Toward cultural safety: Experiences of a non-Māori therapist working with Māori clients –Part II

Marianne Lammers

Marianne Lammers, received her PhD in social psychology in 2002 from the University of Waikato. She co-ordinated the first year social psychology course at the psychology department of the university for six years, after which she accepted a position in the Hamilton Court managing the Restorative Justice Pilot Programme; a position she kept for five years. In January 2008 she started working for the Department of Corrections in Waikeria Prison as a facilitator in the Special Treatment Rehabilitation Programme for violent recidivist offenders who are mainly Māori; a position she still holds. Marianne noticed that in order to have a therapeutic alliance with her Māori clients she needed to become acquainted with kaupapa Māori, and to put that into practice in her work with her Māori clients.

Marianne was chair of the Waikato/ BOP branch of the NZPsS from 2004 -2008 and is still on the executive. This year she organised and led the ethics workshop for the NZPsS Waikato branch in her region. She was also chair of the Institute of Counselling Psychology from 2007 to 2008 and is currently chair of the membership committee of the Institute.

This paper is published in two parts. In the last issue a literary review of culture and how New Zealand's political and social history negatively impacted Māori identity formation was discussed. This part of the paper will consider the psychological difficulties experienced by Māori from a wider context of socio-political influence, rather than see them as personal deficits. It will look at the values and practices of Māori culture as part of identity, and how to incorporate these values and practices in treatment, so that a culturally responsive intervention is delivered for Māori clients

> ***He moana pukepuke, e ekengia e te waka***
> (A choppy sea can be navigated)
> (Macfarlane, 2006)

It is not easy for a non- Māori practitioner who was born in Europe to be biculturally competent and deliver culturally safe treatment. However, it can be done with commitment, passion and perseverance.

Bicultural competence

Bridging the cultural divide starts with a focused 'awareness check' on how one's background shapes personal values, assumptions, and biases related to Māori people. Knowledge and understanding of the principles incumbent in the Treaty of Waitangi are needed as the basis of one's work. One also needs to make sure, as is stipulated by the New Zealand Psychologists Board (2006), that one has sound knowledge of psychological, historical, and socio-cultural influences, as well as a sound understanding of Māori values, concepts, and processes. Furthermore, one needs to weave awareness and knowledge into practice when working with Māori clients, as is required by the Department of Corrections (2006). Becoming biculturally competent is a process; a journey that I have started.

Being involved and showing interest in things Māori is a step in the right direction towards becoming biculturally competent. To facilitate Māori participation in treatment programmes, one needs to incorporate Māori social values, such as mihi, whanaungatanga, whakamana, manaakitanga, awhi, and aroha into one's everyday work.

Māori social values

Māori values are based on relationships, a sense of community, on encouragement, love, care, and compassion.

Mihi is a structured relatively formal greeting of Māori. One can incorporate mihi into case management or interviews with a Māori client, thereby showing respect for Māori practices. This simple cultural intervention sets the tone of the meeting.

Whanaungatanga is about building relationships in a Māori context based on kinship, common locality, and common interests (Macfarlane, Glynn, Cavanagh & Bateman, 2007). It has to do with a person's relationship to their family, keeping in mind that the concept of 'family' is a great deal broader than the way Western people usually think of it (Durie & Hermansson, 1990). This way of making links is likely to be done by Māori on the basis of whakapapa

(genealogy), while non-Māori would be more likely to base it on shared experiences (Robertson et al., 2001). The essence of Whanaungatanga is the establishment and maintenance of links, relationships and responsibilities that help establish therapeutic rapport and the development of relevant interventions. It is also a vehicle towards improving self-esteem and identity, and developing meaningful support mechanisms for change (Huriwai, Robertson, Armstrong, Kingi & Huata (2001). Getting everyone to say who they are and where they come from at the beginning of a new group is part of the culture of my work environment at the Department of Corrections.

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The values of whakamana (encouragement and care), manaakitanga (reciprocal and unqualified care based on respect and kindness), aroha (love in all its different aspects, such as compassion, empathy, responsiveness), and awhi ('to touch, to embrace') are all similar and overlapping concepts based on a sense of community, on encouragement, love, care, and compassion (Durie & Hermansson, 1990; Macfarlane, Glynn, Cavanagh & Bateman, 2007). From a Māori point of view, explicit encouragement is a very important concept (Durie & Hermansson, 1990) that from a Western perspective values self-reliance, but is not always appreciated. Whakamana is more than encouragement, as it embraces 'manaakitanga', or caring for someone. One can build Manaakitanga into the kawa of a group, so that all members of the group, and not only the therapist treat one another with kindness and respect. Adopting an ethic of care helps establish cultural connectedness. Closely related to respect and kindness is the concept

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of tautoko (support). The writer experienced the meaning of support at a Māori function at Corrections where a client was not able to finish off his speech with a waiata because he did not know one by heart. The other side supported the person by singing with him, and the client was metaphorically embraced and supported by that action. Aroha is a principle that seeks positive relationships to enhance the wellbeing and self-worth of others and self, and is central to Māori interactions with people. As Durie & Hermansson (1990) point out, professionals are much better at talking to people but often "seem to lack or at least not demonstrate real compassion" (p. 113). Aroha is a form of compassion that makes communication possible.

Awhi means 'to touch, to embrace' and is basic to therapy from a Māori perspective (Durie & Hermansson, 1990). Mate Webb, cultural consultant to the Department of Corrections, stated that once a therapeutic alliance develops after trust is built, there may be occasions where an offender may embrace their therapist unexpectedly because that therapist may have been of such assistance that the offender is overwhelmed with gratitude or relief (Mate Webb, personal communication, 4 October 2010). Moreover, from a Māori perspective, greeting a past client with whom one has had a long and intense therapeutic relationship and whom one has not seen for some time may also include a hug (Personal communication with TeeJay Halliday, Māori clinical psychologist, 6 October 2010). Mate Webb stated that responding appropriately with touch is seen as a sign of respect, and clients get humbled by that. Furthermore, rejecting a hug of appreciation could have a negative therapeutic effect.

Although touch is basic to therapy from a Māori perspective, Webb, as well as Durie and Hermansson (1990) have stated that it often presents a real problem for non-Māori professionals as it is at times seen as violating their Code of Practice. The Psychologists Code of Practice (2002) does not explicitly prohibit touch. However, Principle 3.3.2. states that therapists "maintain appropriate boundaries with those with whom they work and carefully consider their actions in order to maintain their role" (p.24). Because the Code is a guideline rather than Rules of Conduct (Seymour, 2007) one needs to use the Code as an aid to ethical decision making. Seymour states that the Code encourages practitioners to identify and consider higher order principles and values relevant to the situation and then to weigh the associated practice implications.

One practice implication of trying to work in a culturally safe manner is in a corrections setting in which clinical practice must take account of dynamics of offending behaviour such as for example sexual deviance and antisocial attitudes, and this poses an ethical challenge (Personal communication with Steve Berry, National Manager Special Treatment Units, 15 August 2009). Berry stated that the implications of a female therapist touching prisoners in such a context, arguably is a critical aspect of a debate that must be held and is difficult to resolve. Webb, who works in a sex offender unit in prison stated

that he had never seen a negative outcome of touch between therapists and prisoner clients in their unit when it was part of reciprocity and conveyed good intentions (Mate Webb, personal communication, 4 October 2010).

Professionals need to walk a fine line between attending to Māori clients' need for human touch within a cultural context, while not overstepping the ethical boundary. This can be done by applying the principles, values and practice implications in the light of the identified risks and benefits. Unless there is an identified risk that is greater than the benefit of culturally responding to a client's needs, attending to the client's feelings with appropriate touch, such as touching a shoulder, when trauma is disclosed should not interfere with treatment. To the contrary; it denotes empathy and compassion.

By a therapist implementing Māori values that are based on relationships, a sense of community, encouragement, love, care, and compassion, Māori clients' identity is strengthened.

Māori Concepts

Māori concepts such as whanau, hapu, and iwi, Te Whare Tapa Wha Māori model of health, tikanga, tika, and pono, are cultural concepts that facilitate wellbeing.

Whanau, hapu, and *iwi* refer to the family, the sub tribe and the tribe to which Māori declare they belong (Macfarlane, 1998). These represent nests of identity and security, as well as representing the importance of collective responsibilities and connectedness. Encouraging family connections by having whanau meetings while the men are still in prison, is part of the work in special Treatment Units.

Tikanga, tika and pono

Tikanga refers to a means of social control. *Tikanga* Māori provides ways for groups to meet and interact and thereby control interpersonal relationships (Mead, 2003).

Tika refers to justice (Macfarlane, 1997) and is a relational principle which is underpinned by virtue of being 'right and proper', while *pono* is a motivational concept of integrity (Dept. of Corrections, 2006) and the driving force of practicing the principles of tika and aroha. Our pono, our sense of integrity, propels us to practice tika and aroha. Tika, aroha, and pono are part of the kawa of our therapy group, and all are reminded to behave in the spirit of these concepts. Incorporating tikanga Māori in group ceremonies can be done by consulting the Māori consultant of one's unit, and by letting him guide staff so that protocol is followed.

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One Māori model of health that incorporates all these values and concepts is Durie's (1994) Whare Tapa Wha model of health. Wellbeing from a Māori perspective is a holistic concept, with no sharp division between culture, society, and their institutions (McFarlane, 1997). The Whare Tapa Wha model positions individual wellbeing in relation to wider systems of connection (Te Wiata, 2003). The government's Department of Corrections incorporates this holistic model of health in their treatment programmes (Dept. of Corrections, 2006).

This health model represents the four walls of a house, each representing four different but complementary dimensions of well-being, such as the physical (tinana), mental and emotional (hinengaro), family (whanau) and spiritual wellbeing (wairua). These need to be interlinked and balanced in order to experience a sense of wellbeing (Durie, 1994). When one dimension is out of balance, the other three dimensions are under stress. By using this model throughout the treatment programme, all sorts of issues can be discussed in terms of this wellbeing, and the model guides the group members as to what they need to attend to when things go wrong for them. The group members relate to this model because they have had personal experience of what happens when the different health dimensions are out of balance. They know, for example, that when they are mentally or emotionally unwell, their body, their family and their spirit are under stress because of it.

Spiritual wellbeing (wairua) is an essential part of the holistic Māori health model. Psychological settings, such as treatment rooms, also have a wairua which relates to the ethos or climate of the room or institution (Macfarlane, 1998). For wairua to be present in the treatment room a therapist needs to behave authentically (tika), with compassion (aroha), and bring clinical as well as cultural practitioner knowledge (pono) to the practice in a way that is responsive to the needs of Māori clients. Furthermore, there needs to be institutional support for a therapist to honour Māori values and protocol, and this support needs to include financial support so that, for example, a practitioner can practice manaakitanga by providing food and drink at culturally appropriate times. The institutional climate therefore interacts with the therapist's cultural practices and determines the wairua,

whether good or bad, in the treatment setting.

Things one can do to respond to the needs of Māori clients

In my work as a psychologist conducting group therapy in a special treatment unit in prison, with a largely Māori clientele, there are several things that help in my goal of becoming a culturally safe practitioner.

- Consulting Māori colleagues in one's work with Māori clients.
- Including Māori social values into group therapy work.
- Using cultural processes and protocols.
- Linking key Māori concepts with key behavioural concepts of the programme.
- Using Māori words where one can.
- Looking behind behaviours that are seen as 'deficient' from a Western perspective and reading them rather as behaviours reflective of difference.
- Promoting the Bicultural Therapy Model (BTM) and encouraging Māori clients to enrol in it. It is crucial to promote this therapy model, for as Durie (2003) points out, approaches that connect people with their culture and their communities help to develop a secure cultural identity and increase the potential for change. Psychological treatment and bicultural therapy therefore work in tandem, side by side, and each mutually enhances the other for the benefit of our Māori clients.
- Using cultural supervision to guide one's work by discussing responses to cultural issues that arise in group. Being able to bring current issues to supervision and getting a Māori perspective on the dynamics in the therapy room is invaluable in one's work.

By diligently practising all of the above, one can be confident of being better able to be responsive to the needs of Māori, and Māori clients are more likely to feel culturally safer when participating in group therapy.

Finally, there is emerging evidence in New Zealand, as well as overseas, that attention to cultural issues not only increases client satisfaction, but also retention in treatment (Robertson et al., 2001). It thereby shows that attending to cultural issues is not only honouring our obligation under the Treaty of Waitangi, it is also critical to the responsivity aspect of Andrews and Bonta's (2006) Risks/Needs/Responsivity model of treatment upon which the Department of Corrections bases their recidivism reduction programmes for offenders.

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Summary

This two-part study has shown how a non-Māori practitioner found (and still finds) culturally appropriate ways to respectfully work with Māori clients. *Part one* showed how New Zealand's political and social history impacted on Māori identity formation with political acts that diminished, demeaned, and disempowered the cultural identity of the Māori population. *Part two* showed how the writer found ways to familiarise herself with the values and practices of Māori culture, and gain an understanding of the meaning of these practices. She came to the understanding that if practitioners are committed to best practice, they will commit to a culturally responsive intervention for Māori clients and will show a willingness to understand and experience Māori culture so that they can deliver culturally safe treatment. Practical ways to incorporate Māori concepts and values into day-to-day work with Māori clients were discussed.

> *Kia kite, kia matau, I Te Ao Māori, ma te reo*
>
> It is only through exposure to and awareness of Māori culture and language that an understanding of a Māori world view will develop (Macfarlane et al., 2007).

Acknowledgments

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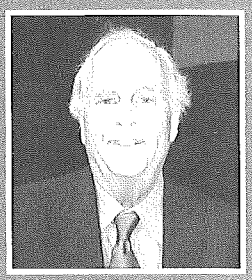

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The Past

Hans Eysenck's notorious article o
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had roiled the largely psychoanaly
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