between 'academic' and 'cultural' and that disciplines must be continue to prioritise appropriate training and workforce development with the integration of understanding and application of principles in a bicultural context. Cairns, Fulcher, Kereopa, Nia Nia & Tait-Rolleston (1997) maintain that appointing Maori to university teaching positions is an insufficient gesture without including what they define as four partnerships: the acknowledgement of traditional sources of knowledge, the role of elders, the development of iwi partnerships and a commitment to supporting the self determination of indigenous people in shaping their education and training needs.

Workforce development and training programmes must accept a dynamic process in balancing principles and interests.

### *Theory Development and Professional Practice*

Stewart (1995), and Hirini and Nairn (1996) argue a case for urgency in the development of indigenous psychological theory and paradigms derived from cultural patterns. Stewart (1997) notes that the 1990's have heralded a new interface of Maori with psychology and a more pro-active stance towards the development of a 'kaupapa Maori psychology'. Maori research methodologies, protocols and ethics are being debated (Bishop, 1994; Fitzgerald, M.H. Durie, Black, A.E. Durie, Christensen, & Taiapa, 1996; Irwin, 1994; Smith, 1992; Te Awakotuku, 1991) and are producing research which is identified as iwi determined (Waldon, 1996).

As these processes are increasingly recognised and disseminated, psychological researchers will develop theories and paradigms, which have a Maori perspective (Article III), as well as indigenous theories and paradigms (Article II).

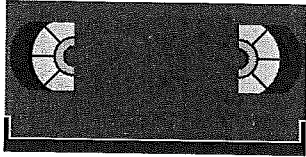
Research will validate diverse knowledge bases and acknowledge indigenous protocols as well as recognising areas of convergence. It is therefore emphasised that ethnic-specific knowledge and culturally appropriate practices do not invalidate other worldviews, but have an equal status. The Treaty framework explicitly describes these different relationships.

The bicultural focus should provide the context and perspective for research, practice and theory development. Evans & Paewai (1998) discuss criteria for culturally competent assessment and case conceptualisation in an international forum. Future issues and successes will be reflected in the range and number of mainstream publications with bicultural themes and Maori scholarship.

### *Diversity within Biculturalism*

Each one of the students in a clinical training programme, both Maori and non-Maori, brings a unique background of knowledge and experiences. Bicultural clinical training doesn't provide answers, but tools, so that each student can absorb and apply knowledge and experiences into their professional practice. Emphasis on values and sensitivity to diversity is now recognised

## VIDEO REVIEW



## "ME DEPRESSED? DON'T MAKE ME LAUGH"

### A guide to overcoming depression

Monkey See Productions, Australia

reviewed by IAN McKISSACK

Spike Milligan is, as he puts it, famous as a depression survivor. He is also one of the great comic geniuses of the century. On this 45-minute video he makes a few brief appearances. The narrator is Professor Phillip Boyce and the consultant is Jillian Ball, Clinical Psychologist, who co-authored "Beating the Blues" with Susan Tanner. Boyce and Ball present the majority of the tape and introduce a number of recovering or recovered clients who have used the techniques described. The emphasis is on people who have had long term problems with depressive moods.

The technique covered in most detail is Cognitive Therapy which describes Daily Thoughts Diaries and Mood Monitors. Later in the tape a Daily Activity Plan is also covered. In a section entitled Different Techniques for Different People, other methods are outlined; fantasy defeat of the demon

depression, meditation, and focusing outward rather than inward. The need for medication for some clients, if only temporarily, is briefly discussed.

In a section emphasising the need for depressed people to be heard, supported and comforted, Spike Milligan talks about how significant others may fail to understand the inner transformation that has taken place in depression and the danger of well meaning exhortations which in fact belittle a depressed person. I was struck by a real paradox here. The tape as a whole really says that depressed clients escape Churchill's black dog only by being prepared to use the techniques described, and that means helping themselves. Putting this to a client in a way that does not sound like "pull yourself together" is part of the art of therapy. I showed the tape to a client in an acute reactive depressive mood, still waiting for his Prozac to kick in,

and he was unable to find any benefit in it.

The only omission I found in the presentation was the absence of a discussion on spiritual counselling. I am using spiritual here in its widest sense: finding meaning and purpose in life. This might be in a religious system but could be a passionate caring for any cause or activity. The techniques described are the building blocks for a stairway out of the black hole but to stay on the surface and in the light our lives must matter and make sense to us.

#### Video Available from

Monkey See Productions,  
PO Box 3010, Waverley, 2024  
Australia

or by phoning Sydney 02 9389 8062  
Cost: \$95.00 + postage

in the completely rewritten format of the New Zealand Psychological Society Code of Ethics (1998).

Under the Treaty of Waitangi framework, the momentum and responsibility for implementation of Article I and Article III lies with the wider New Zealand society, both Maori and non-Maori. Article II provides for Maori self-determination. The principles of participation and partnership and active protection for Maori have been derived from the Treaty Articles through court and legal processes. These three principles are generally accepted but remain open to various interpretations (Herbert, 1998) and are important in establishing roles for Maori and non-Maori in a practical sense. Partnership and participation should be considered as the basis for bicultural development. The principle of active protection particularly provides for the development of kaupapa Maori psychology within a Maori worldview.

Together these provide the way forward in psychology research, theory, training and practice to reflect Aotearoa/New Zealand society.

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