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A Whiter Shade of Pale: Taha Maori and Professional Psychology Training*

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Directors of postgraduate training programmes in clinical, educational, and community psychology were mailed questionnaires designed to assess the degree to which their courses adopted a bicultural perspective. Medical and social work training course heads were similarly surveyed. Both in absolute terms and relative to the other two disciplines, professional psychology courses have made few efforts to incorporate a Maori dimension (taha Maori). No psychology staff members are Maori and none of the nine programmes reported having had a Maori graduate during the past two years. Comparisons are made with recent initiatives in social work and medicine and implications of the monocultural training of psychologists are discussed in relation to the credibility of the profession and the effectiveness of practitioners working with Maori clients and communities. Suggestions are made with regard to future developments to increase taha Maori in psychology training and increase Maori entry to the profession.

There is mounting concern about the capacity of health, education, social welfare and criminal justice institutions to respond equitably to the country's increasingly multicultural population. All of these institutions have been criticised recently for their insensitivity to Maori clients (Durie, 1985; Hui Whakaoranga, 1984; Puao-te-ata-tu, 1986; Waitangi Tribunal, 1986). In this context recruitment to and the content of professional training programmes has been considered. For example, in 1985 a national conference on medical education, with representation from medicine and a wide range of other professional and community organisations, called for an extension of positive action programmes for Maori and Pacific Island students applying for medical school entry and stated that criteria for selection should include cultural competence and tribal and community support. It also recommended that positive steps should be taken to inform ethnic bodies of the programmes and credentials required for entry (National Conference on the Role of the Doctor in New Zealand: Implications for Medical Education, 1985).

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Apart from addressing the need to increase intakes of Maori and Pacific Island students, the conference report examined ethnic issues related to health, illness, and medical training. It stated ". . . if doctors are to address the health needs of New Zealand's multi-cultural society there needs to be within medical education a recognition that the current monocultural medical education system does not address mult-cultural health needs" (p.17). The conference called for a review of the medical school curricula from the point of view of cultural assumptions and made a number of specific recommendations. Medical schools were asked to ensure that special attention be given to the 'Maori dimension' (taha Maori) at all levels of medical education. It noted that this will require Maori staff and special resource allocations. Recognising the additional competencies that Maori and Pacific Island graduates will require if they are to be effective in meeting the health needs of their own people, it also recommended that medical schools contract course work out to Maori schools of learning and make formal links with Maori and Pacific Island organisations.

While professional psychology training programmes have not been opened to peer or public scrutiny in the way that medicine

has recently, psychologists work in the four institutional settings that have been challenged for their mono-cultural bias. The subdiscipline of clinical psychology is heavily concentrated in mental health settings under the control of hospital and area health boards. Growing numbers of clinical psychologists are also employed by the Justice Department and the Department of Social Welfare. Educational psychologists are employed primarily by the Department of Education. Community psychology has members working in a variety of settings, including non-statutory social service organisations in addition to hospital boards and Government departments. In recent years, clinical and educational psychologists have also moved into the non-statutory sector and private practice.

In all settings where psychologists are employed, apart from tertiary education and private practice, Maori clients are substantially over-represented relative to their numbers in the general population. Maori people comprise approximately nine percent of the total population (Population Monitoring Group, 1985). Currently, over 50 percent of children under the care of the Director General of Social Welfare are Maori and offending by Maori juveniles is claimed to be six times greater than for non-Maori (Department of Social Welfare, 1984). Nearly half of all prisoners are Maori (Department of Statistics, 1980). Maori admission rates to psychiatric hospitals are higher than non-Maori rates and have trebled in less than 20 years (National Health Statistics Centre, 1983). This general pattern is similar to that found among other indigenous minorities that have experienced colonialism and massive cultural dislocation, for example, North American Indians and Australian Aborigines.

While the challenge posed by Maori over-representation within our institutions of care and social control requires serious attention and action on the part of many groups and agencies, in the forseeable future many Maori will require, seek, or be referred to psychologists for assessment and other forms of professional intervention.

In the international literature it is increasingly recognised that health and social service delivery systems are embedded in complex sociocultural matrices and that effective service delivery must be culturally syntomic, that is, consistent with the needs, perceptions and values of those being served (Wagenfeld & Ozarin, 1982). Research showing that diagnosis and therapeutic efficacy can be compromised by ethnic factors, especially when professionals and their clients are not of the same ethnicity, is consistent with this viewpoint (Varghese, 1983). Problems apparent in clinical and institutional settings are, if anything, likely to be magnified as psychologists adapt to the new role demands that can be expected to arise in the wake of deinstitutionalisation policies which are currently being pursued within New Zealand's mental health, social welfare and criminal justice services (Haines & Abbott, 1986). For these policies to succeed without generating considerable social disruption and personal suffering, existing community services and supports will need to be substantially strengthened and cooperative working relationships established between community organisations and the larger institutions. Psychologists working for these statutory bodies will require competence in relating to and working alongside community groups and existing social networks. With regard to Maori clients, professionals will need to establish credibility with and gain the respect of Maori family, marae, tribal, and other groups. This will be difficult unless practitioners gain sufficient understanding and competence in taha Maori. For Maori psychologists, if they are to assume leadership roles in Maori health and social service organisations and act as link people, bridges, between statutory bodies and Maori communities, the need for bicultural competence and credibility will be even greater.

Although the content of and entry to university psychology courses in New Zealand do not appear to have been assessed with regard to monocultural bias, these and related issues have received comment elsewhere. For example, the September 1984 edition of the *American Psychologist* included a series of articles that discussed the cultural insularity of U.S. psychology. Triandis and Brislin (1984) examined contributions from cross cultural research that could

be, but rarely are, incorporated into the teaching of perception, cognition, motivation, interpersonal interaction, and group dynamics. More directly relevant to the concerns of the present study is their overview of training programmes designed to increase student ability to understand and interact with members of different cultural groups. They note that while cognitive changes have been demonstrated following programme participation, additional research, especially with regard to means of maximising attitudinal and behavioural change, is required, Another contributor, Torney-Purta (1984), provided an annotated bibilography on cross cultural resource materials for instructors in the fields of educational/developmental and social/organisational psychology. Useful overviews of the relationship of culture to psychopathology and clinical intervention have been provided by Marsella (1979; 1980), Draguns (1980), and Prince (1980).

A number of Third World psychologists have also discussed the limitations of and ethnocentrism inherent in Western psychology. Ardila (1982), a Colombian psychologist, notes that '. . .contemporary psychology is largely an Anglo-Saxon discipline that shares the values and assumptions of English-speaking countries, particularly the United States; some of these values and conceptions seem to be alien to the Latin American way of thinking' (p.120). Schwendler (1984), a UNESCO representative, observes "The out put produced by the West impresses by its neatness and precision, but often disappoints scholars from the Third World by. its artificiality, triviality, and lack of relevance to the real-life psychological situations confronting them" (p.14). While some Third World colleagues reject Western Psychology as an instrument of Western imperialism (Mehryar, 1984), others believe that through the incorporation of indigenous concepts and a commitment to addressing local sociocultural conditions and problems valid, socially relevant bases for psychological practice can be developed.

Radical psychologists from developing countries do not have a monopoly on questioning the practical relevance of academic and university-based professional training programmes. Apart from the occasional critiques of the cultural insularity pervading the discipline generally, there is a substantial literature criticising conventional academic practitioner training models. Perhaps most apposite to the present discussion is the concept of cultural encapsulation, described by Wrenn (1962) as a process which follows from a dogmatic adherence to some universal notion or truth that leads to the disregard of cultural variations among clients. Academic training programmes are considered to foster this process, by implanting cultural biases in their curricula (Kagan, 1964). While these biases are typically implicit, Locke and Lewis (1969) identified specific examples of racism in the training of practitioners. Even when instructors have attempted to 'de-encapsulate' novice therapists, training in cultural sensitivity has been claimed to be limited by the use of clinical models which are embedded in the 'conventional wisdom of comtemporary psychology' (Pederson, Draguns, Conner, & Trimble, 1981). In spite of the civil rights movement, affirmative action programmes and efforts by the National Institute of Mental Health to foster immovative training programmes and increase minority recruitment to the mental health and allied professions, Trimble (1982) has argued that professional psychology courses in the United States remain culturally encapulating, producing middle class white practitioners with a world view and professional skills ill-suited to the vast majority of clients who are non-white, from lower socioeconomic levels, and differ significantly from psychlolgists in terms of socialisation and values.

The degree structure of professional psychology training in New Zealand universities is based on the English model. The content of most if not all courses derives largely from the United States. While no comprehensive assessment has been made of postgraduate professional programmes in this country, on the one recent occasion when a university council called for an independent assessment of its psychology department, the department was strongly criticised for its limited interest in community and applied issues. The review committee concluded that non-university submissions, many of which

were made by psychologists working in practice settings, made it clear that the department was not respected for its application of theory to indigenous applied problems. Major inadequacies in the clinical psychology programme and failure to equip students for work in other applied areas were noted by the committee. It recommended that the clinical programme be scrapped or radically restructured and revitalised.

The present study grew out of recommendations made by Maori participants at the Mental Health Foundation's 1985 conference (Abbott & Durie, 1986a; Mental Health News, 1985). The Foundation was asked to determine the degree to which the various health disciplines were reviewing their training curricula to provide a bicultural perspective and facilitate discussion regarding the potential of Maori Institutes of Learning to train health workers. These matters and related issues were addressed by surveying all heads of tertiary level professional courses in health and health-related disciplines. Although some of the findings pertaining to medicine and social work are reported here for comparative purposes, the major focus is on post graduate, professional psychology programmes.

Method

A questionnaire was developed to assess the degree to which professional training programmes adopted a bicultural perspective. Additional items covered numbers of Maori course applicants, entrants and graduates in recent years. A further section sought information regarding future plans to increase the taha Maori component within training curricula. Most questions were open-ended and space was provided to encourage respondents to describe course content and elaborate on their experience and opinions regarding biculturalism within their programmes. Respondents were left to made their own decisions regarding what constituted 'biculturalism' or 'taha Maori'.

In November 1985 all heads of tertiary-level training programmes for professions with a substantial involvement in the mental health field were sent a copy of the questionnaire and a covering letter explaining the purpose of the study and offering to send interested respondents a report summarising the survey findings. Early in 1986 nonrespondents were sent a reminder and a further copy of the questionnaire. By mid-1986, all respondents had replied. All respondents requested a copy of the final report.

Results

Detailed description of the survey findings is confined to the nine courses which lead to professional qualification as a clinical, educational, or community psychologist. A summary of findings from medical and social work courses is provided to enable some comparisons with psychology. Information on the other disciplines is available elsewhere (Abbott & Durie, 1986b).

Course prerequisties

The professional psychology programmes all require applicants to have an undergraduate degree with high grades in advanced psychology and/or educational psychology papers. Most programmes also give some weighting to prior experience in a related field and assessment of suitability in terms of personality. The educational psychology courses require additional relevant experience, typically teaching at primary or secondary school levels.

None of the programmes require completion of courses or papers in Maori language or culture. Although prerequisite papers for the clinical course at Victoria University include a visit to a marae and a seminar on Maori perspectives in health, applicants to the course from other universities are not required to have undertaken similar instruction. For the past few years all Teachers' Colleges have included compulsory courses in Maori language and culture (currently 100 hours per annum for primary teachers, 50 hours per annum for secondary teachers). Consequently, while not mandatory, a number of educational psychology programme entrants will have had some taha Maori instruction and involvement. Only one psychology course director indicated that although taha Maori experience is not a prerequisite, it would be seen as highly desirable and would strengthen an application.

Course content

The professional (postgraduate) component of the psychology courses involves three to four years of study and supervised practicum. Four of the nine postgraduate courses include some instruction on Maori cultural perspectives/issues. One programme provides a two-hour seminar taken by a part-

time specialist from outside the department. Another programme includes four to six hours of seminar time and several relevant field trips. The other two programmes take students to a marae for a total of two or three days during the three year course. All four of these courses are located in universities in the upper half of the North Island.

Staff

Approximately 19 teaching staff have a major reponsibility for teaching applied psychology courses. Many programmes involve additional part-time staff from university and applied settings. None of the staff are Maori. One is said to be able to enunciate a taha Maori perspective.

Consultation with Maori advisory bodies

None of the programmes have a formal relationship with a Maori advisory body although three seem to be taking tentative steps in this direction. Two are seeking contact with university Maori Studies departments; the other with 'leaders of a local Maori community'. Some respondents noted that their departments or faculties have recently entered into discussion or liaison with Maori organisations but they do not appear to have been directly involved personally or to have considered the development in relation to their own programmes. Some respondents indicated that they were unclear about the appropriate Maori group/s to contact.

Programme heads were asked about their views on the possibility of contracting out parts of their training programme to Maori educational organisations such as Maori Institutes of Learning. Six respondents were strongly in favour of this proposal; one was 'theoretically supportive' but noted problems with an already over-full curriculum and finding funding; one said this had not yet been discussed within the Department and another did not respond to the item.

Maori student entry and graduation

None of the nine programmes has had a Maori graduate during the past two years. Two of the six clinical psychology courses have had a Maori applicant over the past two years and both applicants have been accepted. The community psychology course also has accepted a Maori applicant although personal circumstances have prevented the student from taking up the offer. While one of the educational psychology programmes has had no Maori applicants in recent years, the other has recently accepted two (18 percent of the current intake).

Seven of the nine respondents considered that the ratios of Maori to non-Maori applicants, successful applicants and graduates represent an ethnic imbalance. One respondent circled both the 'yes' and 'no' response categories, explaining that the number of Maori students enrolled in their course currently is probably representative for the South Island population but that it is not if the reference point is the percentage of Maori in psychiatric and penal institutions. The remaining respondent said there was not an imbalance and added that there had been no Maori applicants during the past four years. Most pointed to difficulties in attracting Maori graduates to their programme and asserted that it would be highly desirable to improve on past performance in this regard.

Course directors were asked 'If you consider that there is an (ethnic) imbalance, what steps have been taken to correct it?' One respondent gave no response, five others indicated that they had taken no action, and the remaining three noted that they had made some, albeit small, steps. In the latter category, one person said 'I suspect that we are operating an affirmative action policy'. Most respondents said that a major barrier was the small number of Maori students who completed degrees in psychology or the lack of suitable candidates presenting for selection. Illustrative responses to this question include the following:

'The problem occurs prior to our programme. However, it is possible we should take active steps to encourage the very few Maori graduates in psychology to apply for training and adopt an affirmative action policy regarding their entry'.

'It would be naive to attempt some affirmative action at graduate level as there are very few if any Maori undergraduates who come through to advanced levels in psychology. I would be happy to take any action possible to made professional psychology membership more regresentative. I believe this is more important than exposing

our white middle class students to some token crosscultural experiences'.

'The academic hurdles to get into this professional course are rigorous and the values of the Department emphasise individual striving, protestant work ethic, and intellectual excellence European style'.

'We have been trying to encourage more of our undergraduate students toward the diploma training. In the case of Maori students, we have trouble finding such students to encourage. One of our staff, who has a part-time appointment in the Centre for Maori Studies, has promised to make a stronger link between our programme and the activities of the Centre. Unfortunately, other than promise, we have had little happen in this direction'.

In summary, it appears that most if not all respondents considered the main reason for the low Maori entry rate to be low intake into and completion of the prerequisite undergraduate degree. In the case of educational psychology, additional teacher training was seen by one repondent as a further filter reducing the available pool of potential applicants. Respondents implied, through their failure to report major efforts to change undergraduate curricula or engage in other activities to attract Maori students, that they were either not motivated or felt powerless to change the situation. A few respondents indicated that they used or were prepared to use encouragement and affirmative action policies to increase the postgraduate intake of Maori students, albeit from a population of qualified graduates. None suggested that changes to their programme might assist in attracting more Maori students. Retention did not appear to be regarded as a problem. Until recently, there have however been virtually no Maori students to retain!

Issues confronted in programme changes to increase taha Maori content

Programme directors were asked 'If you have been making changes in the past two years to increase the taha Maori or 'Maori dimension' within your training programme, what key issues have you faced?' A related question asked if they had confronted any organisational constraints in relation to increasing taha Maori perspectives. Four of the six clinical psychology directors made no response to either of these questions which is not unexpected given that only one of the four courses contained any taha Maori content. One of the remaining clinical respondents said that he had had to make time to learn some rudimentary Maori phrases and join a 'friendly group'. The other noted the 'necessity to have some graduates who speak Maori' and to have 'more interaction at a non-academic level with taha Maori'. Both mentioned systemic constraints, including their difficulty in deciding what to take out of an already oveloaded syllabus to enable 'more culturally relevant material' to be included in the examination system.

Respondents from the community and educational psychology programmes noted the following issues: Difficulty in securing cooperation with a colleague in Maori studies, a shortage of Maori children and families within the region for students to be able to obtain case work experience, and uncertainty regarding the best way to proceed; that is to fit taha Maori within the existing structure, change the structure, add 'it' on, or integrate taha Maori perspectives/skills into all skill-building units. One respondent indicated that some colleagues query the relevance of taha Maori.

Future plans

Course directors were asked if they had any plans to increase or decrease the taha Maori perspective of their courses. One respondent stated simply 'No; other changes are more urgent'. The course in question, a clinical programme, does not currently have any instruction on Maori social or cultural issues. The responses from the other clinical directors were as follows:

'Yes, certainly, but it is easy enough to respond to a pressure group by including some token experiences which can be used subsequently to demonstrate how enlightened and progressive a course it is. The impact on our burgeoning racial disharmony is trivial. The problem is that the components of our multicultural society do not have equal access to resources and power. Being treated with increased sensitivity is no substitute for money and political power'.

'Yes, by insisting diploma students attend appropriate courses within the University (if

the regulations will allow us to insist) and certainly to persuade them'.

'No. . . but there would be little difficulty in integrating a Maori perspective into aspects of the practicum requirements. . . in my framework I would have to devise a way of making that somehow examinable'.

'We intend over a period to provide increased input from outside experts. The difficulty which I have met so far is finding people to provide the input. Those who can do so are substantially overburdened already'.

The director of the community programme said that there were no plans to change his course as far as he was aware. There was no response to this item from one of the educational programme directors and the other replied 'not formulated yet. . . information gathering phase'.

In summary, it would appear that three of the nine course directors have no plans to increase taha Maori aspects of their programmes, two have some, albeit modest additions in the pipeline, and the remaining four are thinking about it.

Additional comments

Respondents were invited to make any further comments they wished. Most either expanded on responses to earlier questions or commented on related issues. For example, one clinical director noted that graduate students increasingly come from upper socioeconomic backgrounds. He continued 'students not only lack a perspective on Maori culture which is in itself disastrous but they have little idea of the values, attitudes and beliefs of people in the lower socioeconomic groups and other groups like the unemployed and solo parents. 'Raising consciousness' is often superficial and patronising. There are almost no Maori people in professional psychology. The important need is to either make the profession accessible to the Maori. . . or to create parallel institutions-reinforce Maori approaches to mental health problems, give them the resources to create their own profession and let clinical psychologists carry on dealing with the problems of the affluent middle classes'.

One of the two educational psychology respondents noted that his programme was located in a part of the country where few Maori reside and claimed that local community pressure for biculturalism was not strong. He added that because his course is producing psychologists on a national basis it should be involved in raising standards of care for Maori people. Because local Maori resource people were few, he suggested that more use of distance education should be considered with television, radio and telephone seminar links with North Island Maori educators.

The other educational psychologist respondent explained that while formal taha Maori input to the programme was meagre, students saw many Maori clients, involving students in liaison with elders and other Maori people. The view was expressed that work with individuals, in a way which is sensitive to cultural differences, is more valuable than taha Maori in the abstract.

A number of respondents indicated that being asked to participate in the survey had helped them to assess their course and look at changes for the future. For example, one said, 'sorry to take so long to return this. When it first arrived it served to have this whole issue addressed. Unfortunately, progress has been very slow. I would be grateful to find out how others go about addressing this issue'. Another wrote a covering letter:

'My apologies for the long delay in sending you this questionnaire. It has lain in nearly completed form on my desk as I, embarrassed by the responses which I was making, attempted to organise a response to question 12 (future plans) which was satisfactory to me. At this stage the response is a reflection of the action so far, however having had the inadequacies of our programme in this area cast into relief we will seek to include a sufficient component of taha Maori perspective to prepare our students to assist all their clients, whatever their race'.

Comparisons with medicine and social work

From Table 1 it is evident that both psychology and medicine have very few staff members who are Maori or are considered capable of enunciating a taha Maori perspective. Social work, by comparison, is well served with approximately seven percent of staff Maori and just over 20 percent apparently with at least some degree of bicultural competence. In addition, two further staff

Table 1: *Taha Maori involvement: Comparisons between psychology, medicine, and social work.*

		Psychology	Medicine	Social Work
Ratio of Maori to non-Maori staff		0/19	2.25/303	2.25/28
Ratio of staff able to enunciate taha Maori perspective		1/19	2.25/303	6/28
Number of programmes with Taha Maori content	none	5	0	0
	some	4	2	2
	substantial	0	0	2
Number of programmes with a Maori advisory body				
	no	9	0	0
	yes	0	2	4
Number of programmes that have taken steps to correct the ethnic imbalance in student numbers				
	none	6	0	0
	some	3	2	0
	substantial	0	0	4
Number of programmes with future plans to increase taha Maori course content				
	none/other	7	0	0
	some	2	2	0
	substantial	0	0	4

appointments are currently pending, both reserved for Maori social workers.

Reference to Table 1 shows that of the three disciplines, psychology is the only one that has programmes with no bicultural course content. The terms used in the table, 'none', 'some' and 'substantial' are relative. 'Some' means more than 'none' and ranges from one two-hour seminar on Maori health issues in a clinical psychology programme to an average of just under 30 hours of taha Maori course content per year in one of the social work courses. The two social work programmes that are deemed to provide 'substantial' bicultural course work exceed an average of 30 hours per year. One of these programmes (School of Social Work, Auckland College of Education) has introduced a special 'Maori option' this year which is open only to Maori students. Eleven applicants were accepted into this programme, which is designed to equip Maori social workers with specialised skills and knowledge to work more effectively in Maori communities and with Maori clients. A further four Maori students chose to enter the general programme run by the School. Eight Pacific Island students were also included in the total 1986 intake of 39 trainees.

While none of the psychology programmes have Maori advisory bodies or boards, all of the social work courses and medical schools have links with one or more Maori organisations. In some instances, these bodies provide consultation with regard to selection processes and/or course content. In others, they play a major role in the selection of applicants and in the running of programmes.

All of the social work programmes have plans to substantially increase the bicultural character of their courses. The medical schools and two of the nine psychology

programmes intend to make some changes in this direction. The majority of psychology programmes have no immediate plans to increase their taha Maori course content.

None of the psychology courses have had a Maori graduate during the past two years. The percentages given by the medical schools are an estimated 2-3 percent for one and 2.3 percent for the other. Corresponding percentages for the social work courses are 17, 13, 5 and 3. In contrast to previous years when apparently no Maori students sought entry to professional psychology courses, during the past two years four courses have received applications from, and accepted, Maori students.

For both medicine and social work, it is evident that affirmative action policies are being pursued with regard to Maori applicants. In the case of medicine, special Maori and Pacific Island preferential entry criteria have been in operation for a number of years. Although not stated explicitly in published course outlines, the figures provided by course directors indicate that at least two of the four social work programmes practice affirmative action. The percentages of Maori applicants to three of these programmes during the past two years were 14, 5, and 6. Corresponding percentages for successful Maori applicants were 20, 10, and 5. The remaining social work respondent did not provide the figure for Maori applicants. The percentage of successful applicants to this programme during the past two years was 28.

The Auckland College of Education course, from the outset, was planned to attract and cater for the additional needs of Maori and Pacific Island students. It has more fexible entry criteria than the University-based social work programmes and puts more emphasis on practical experience in community settings and bicultural competence. The other social work programmes have plans to increase their intakes of Maori students by engaging in more active outreach into Maori communities and increasing their taha Maori course content.

Discussion

In both relative and absolute terms, applied psychology training programmes have at most taken fledgling steps to respond in a positive manner to the expressed need for increased attention to the Maori dimension (taha Maori) in health science training. Only four of the nine programmes give any attention to Maori cultural and health issues; only two have immediate plans to increase their taha Maori content. As might be anticipated, involvement and interest in taha Maori appears to be greater in North Island centres with larger Maori populations. On both counts, progress to date and future plans, professional psychology courses fall short of their counterparts in social work and medicine. Nevertheless, most psychology programme directors gave some indication that they were considering the implications of biculturalism for their course and all requested feedback from the survey reported, in part, in this paper.

Not only have no psychology programmes had a Maori graduate during the past two years, we know of only three psychologists of Maori descent who have ever completed applied postgraduate degrees or diplomas in psychology. For many years medicine has pursued affirmative action policies in the selection of Maori students. The social work programmes also seem to have followed this path in recent years and have gone further by establishing a special course that has flexible entry criteria and is strongly bicultural in orientation. Although psychology programme staff have not introduced structural changes that might be expected to encourage Maori applicants, five Maori students have been accepted during the past two years. If these students complete their training, they will boost by more than 200 percent the number of currently practising Maori psychologists.

Constraints

No doubt there are many reasons why the psychology programmes surveyed have not gone further in responding to calls from Maori organisations, review committees, commissions and national conferences for greater attention to taha Maori in professional training. The survey reported here was not intended to address this matter specifically. However, related issues did emerge and warrant discussion.

A number of respondents pointed to time constraints and competing interests, making

it difficult to add an additional course into the established, already overfull curricula. None of the courses have staff who are Maori or are able to enunciate taha Maori comfortably and, relative to social work and medicine, there are very few biculturally-oriented psychologists in practice settings who could assist part-time with student training. Respondents from the few psychology programmes that do include Maori content show, not suprisingly, that they look to Maori organisations and Maori colleagues in allied professions for assistance. There is good reason to believe the claims of some psychologists and social work respondents that these people and organisations are under considerable pressure from a diversity of statutory, educational, and community groups to provide instruction in taha Maori However, relative to the other disciplines surveyed, psychology course directors appear to have done little to involve local Maori organisations or seek out knowledgeable people in other university departments or disciplines. We were surprised to find little evidence of active consultation or involvement with Maori Studies Departments.

Unlike the schools and departments of medicine and social work, applied psychology programmes are embedded administratively within general academic departments. This, combined with their small size (mode of two full-time staff members), may cause additional constraints in terms of ideology, course flexibility and resource availability. This administrative arrangement may also have implications for the degree to which applied psychologists within psychology departments can made changes to professional programmes. One respondent touched on this in his initial reply. He elaborated in his capacity as a reviewer of an earlier draft of this paper:

> 'As a programme co-ordinator myself I am in a position to ask, at least for the six clinical programmes, what interest or significance do their opinions actually have. . . . With due respect to myself and others, a group of more inexperienced, beleaguered, and powerless academics would be hard to imagine. There is a vacant director's position at Victoria, and the turn-over of course directors is continual. . . All, like myself, are answerable to or controlled by a variety of University, Departmental, and professional committees'.

While a lack of power within the political structures of academic departments and universities could play a part in constraining efforts to introduce programme changes and recruit Maori applicants, this would not become a relevant issue in the present context unless there was a strong desire on the part of programme directors to make such changes. From the data presented, the impression given is not only that applied psychology academics have yet to seriously address taha Maori in relation to professional training, but that a number have little interest in doing so in the near future.

Among those who have started to consider biculturalism in relation to their programmes there appeared to be some confusion regarding which Maori organisations to involve and how to proceed. None indicated that they had overall objectives for taha Maori within their courses. Although it is possible that the practical constraints mentioned by respondents have played a part in frustrating bicultural developments, they may be minor in comparison to a lack of widespread commitment to develop courses that will equip graduates to work effectively in bicultural settings.

Accountability

Although the psychologists' Act 1981 specifies that the Board has the power to advise the Minister of Health and any university council on any matters relating to the education of psychologists, we know of no instances where it has seen fit to assume a regulatory role with regard to the content of professional training programmes. Similarly, neither the New Zealand Psychological Society, its Council, nor the specialist divisions currently provides an independent accreditation or monitoring of postgraduate professional courses. However, the Society has recently established an accreditation committee which is exploring this matter. While this committee's draft of proposed accreditation criteria shows little evidence of concern about bicultural course content or minority group entry to the profession, a member of the committee has recently approached the first author in this regard. He writes, 'Among the many concerns I

personally have about such courses is their general lack of Maori or Polynesian focus, and the lack of appreciation of the different values, needs and practices of these quite different client populations. I can see this will be a difficult and long-running issue as the NZPsS moves towards its intended role in accrediting such training programmes'.

Not only is there presently little or no formal regulation and monitoring by the profession, but psychology training has been less open to scrutiny from statutory agencies, other professionals, and representatives of the wider community than has been the case with the other two disciplines discussed in this paper. The outcome in the one instance when a university council did call for the independent review of a psychology department was summarised above.

The wide-ranging review of medical education was mentioned previously. Social work programmes are reviewed regularly by the Social Work Training Council and it is significant, in the present context, that its recent report has emphasised the need for a strong Maori perspective in all training courses (Report of the Ministerial Review Committee on the New Zealand Social Work Training council, 1985). Similarly, the Minister of Social Welfare has recently endorsed the recommendations of a special advisory committee that investigate biculturalism within the Department of Social Welfare (Puao-te-ata-tu, 1986). The report noted 'Both staff and the community questioned the relevance to the needs of teh Maori of much of the university based training of social workers' (p.39). The committee recommended that the State Services Commission investigate the extent to which tertiary social work courses meet the cultural needs of public servants seconded to them. Psychology programmes have, to date, generally escaped these forms of scrutiny which have undoubtedly had some influence on medical and social work training.

Although there is lack of external feedback and forums at which accountability and relevance can be monitored, all members of the New Zealand Psychological Society are allegedly guided by its code of ethics (New Zealand Psychological Society, 1986). This code is also available to the public 'in order to inform them of the professional standards of psychologists' (p.31). Under the heading of '1.0. Responsibility', members are advised that psychologists are expected 'to respect the cultural environment in which they work' and are informed that: '1.5. Psychologists are sensitive to cultural and social diversity. They recognise that there are differences among people, such as those that may be related to age, sex or socioeconomic and ethnic backgrounds and, when necessary, they obtain training, experience or advice to ensure competent service or research relating to such persons' (p.32).

Given the ethnic composition of the Society's membership and the structure of the profession's training programmes, we can readily anticipate the conclusions of a review of applied psychology courses by committees similar to those that have examined medicine and social work.

Implications

In our view the profession and its training programme staff should assess how well they are meeting the needs of Maori clients and organisations and identify how they might do better. Applied psychology programmes, if they are to successfully incorporate taha Maori into the curriculum, will need to develop clearer objectives acceptable to the overall aims of the course as well as to Maori students, colleagues and tribal authorities. Other health disciplines have begun this by establishing formal associations with Maori organisations. Maori groups that may be able to assist with course planning and monitoring include:

(1) Maori Studies Departments
(2) the tribal council in a district
(3) District Maori Councils
(4)Maori learning centres, for example, Te Wananga o Ruakawa, Okakukura
(5)Maori health groups, for example, Maori Women's Welfare League, Women's Health League, National Council of Maori Nurses.

Unlike other disciplines, applied psychology is not in a position whereby Maori members are available to fill academic posts in training programmes or assume part-time teaching and supervision responsibilities. Consequently, in the forseeable future, it will be necessary to look to outside specialists to provide taha Maori instruction. This could be done by bringing colleagues from related professions and Maori Studies Departments

into the teaching programme and/or by contracting out parts of the programme to Maori organisations, including Maori Institutes of Learning. Both approaches have advantages and disadvantages. It has been brought to our notice that a number of Maori people with expertise in health and cultural matters are under pressure from many quarters to provide instruction. There is a heavy demand for Marae visits. Many requests overlap. Consequently, to conserve scarce resources consideration could be given to an integrated appproach, relevant to all health sciences in a particular area. This suggestion would seem particularly appropriate for post-graduate courses which typically have very small numbers of students. It may also have implications in other areas of professional training, including preparation for future teamwork. Other approaches, for example, the suggestion of 'distance education' methods, might also be worth considering in those parts of the country where the Maori population is small.

Maori students

The applied psychology disciplines are probably the most monocultural, in terms of Maori representation, of all New Zealand professions. No doubt there are various reasons why this is the case. Psychology is one of the few professions which requires the completion of an undergraduate degree, majoring in an academic subject, prior to acceptance into any of its professional training programmes. Although there do not appear to be published figures on the numbers of Maori students who complete degrees with advanced papers in psychology or educational psychology, a number of respondents claimed that there are very few Maori graduates available to apply to enter their programmes.

If this is so, even if changes were made to undergraduate courses to make them more relevant and attractive to Maori students, we cannot anticipate a sudden increase in graduates during the next few years. Perhaps it is time to reconsider entry criteria and look at other ways in which psychology training and expertise might be made more relevant and available to Maori community and health workers.

Although the requirement for completion of an undergraduate degree may act to reduce the number of potential Maori applicants to professional programmes, it could also provide an opportunity to introduce students to taha Maori prior to entering postgraduate courses. For students who do not already have competence in Maori language and culture, satisfactory completion of university courses in these subjects could be prescribed. This requirement may also signal to Maori undergraduates that their culture and needs are being taken seriously within professional psychology. Consequently, more may consider preparing themselves for a career in one of the applied subdisciplines.

Maori students presently enrolled in postgraduate psychology programmes can be expected to confront expectations and demands additional to those applying to non-Maori peers. To serve and in time assume leadership roles in Maori society and Maori health services, Maori students will require more than an introduction to taha Maori. They will need to be highly competent in this area if they are to be accepted as useful Maori practitioners. It is evident that it could be difficult to acquire these additional competencies within the tightly packed, monocultural programmes that currently are the norm. Perhaps the lead taken by the School of Social Work in Auckland to establish a specialised programme for Maori students could serve as a model for psychology. One of the clinical psychology programmes, for example, might develop a full bicultural programme for Maori students, perhaps overlapping with an orthodox programme and perhaps also formally involving a Department of Maori Studies and/or a Maori Institute of Learning. Possibly an orientation course could be developed to enable mature students to enter without having to complete a full undergraduate degree. There are many possibilities that could be explored along these lines.

The Future

While biculturalism means different things to different people, it has at its core the recognition of Maori people as the tangata whenua with a right, as enshrined in the Maori language version of the Treaty of Waitangi, to their own language and cultural self determination. It 'involves understanding

and sharing the values of another culture. . . ', '. . .means that an institition must be accountable. . . for meeting (client) needs according to their cultural background', and includes '. . . the sharing of responsibility and authority of decisions with appropriate Maori people' (Puao-te-ata-tu, 1986, p.20). It is difficult to predict at this stage how professional psychology programmes will respond to the challege posed by bicultural ideology. However, prediction is not the objective of this paper. Rather, it is concerned with describing the response by these programmes to date in the context of changes in allied disciplines and at some other key points where professional psychology interfaces with significant social institutions. Although we have attempted to summarise the survey findings objectively and raise issues for discussion, we do not pretend to be nonpartisan observers.

If we were to look to the United States and efforts there to broaden professional psychology programmes to incorporate minority perspectives and participation, the prognosis for the type of development that we advocate would not be good. Indeed, the resistance of psychology and other professions to changing social concerns and demands has led to them being described as 'pipeline industries' (Russell, 1984). They cannot be turned on or off suddenly. Furthermore, some reservations may be expressed regarding the impact of previous attempts to prepare white middle class psychologists for effective work in minority ethnic cultures. Although cognitive learning has been demonstrated, further research is required to determine how to reliably produce attitudinal change, emotional commitment and professional skills attuned to the needs of clients from different ethnic groups. Local efforts directed towards these ends should be evaluated in the same way that other components of professional training could be. The possibility that 'culturally encapsulating' programmes might actually diminish the effectiveness of Maori graduates practicing in Maori settings also warrants consideration. By addressing these and related questions, psychologists would not only be building an indigenous applied psychology, they would also be providing a solid information base with relevance to their colleagues in related disciplines and ultimately, to wider New Zealand society.

Conclusions

It has been estimated that by the turn of the century, nearly 25 percent of school-leavers will have some Maori ancestry. In the northern half of the North Island, this figure is expected to rise to 50 percent (Waitangi Tribunal, 1986). While these percentages are higher than Planning Council estimates (Population Monitoring Group, 1985), it is generally agreed that the Maori population is growing at a faster rate than the non-Maori population. Similarly, there is growth in Maori social institutions and a renaissance in all spheres of Maoridom. Tribal councils are changing to meet a wider range of responsibilities and there is increased recognition in government circles that Maori people wish to have more control over all facets of their lives, including health and social welfare. The institutions within which most applied psychologists work currently have disproportionate numbers of Maori clients. All of these institutions have been found wanting in terms of their capacity to equitably serve Maori needs and some are making changes to meet these criticisms. If psychology is to produce graduates (both Maori and non-Maori) who can work effectively, gain respect and assume leadership roles within an increasingly multicultural society, it is evident that the small steps taken to embrace taha Maori within professional training programmes will need to be greatly amplified. These developments should be evaluated. Psychology is not alone in this situation and there is room for collaboration and consultation with colleagues in related disciplines, disciplines which are ahead of psychology in facing this challenge.

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