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Tōku reo, tōku ngākau: Learning the language of the heart.

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In the profession of psychology in Aotearoa, there continues to be increasing attention paid to learning about "how to work with Māori". But what does this really mean in practice? How do we best work with Māori, not only as practitioners, but also as colleagues and advocates for social justice and change? In this paper I hope to weave together ideas from the literature and experiences from the field in a way that will encourage psychologists to resist treating "standing together" as an academic exercise and instead explore the opportunities created by connecting.

When I first saw the 2012 conference title "Tūtahitanga: Standing together as one", I wondered what was meant by this. While I believe there is positive intention behind the idea of being 'as one' or 'standing as one' in terms of being connected to each other and bound together by our greater humanity and the common purposes we may share, I think there simultaneously exists the peril of diminishing opportunities for understanding, acknowledging and being accepting of important differences between peoples in the pursuit of 'one-ness'. For example, if we were truly one people here in Aotearoa NZ, everyone might understand completely if I was to present this paper all in Māori, perhaps? We may want to be 'as one' with others in terms of our ability to genuinely and meaningfully connect with them. However, if, for example, we can't speak that other person's language, the type of connection and understanding we seek can be more difficult to make. What we can do

however, in the absence of those certain points of connection (such as language), and in the interests of wanting to acknowledge and accept difference where it exists, is to speak to people's hearts – using our heart.

Heart and Mind / Art and Knowledge

Our profession, particularly that which is focused on the practice of psychology with others, is abound with literature about the importance of the therapeutic relationship as a function of successful therapeutic intervention (e.g., Lambert & Barley, 2001). We also know that it is often not merely the therapeutic relationship that is effective, but the many different skills and techniques we have learnt as psychologists; it is the application of knowledge and skills that can contribute to successful therapeutic outcomes. Alongside this is an increasing call to awareness about the influences of our own values, attitudes, beliefs, practices and worldviews on our practice as psychologists, as well as awareness of the influences that others' values, attitudes, beliefs, practices and worldviews have on us (Hays, 2008; Jun, 2010). Working with the heart and the mind is about the intersection of practising the 'art' of being a psychologist and the application of knowledge (Jun, 2010). In this sense, the art of psychology is related to how well we do things with our clients such as demonstrating respect, building rapport, showing empathy, developing trust, having compassion, accepting and valuing clients; while the application of knowledge is more related to the use of the therapeutic methods and techniques we have learnt and believe will be useful for our clients. When we're talking about our practice, this involves being present with both heart (art) and mind (knowledge) (Jun, 2010). I consider this to be the crux of

cultural competence, and this sets the foundation for the ideas that follow in this paper.

Know Yourself

One of the first things we can do in terms of meeting the challenging of working with 'heart and mind' with Māori is to come to know ourselves. Our own cultural identities such as our ethnicity, our gender, our age, our socioeconomic status (among others), and all the related values, beliefs, attitudes and practices we hold in relation to these, are hugely influential on us. We can build up awareness around this. We can ask questions such as "Who am I? (what are my various cultural identities?)" ; "What do I value?" ; "How did I come by these values?" ; "How do these values show in the way I act, speak, dress or live my life?" ; "How is my view of the world shaped by the experiences I have had?" ; "What is my experience of privilege? Or oppression?" ; "How does all of this influence my understanding of my clients?" ; (Hays, 2008) "How does all of this influence my work with Māori clients?". Revisiting these questions is an on-going process, we can all continue to discover more about ourselves and how we are influenced in our practice. There are entire books dedicated to helping us do this. However, there is still very little written literature available which focuses specifically on how this might all relate to working with Māori. To account for this, the following is a case example of how relevant I think it is to know about ourselves, the influences on us, as well as the influences we may have on others.

Years ago I was working at a clinic when a referral arrived about a young Māori woman who needed to be seen rather urgently with concerns about low mood and relationship difficulties. She stated she didn't want to see a

Māori psychologist. All staff at the clinic were very busy, and a week passed. At this time, (Becky – not her real name) phoned again to say that she would take an appointment to see me. I was a little apprehensive about meeting Becky, knowing that she had originally not wanted to see me. I introduced myself and suggested we go into one of the clinic rooms. As we sat down, she gushed out "well, thank God you look like you do – that's a relief!" I figured (correctly) that she was probably referring to how fair I am – our whānau often joke about being 'undercover Māori' as we are all very fair, which brings with it some interesting experiences. I said to Becky "you were expecting someone who looked different to me?" She said "well, yes, when I was told I was going to see a Māori psychologist – I had an image of you coming out in a long dress, with your hair up and a moko on your chin, singing out 'Haere mai, haere mai haere mai' (a karanga) for me to come in with you"!!

...in the absence of those certain points of connection (such as language), and in the interests of wanting to acknowledge and accept difference where it exists, is to speak to people's hearts – using our heart.

We both burst out laughing. But it led to an interesting discussion about her upbringing (with her stating that despite identifying as Māori, "I wasn't bought up a hard-out Māori") and also her fears about expectations I might have of her as a Māori woman which she felt she wouldn't be able to fulfil (e.g., that she could speak te reo and that she would be knowledgeable about Māori cultural customs and behaviours). I didn't have these expectations, but she clearly

felt this might be an influence she might feel from me. However, she also had fears that I wouldn't understand the complexity of her whānau, her relationship with her partner (who also turned out to be Māori) and his whānau. It struck me, in many ways, how fundamentally Māori many of her experiences were even in the absence of explicit cultural markers such as being able to speak Māori or having a strong understanding of tikanga. Through many of our conversations wove this underlying theme of 'being Māori' (even when not explicitly stated so) and the influences this had on Becky over the course of her experiences in life.

I later found myself wondering about what her experience of therapy may have been like if she had seen someone who had more literally taken on board her expressed preference not to be seen by a Māori psychologist. How might a non-Māori psychologist have interpreted this? Would Becky's 'being Māori' have been put to one side? Or would those same conversations about her values, her beliefs, her hopes and desires – which I believed were so closely related to her experiences as a Māori woman – have still been able to occur? Would it have mattered if they did or they didn't?

These are the types of questions I think some of us might commonly face as practitioners. Engaging with Māori, as Māori, where this is clearly desired and expected can potentially be so much more straightforward than engaging with Māori who appear ambivalent about their identity as Māori. What is our role in this situation? Firstly, I believe we have to be aware of ourselves and the influences we may have on others. And also, that we do remain curious about others' identities and how they influence them, and us, when we encounter them. I believe cultural

identities and the influences they have on a person provide the context(s) for understanding that person. Often, the difficulties they encounter, that lead them to us as psychologists, develop within the broader framework of these contexts. Therefore, paying attention to identities can be really important.

While 'history is history', we can decide, as psychologists, to incorporate an understanding of historical trauma into our practice with Māori.

Be Informed About History

It is important to be informed about history when working with Māori. Even though it is great that most university programmes which lead to registration of psychologists nowadays incorporate cultural competence training that is related to Māori (such as needing to attend a Treaty Workshop, a series of seminars, or something similar), I think we can do more. To me, it is the way that we engage with history, and the depth to which we do this, which involves developing an understanding and analysis of the way history has influenced contemporary realities for Māori today, that is most important. There are many ways we can do this. We can read all kinds of different literature about NZ history. We can investigate and examine things happening all around us that reflect our history (for example, we could follow politics or representation of Māori in the media for a while). We can look far and wide for information about

history and its relevance for Māori and us all today. However, I think is most helpful to take the time to sit with what we learn, and ask ourselves what we really think and feel about what we are learning. This type of learning leads, almost inevitably, to getting to a place in which a different point of view can be seen. For example, learning about history in relation to te Tiriti o Waitangi/the Treaty of Waitangi, not only involves learning about the actual Treaty – what it means, how it came about, what the intentions were behind it and hopes invested in it, but also involves developing an understanding of how the impact of both historical and contemporary actions in relation to the Treaty result in the type of protest action we see annually, on Waitangi Day.

As a further example, when we learn about the history of colonisation in this country, which is inextricably linked to the Treaty, we encounter devastation and loss for Māori. These experiences can be described as historical trauma. Many authors today describe the effects of colonisation as profoundly negative and significantly harmful to Māori health and social, cultural and economic wellbeing (Balzer et al., 1997; Durie, 1998,



(taken by the author at Waitangi, Bay of Islands, 2012).

2001; Jackson, 1988; Lawson-Te Aho & Liu, 2010; Reid & Robson, 2007; Robson, Cormack & Cram, 2007). For example, the loss of land, language and access to cultural ways of being are all considered to be enduring adverse outcomes of colonising processes for Māori. Additionally, disadvantages which had their origins in colonisation appear to have stood the test of time. A number of authors argue that colonising processes carry through to today and continue to impact negatively on indigenous wellbeing through factors such as enduring discrimination, marginalisation and systemic and structural racism, which ultimately contribute to prevalent and persistent health and socioeconomic inequalities (Harris, 2006a, 2006b; Jensen et al., 2006; Robson et al., 2007; Reid & Robson, 2007). Colonisation is becoming "... increasingly recognized as a fundamental underlying determinant of health" (McShane, Smylie & Adomako, 2009, p.19), and local indigenous authors such as Durie (2011), for example, suggest that effects of colonisation "... combined to marginalize successive generations" (p.28), and early effects such as economic disparity and lack of an effective political voice remain as a legacy of colonisation today.

This isn't something in our imagination; contemporary vulnerability is evident in many of the types of reports that we see today with regard to Māori (e.g., on topics such as socioeconomic inequalities in mortality and over-representation of Māori in the criminal justice system (Ministry of Health & University of Otago, 2006; Policy, Strategy & Research Group, Department of Corrections, 2007)).

Despite these contemporary examples, it is critical for us to consider how this state of being,

or how these experiences for many Māori, came about. We can ask the obvious question, "What part does our history as a nation play in this?" While 'history is history', we can decide, as psychologists, to incorporate an understanding of historical trauma into our practice with Māori. We might consider that there is the potential that the contemporary vulnerability presented by the Māori clients we see may be, perhaps even just partly, related to history and historical trauma. This is not to remove the task of Māori taking personal responsibility or being accountable, but to provide a framework or a context for psychologists to consider as a potential influence on Māori clients.

This means that even when we see Māori as individuals, we may literally be only seeing one Māori person in the room, but in fact we may actually be 'seeing' (impacting on) an entire Māori whānau.

For example, the doctoral research I carried out investigated 'what works in intervention in whānau violence?' and involved talking with whānau who had experienced difficulties with whānau violence. The stories of many of those whānau who participated clearly reflected those of vulnerable whānau who had led lives affected by generations of deprivation, disadvantage, disconnection, and dispossession, which in turn (to use our psychology language) had exposed them to a multitude of risk factors. In my opinion, their stories reflected both historical and contemporary trauma they had experienced (Cooper, 2012).

Understanding the influences of trauma on our clients can be helpful, not only for providing a framework for us from which to understand their difficulties – but also to enhance

our empathy towards them. The professional psychology literature tells us that understanding the role of trauma in clients' lives can increase our empathy towards them. This in turn has been shown to increase our confidence and comfort in our ability to help, and especially so in challenging situations (Greenwald et al., 2008). The message promoted many years ago by colleagues in our profession, about working "in the presence of history" (Awatere-Huata, 1993; Tamasese, 1993) remains a strong message worth repeating here today.

Honour a Māori Worldview

We can also honour a Māori worldview. To truly engage and connect well with Māori as clients, we must accept that there is a Māori worldview (although this will obviously vary a little in relation to the diversity among Māori), and we must act in a way that shows we do accept and value this. While it seems contrite to say it, time and time again over the past approximately 15 years or so, I have heard or seen examples of where this was clearly difficult for some psychologists.

In order to honour a Māori worldview, obviously we have to find out more about what that worldview is. The opportunities available to do this today are so much greater than they were even a decade ago. Aotearoa is awash with examples of te reo and the practices of tikanga, and many other things related to Māori worldview, in many different domains. Yet still there exists a struggle for some to really understand even the most fundamental aspects of what it is to 'be Māori'. For example, whānau, or the concept of the collective, is very important to many Māori. While understanding the importance of whānau is something that many

psychologists do, and is in fact, an ordinary practice for many— for some it is not, and it is a fact that Western orthodoxy which focuses on the primacy of the individual prevails in much of the training and professional practice of psychology in Aotearoa today.

If we have Māori colleagues, or even if we don't, do we advocate for Māori in our services? In our training, in our academic curriculums, and professional development opportunities – do we advocate for Māori?

Despite the adverse impact of colonisation and its consequences, the value that many Māori place on being part of a collective has remained resilient. Therefore, psychologists working 'one-on-one' with Māori can benefit from remaining fully cognisant of the paramouncy of whānau for many Māori, and not be tempted into thinking they are working with 'isolated' individuals who are completely independent agents in their own lives. It may instead be helpful to regard Māori individuals as being part of a collective and therefore subject to the influences of that collective on their lives and behaviour, and subsequently that they may also benefit from connection with the support to be gained from that collective. Obviously whānau are diverse and not always the site of support or safety for Māori individuals and this should also be taken into account (Durie, 2001; Pihama et al., 2003). However, overall, an orientation to a view which situates Māori within a collective is helpful. This means that even when we see Māori as individuals, we may literally be only seeing one Māori person in the room, but in fact we may actually be 'seeing' (impacting on) an entire Māori whānau. While this all may seem so glaringly obvious, unfortunately there remain examples of situations in which

the importance of, or even a broader understanding of, whānau is not incorporated by some psychologists into their practice. It can be easy for us to become attached to the frameworks that we develop and hold from our training, when these may invariably not match the frameworks that many

Māori hold. I also think that while we benefit from the support, knowledge and wisdom of colleagues such as Māori cultural advisors (that may support both us and Māori clients in our services), we also do not leave the task of honouring a Māori worldview solely to them. I believe that the challenge for us, as psychologists, is to be the ones to honour a Māori worldview.

It is important to acknowledge that adjusting our practice to fit different frameworks or worldview can feel difficult, and can involve a certain amount of risk. The balance between how we apply our heart (or our art) and our mind (or our knowledge) is so important. Sometimes we can feel like we're stepping out of line when we do these things. However, we may also like to consider, as psychologists, the risk that we expose others to, for example our Māori clients, when we aren't willing or able to adjust the way we think and the way we practice when it comes to working in the best way for them. Sometimes the costs, or the risks associated with that, are high. Our practice doesn't need to be a site of contest between our heart and mind. Rather we can blend these approaches in a way that will result in better outcomes for clients. One of the ways we can be encouraged to do this is to view our clinical work as existing

within a broader framework of action towards restoration of wellbeing.

Consider Restorative Practice

It is worth considering that our work is, or can actually be, about restorative practice. The discipline of clinical psychology, as we know, is concerned with the amalgamation of psychological research, theory and practice, and the application of this to a wide range of mental, emotional, developmental or behavioural difficulties across the lifespan of individuals and families. In this regard, the work of clinical psychologists is really about improving human welfare (American Psychological Association Society of Clinical Psychology (n.d.); New Zealand Psychologists Board, n.d.). The discipline of community psychology is also concerned with enhancing wellbeing, but it is much broader in its application. It is focused not only on individual and family health, but on promoting social justice, empowerment, and prevention of difficulties for all people, especially where there is historical or current oppression, marginalisation, or power differentials among groups. Acknowledgement of diversity is central and there is strong interest in the influences in the broad contexts within which human strengths and difficulties exist; this includes social, cultural, historical, geographic and economic contexts (American Psychological Association Society of Community Research and Action – Community Psychology, n.d.; Moane, 2003; Robertson & Masters-Awatere, 2007). While these are not completely full definitions of each discipline they do highlight some key points.

Also worth highlighting is the point that despite these being two quite distinct psychological disciplines in their nature, there is a degree of cross-over between the two, particularly

once we move out of the academic world and into the 'real world'. I wonder what would happen if we thought about these similarities a bit more, and imagined taking a unified community/clinical approach to our work? (although we wouldn't want to end up with 'Com-ical Psychology'!). We might well find that although the divisions exist which we create among ourselves by marking fences around each of our own areas; in fact many of us are doing very similar work or have very similar purposes to our work. Accordingly, it can be helpful, as Dohrenwend (1978) noted, in a very early analysis of these different 'camps' of psychology, that we remember the common ground that exists between community and clinical psychology. That is, that "clearly, we would all like to promote positive outcomes and prevent negative outcomes among individuals who are exposed to stressful life events" (p.6).

I would argue that when we think about our work with Māori, we think about it not only as an opportunity to be able to contribute to addressing stressful life events with individual Māori or Māori whānau sitting in the room with us as clients, but that we also see and take up opportunities to prevent, reduce, or address the conditions or factors which exist to create those stressful events or experiences for Māori where we can. This is the opportunity to engage in restorative practice. For example, do we care, as psychologists, about disparities and inequities faced by Māori? Might we support research activity or funding that would go towards addressing these? Might we use any political power we have in the various committees and other groups we belong to, to advocate for better health outcomes for Māori, for example? If we have Māori colleagues, or even if we don't, do we advocate

for Māori in our services? In our training, in our academic curriculums, and professional development opportunities – do we advocate for Māori? Do we become proficient in certain practices or approaches so that certain tasks don't always fall to our Māori colleagues? Do we advocate in a more general space in our everyday lives by addressing racism or discrimination against Māori 'head-on' when we encounter it? These are all things for us to think about, and to contemplate, as psychologists. I believe we are all in a unique position to do this in our profession. We are, overall, I believe quite well supported to do this by our professional bodies. We have a good chance at making things better, not only for Māori, but for us all.

Be Ready for the Future

This leads positively to the final point of this paper, which is that as part of our 'heart and mind' work, we can decide to be ready for the future. Our nation is continually changing, and as a result of this, our work with Māori is also likely to keep developing and changing. For example, we may hear a lot of talk about Māori who are disconnected or marginalised or disenfranchised in many ways, and that these can be contributing factors in their presentation to psychologists.

However, what about those Māori who are strongly connected to their culture and identity, who are 'first language' Māori speakers, and who so strongly exist within their Māori worldview? A lot of those young Māori who first went through Kohanga and Kura Kaupapa Māori – or total immersion Māori schooling – are now in their 20s or older, and may present to our adult and family services at any time, and in terms of younger Māori perhaps even earlier to our child and adolescent mental health services.

When I think about the majority of mainstream psychological services that I'm aware of, as a psychologist and as a Māori person, my heart aches a little for them. Who will be able to speak their language? There are few Māori psychologists available, let alone Māori speaking psychologists, so the chances of 'happening' upon one of them in one of those services is quite remote. I wonder, who will be able to at least speak to their heart?

... we need to come together with Māori. We need to talk to each other, we need to work together, and we need to walk together, if, in the end, we really want to 'Stand Together'.

Obviously learning the language of the heart isn't just about ticking boxes. We can't really say "Great! I've got awareness, got knowledge, got some skills – woohoo! I'm done!". Instead, we can be asking all the time, questions such as, "Do I know myself and what influences me?" Am I informed enough for my practice with Māori?" "Can I honour a Māori worldview?" "Would I consider restorative practice to be part of my work?" These are all important questions in our quest to work with Māori in a way that shifts us away from this just being an academic exercise, and instead moves us towards really connecting with Māori. Clearly, our journey towards cultural competence or our journey towards being able to really strike a balance between our heart (or our art) and our knowledge (or our mind), is a continual journey over time that will involve much perpetual searching and learning.

To do this, no doubt we need to come together with Māori. We need to talk to each other, we need to work together, and we need to walk together, if, in the end, we really

want to 'Stand Together'. I think this is an admiral goal, and one we can definitely achieve if we are willing to put our hearts into it. In the words of one of our esteemed tupuna, Sir James Henare, "Maha rawa wā tatou mahi te kore mahi tonu, tawhiti rawa to tatou haerenga, te kore haere tonu. We have done too much to not do more, we have come too far to not go further".

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Preview of NZPsS Professional Development events coming up in 2013

Translating the Principles of Mindfulness into Clinical Practice

A weekend retreat in Christchurch
15-17 February and in Auckland
8-10 March 2013.

Presenter: James Carmody PhD is an Associate Professor of Medicine at University of Massachusetts Medical School. He has been a therapist, an instructor in the UMass Mindfulness-Based Stress Reduction program, and Director of Research for the Center for Mindfulness.

An ecology of mind - a daughter's portrait of Gregory Bateson

Auckland - last week of February

Nora Bateson will show her movie and following this present a seminar on *How do Gregory Bateson's Ideas Resonate in Today's World*

Nora is the writer, director and producer of the award-winning documentary *An Ecology of Mind*, a portrait of her father Gregory Bateson's way of thinking.

For more information please contact the Professional Development Coordinator on pd@psychology.org.nz or check our website: www.psychology.org.nz