

The Proceedings of the National Māori Graduates of Psychology Symposium 2002:



**Making a
Difference**



The Proceedings of the National Māori Graduates of Psychology Symposium 2002: Making
a difference. 29th and 30th November 2002

Hosted by
The Māori & Psychology Research Unit,
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Hamilton

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Moana Waitoki
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Opening Address to the National Māori Graduates of Psychology Symposium 2002: Making a difference

Linda Waimarie Nikora, Michelle Levy, Moana Waitoki,
Bridgette Masters-Awatere, & Professor Ngahuia Te Awekotuku

*The Māori & Psychology Research Unit,
Department of Psychology
University of Waikato*

Tapiri atu ki nga mihi kua mihia, he mihi tenei ano kia koutou. This symposium has been organised around five themes. Each one of us here, Michelle, Bridgette, Moana, Ngahuia, and I will take a few moments to briefly introduce, and explain, a particular theme, and its purpose. You can then make an informed choice about which one to attend. Because so many exciting and varied papers have come in, we attempted to arrange them in congruent yet creative ways, beginning with ...

Kia Matāra: Negotiating Challenges in Māori Development

The first is Kia Matāra: Negotiating the Challenges in Māori Development. Kia Matāra urges us to be watchful, to be alert, and for good reason. In many areas of our society, Māori live on the edge. On a daily basis, they negotiate the challenges of staying alive, keeping sheltered and warm, and of avoiding abuse and violence. For some, the challenge is as basic as having access to an unpolluted water supply. Kia Matāra is about our basic human rights to life, and to grow old with dignity. It is about survival.

But life is about more than survival. As Māori, it is about the right to share in the richness of our heritage and culture, to gain strength and assurance from those Māori identity groups that we are a part of. It is about wellbeing within the bonds of Whanaungatanga: confidence in the leadership of our hapu, and strength in the capacity and vision of our iwi (though it is acknowledged that for many Māori, the quest to find out such basics is in itself a survival process).

More importantly, Kia Matāra is about our responsibilities to those who come after us. It is about our responsibility to ensure

that our children and grandchildren inherit an environment and heritage that is better than that which we were born to. It is also our responsibility to ensure that those Māori psychologists that come after us have better resources to work with, within friendlier environments.

Kia Matāra is about addressing our survival needs, our rightful heritage, and our movement into the future. In short, it is about our self-determination, our rangatiratanga. Māori Psychologists can make a difference.

Kia mau: Recruitment and Retention

Within Māoridom, our greatest resource is people. Within psychology at Waikato, we have 190 Māori students who have chosen psychology as a major: 154 undergraduates, and 36 graduates. This is the workforce of tomorrow. To ensure the capacity and potency of that workforce our institutions must respond on a number of levels. We must ensure that Māori continue to choose psychology as a vehicle through which change and better circumstances for Māori can occur. There is the requirement to ensure that Māori feel welcome, supported, productive and challenged rather than overwhelmed and confused. We must ensure that Māori make real choices about the specialty areas pursued within psychology and not be herded into any one area by default. We must ensure that the pursuit of higher degrees remains a real pathway, not simply for the privileged few. While we are about these activities, there is also the vital need to provide an academic context for Māori in which we can feel safe, and can adequately examine, explore, experiment with, and compose our rapidly evolving identities, cultural practices, and

realities – in short, what it means to be Māori.

With the right learning environment, the appropriate support, encouragement, and mentoring, the Māori psychology student of today will, as a graduate of psychology, help to make a difference.

Tuhia mai, whiua atu: Research and Methodology

Kua mutu te wa kia a te Pēhi ma... seventy years ago, Apirana Ngata and Te Rangihiroa agreed that the time for research on Māori by non-Māori writers had to be met and surpassed by the published works and scholarship of Māori. The situation has not changed. Tuhia mai, the act of recording, inscribing, putting the words down, is an imperative for us all, as is whiua atu, the dissemination of the material compiled, appreciated, and discovered: and there is a whole world out there.

The Māori world is not averse to new ideas and technologies, new ways of behaviour, or new ways of conceiving of ourselves. The Māori world is one of ongoing changes, and challenges, too. But there are two types of change: the type where one makes a conscious choice to do something differently, and the more insidious type that is either inflicted upon, or after a time, suddenly realised. Research is an important and vibrant pathway. In the search and creation of knowledge, and the rediscovery and examination of taonga forgotten, discarded, or stolen. Good research opens up new pathways, and starts new journeys; it directs and influences policy, and it empowers and inspires the people. It provides a sound foundation upon which we can make a future, and a difference.

Tinia mai: Interventions and Treatment

Tinia mai means change, positive change, putting on new garments, assuming new strengths, taking on new confidence to face the world. For many decades, Māori have been subjected to the medical procedures, psychological interventions, and monocultural therapies that may have worked in other countries and societies but were often inappropriate or sorely transplanted in this context and space: and

such practices do continue today. Within this theme, we consider those ways of dealing with and resolving issues and crises that occur in the Māori world, and can be confronted positively in a Māori, or collaborative and culturally balanced, way.

Taitaia i te ahi manuka: Pride Upon the Skin

Taia o moko, hei hoa matenga mou... the words of Netana Rakuraku that describe marking on the skin, Ta Moko, as there forever, a statement of identity, purpose, and beauty. Tatu flourished throughout the Pacific, and reached new heights here in Aotearoa, as Ta Moko. Despite active missionary and settler condemnation, the patterned face survived well into last century; Ta moko never ever vanished; it has always been here, on the chins of kuia, on the limbs of mokopuna. In recent years, we have seen a dramatic resurgence in the art, and its popularity. It has become an emblem of identity, a symbol of political resistance, a glamorous fashion accessory, a feature of the global arts and performance scene. Although te ahi manuka, the blended soot of ancient pigment, has been replaced by designer inks, the desire comes from the same place. This theme explores parts of that place; Ta moko concerns people's perception of you, and your perception of yourself. Ta moko is about making a difference, beyond the surface, beneath the skin.

He kupu whakamutunga

Over the last two centuries, Māori people have been deprived of agency, or as various writers say, we have been the victims of a colonial process, which has effectively, and invisibly, shaped how we see ourselves, how we see others, how we behave, and how they behave towards us. Where disaffection, alienation, and distress have occurred, where the realities of cultural change have seemed too severe, decisions have frequently been made for us. Supposedly, for our own good.

Over the last two decades, we have begun to make those decisions for ourselves; we have challenged not only the colonial process, but how it is effected in the clinical and community environments.

We have begun to assume some control of our own sector.

This symposium has been part of that claiming control, an endeavour, an exercise in tino rangatiratanga, to which you have all so generously contributed.

With our heritage we can move forward with pride. For our own good, hei oranga ngakau mo te iwi.

No reira, tena koutou katoa.

Keynote Speakers

Dr Catherine Love.

Dr Love is of Te Ati Awa, Taranaki, Ngāti Ruanui, and Nga Ruahine Rangī descent. She has a PhD in Psychology, with interests in culture, Treaty, and social policy issues. Dr Love has for over a decade worked in family therapy, social policy and training with the Family Centre in Lower Hutt, has taught psychology and counselling at Massey University. She currently teaches at the Open Polytechnic of New Zealand, is a member New Zealand Psychologists Board and of Hutt Valley District Health Board

Professor Mason Durie: *Towards a Māori psychology*

Professor Mason Durie is from the Ngāti Kauwhata, Ngāti Raukawa and Rangitane tribes. He completed a medical degree at the University of Otago, before undertaking postgraduate training in psychiatry at McGill University. Subsequently he became Director of Psychiatry at the Palmerston North Hospital; a Member of the Australian and New Zealand College of Psychiatry (1971), and a Fellow of the College (in 1979). Between 1986 and 1988 he served on the New Zealand Royal Commission on Social Policy. Apart from ongoing interests in health and social policy, he has contributed to the broader field of Māori development and has published widely on Māori policy, the Treaty of Waitangi, strategies for Māori education and the Māori constitutional position. In 1988 he was appointed Professor and Head of Te Putahi a Toi, School of Māori Studies, Massey University and this year was appointed to the Chair of Māori Research and Development.

Michelle Levy: *Barriers and incentives to Māori participation in the profession of psychology*

Michelle is an Assistant Lecturer-Kaupapa Māori, at the Māori and Psychology Research Unit, Department of Psychology, The University of Waikato, and is currently enrolled in a PhD focused on the development of indigenous psychologies in Aotearoa. She has a background in central government policy making, and currently provides Māori health, policy, and research advice to the Mental Health Research and Development Strategy.

Keynote Address: Dr. Catherine Love

Dr. Catherine Love

The Open Polytechnic of New Zealand

It is exciting to stand here and see so many faces, some known, others new - and looking fresh and bright. I see you as Māori psychologists and psychologists-in-waiting, as pioneers, exploring new horizons. The programme over the next two days makes it clear that there is a lot happening for Māori in psychology, and the potential for a lot to happen within psychology through the efforts of Māori working in the field.

I want to take this opportunity to pay particular tribute to some of the people who are here or will be here over the next two days. In particular, I would like to acknowledge Professor Mason Durie, who – although a ‘non-psychologist’ – has led the way and opened doors for so many of us: both personally through providing support and counsel during student days, and collectively, through the very effective writing, speaking, research, advocacy and policy development work that he has done over many years to validate Māori worldviews, and to allow Māori voices to be heard, and Māori models and perspectives to gain standing and credibility in the health and mental health arenas of this country.

To Professor Ngahuia Te Awekotuku, a hero of mine for her stand against oppressive systems, her refusal to be confined by some of the narrowness within academia and one who continues to demonstrate leadership through her pioneering work.

Greetings and thanks to Michelle Levy, and the energetic team who have organized this symposium. To Linda Nikora, who has provided guidance, leadership and friendship for many of those who have come through the doors of the psychology department at Waikato University, and who, together with Maynard Gilgen, organised an early Māori in psychology

hui: which was for me, and others at that time the first opportunity that we, as Māori pursuing studies in psychology, had to talk, discuss, and debate the ‘fit’ between us, our world views, and those propounded in the area in which we were pursuing our careers. Importantly, to me, that hui provided the opportunity to connect with other Māori facing similar issues and explore options for addressing those issues. I hope this will also be an outcome for many of us here today.

The hui that I am speaking of took place probably a decade and a half ago, the faces of Māori studying in psychology at University were few: I see some of those faces here today, looking somewhat older and more battle weary, or should I say wiser. We were fortunate at that time to be supported and led throughout the hui by several ‘non-psychologists’. People who had worked as ‘unofficial’, non-registered psychologists, and as counsellors, therapists, advocates, and activists in Māori communities. The input of these officially ‘non-registered psychologists’ was invaluable. I would like to emphasise the importance of continuing to dialogue and strategise with those who do not have formal academic psychology training, but who have a lot to offer to those who would listen, through their experience and knowledge bases as observers and analysts of human minds and behaviours, Māori and non-Māori relations, and community realities. I am thinking here of the Aunty Meres, Aunty Junes, Uncle Sams and Koro Toms, that I have, and that many of you probably have, whose knowledge of psychology I respect enormously. And none of whom have an academic qualification between them. This raises an issue that I will return to: that of the definition of psychology and upcoming protection of title. Because, if psychology

is viewed in its broad sense, as the study of nature, human nature, our minds, motivations, needs and aspirations, then these aunties and uncles that I spoke of have enormous expertise and are eminently qualified in these areas. So why then are they excluded from recognition within the profession of psychology? And why does the more limited expertise of their niece and moko carry more status and credibility, in Western systems anyway, than is given to them?

Three themes to think about today.

Where have we come from?
Where do we want to go?
How will we get there?

A confession: I don't feel qualified to answer these questions for the profession of psychology, but I will give you a run down of my own thoughts.

Let's look briefly at the fairly recent international history of psychology, from a marketplace perspective. In the 1960's, the President of the American Psychological Association, urged psychologists to spread the psychological word, to take psychology out and deliver it to the world. That exhortation has been enthusiastically pursued over several decades: with American and Western based psychological theories, concepts, models, and practices being enthusiastically exported and marketed around the world. In effect, there was a mass migration or exportation, of Western derived psychological concepts, ideals, models, theories, and practices, to other shores.

During this process, 'culture', and cultural differences came to be seen as somewhat problematic factors. In response to criticisms and critiques (by people such as Edward Sampson who has been deconstructing psychology and exposing an empty shell which echoes loudly when tapped, since the 1970's), it was decided that there may be a need to modify psychological packages destined for export to non-Western peoples, in order to maximise their attractiveness and marketability. The process of modifying psychology, making it more cross-culturally, or inter-culturally, or trans-

culturally, palatable became a busy industry in its own right. Modifications developed typically took the form of 'sweeteners', added to the psychological package: the sweeteners that I am speaking of include the addition of cultural awareness, sensitivities, and competencies to psychological theories and practices, and the engagement of indigenous practitioners to more effectively deliver psychological products to their compatriots.

New Zealand Context

Clearly, New Zealand was one of the recipients of the psychology export business. However, perhaps we are quite discerning consumers. For thirty years psychology in New Zealand has been subject to critiques by Māori and non-Māori. Jules Older soundly criticized the very fabric of psychology in New Zealand. Donna Awatere, after trying for a period to adapt psychological practices and reconcile them with ideals of Māori sovereignty, decided it was all witch-doctoring anyway. Richard Sawrey documented acknowledgements by psychologists that their psychological training did not equip them to work with Māori. In a special edition of the NZ Psychological Society Journal, Māori working and studying in the psychological arena (including some of the people here today) expressed enormous frustration and pain in regard to their experiences as Māori, in relating to psychology. The role, indeed, the purpose of psychological theory and practice in constructing Māori and other non-Western peoples as abnormal was convincingly exposed by Keri Lawson-Te Aho, and critiqued by Tereki Stewart. The list could go on...

The point is that there have long been serious problems identified by Māori and non-Māori within the profession of psychology in relation to its 'fit', or its fitness for consumption by Māori, and indeed other non-Western peoples.

The problems identified may be grouped into three broad categories:

- Cultural Knowledge bases, e.g., the lack of knowledge about how to work with, or for, Māori
- Workforce issues, e.g., the lack of Māori in the psychology profession, or

choices by Māori not to enter into or stay within psychology

- Value base, e.g., psychology is predicated upon a particular culturally based conception of self, other, and the nature of the world that is very different from the conceptions of self, other, and the nature of the world held by most of the peoples in the world.

The way that problems with psychology are conceptualised obviously affects the strategies that will be affected to address them.

Cultural Knowledge Base

If it is assumed that non-Māori and perhaps Māori psychologists lack the cultural knowledge to work with Māori clients, then strategies to address this may include cultural awareness and cultural sensitivity trainings, inclusion of Māori content into mainstream curricula, the provision of 'cultural supervision', and the development of cultural competency checklists.

Workforce Issues

Abbott and Durie highlighted the lack of Māori in the profession as a problem and advocated for strategies to rectify this. A variety of programmes in various departments and Universities have sought to increase the numbers of Māori training in psychology through providing scholarships, employing Māori staff, providing Māori content in psychology curricula, and putting Māori names on rooms... Most recently the establishment of Te Rau Matatini by the Ministry of Health seeks to increase the Māori mental health and Māori psychology workforce. Also, the report on incentives and barriers to Māori participation in psychology commissioned by the Psychologists Registration Board and authored by Michelle Levy sought to identify reasons for non-participation, and the conditions under which Māori participation in psychology may be most feasible.

I would classify the strategies adopted to address these two broad categorisations as reformative in nature. They seek to reform, rather than transform the face of psychology.

Value Base

But, I have to wonder how effective these strategies, in and of themselves, will be in addressing the third category of issues that clearly dog the relationship between psychology and Māori (and psychology and other indigenous peoples)? How many of the concerns relating to the fundamental value base of psychology, which have been identified over the past thirty years will actually be addressed through attempts to increase the numbers of Māori studying and working in psychology?

How many of the concerns about the fundamental mismatch in the assumptions on which psychology is based, and the assumptions prevailing in te ao Māori, will be addressed by providing Māori content in psychology curricula as an addition to the mainstream psychology that dominates? And how much will these fundamental and philosophical concerns be resolved through increasing cultural sensitivities, or adding cultural competencies, or providing cultural supervision, or developing Māori units in our institutions?

For I would argue that the imposition of a body of Western cultural practice, known as professional psychology, no matter how polite, sensitive or competent the imposition, is ultimately destructive and genocidal in its effect on indigenous peoples. This does not mean that people are not doing good work in the field. I know that many are. However, I wonder how much of their success happens despite psychological training, rather than because of it.

I support the efforts that are underway, relating to workforce development and knowledge extension, indeed I think that they are vital. However, I do not believe that the third area, that relating to the value base of psychology has been seriously or sufficiently addressed as yet.

I question how far we have actually come over the last thirty years in this area? And how serious we are about making the changes that need to be made in psychology? Many of us will be able to point to psychology or key aspects of it are inappropriate for Māori, we may be able to draw on socio-political analyses such as those from neo-Marxist theory, we may speak and write of hegemonic discourses,

cultural capital and credential inflation. However, it is one thing to know the theory, and another to know how to act on it.

I do know, from my own experience, how powerful the 'system', the machine, academia is. How it can force us into a framework, a language, a way of thinking that comes to appear normal to us. Sometimes we have to work very hard to learn the language, the look, to train our thinking so that it fits along psychological lines; to compromise so that we can get through the system, and we hope, to go back to where we came from, older, better and wiser than when we left perhaps. But, what we often find is that being immersed in an environment, learning and thinking 'academic speak' and psychological jargon for a number of years, this language and these thought patterns become ingrained. This language is designed to exclude, exclude those who are not privy to it. So, the compromises that we make can become collusions, and the collusions can end up in self-betrayal. Then we have the job of liberating ourselves from the strictures of some aspects of psychology.

This area, relating to the value base of psychology is fundamentally a political issue. It is a function of colonisation, of the wholesale exportation of Western psychology. I believe that it is also true that political problems require political solutions. This means moving beyond addressing each other, at conferences, through professional journals and bulletins, and engaging in dialogue with our communities, our policy-makers, and political maestros.

In relation to the third area, I believe that there are opportunities now to turn the theory into action if we want to do so. We are at a critical point in determining future directions. There is a political climate, there is pending legislation, and there is a 'critical mass', (that's all of us) that can influence and determine the development of psychology, and of Māori, in future decades. If we choose to, we can grasp opportunities that are there, and try to take it to where we want to go.

Let me note that while our 'critical mass' may not be huge, (Māori are estimated to make up 1.3% of registered psychologists), many of our most effective

leaders were not and are not particularly large either. When it comes to effecting change, strategy and smarts count. Therefore, we need to be clear about where it is that we do want to go, and how we are going to get there.

I want to look at future developments in psychology and the implications for us, in light of this critical juncture that we are at. In particular, I would like to look at the Health Practitioners' Competency Assurance Bill and the role of the Psychologists' Registration Board and us all in influencing future directions.

The legislation that is now pending has the potential to impact greatly upon the profession of psychology, and upon Māori consumers of psychological services. It is critical that we respond to this legislation in a way that will be empowering to us in the profession, but also in a way that will empower, or at least not further disempower Māori consumers of psychological services.

The Health Practitioners' Competency Assurance Bill is currently before the Select Committee. This legislation will introduce some major changes across a variety of health professions, including psychology. The focus of the Bill is the protection of the public, primarily through mechanisms designed to ensure the ongoing competency of practitioners. This in itself is a move away from mechanisms that arguably operated to protect professions more effectively than the public.

The Bill, as it now stands, contains no explicit references to the Treaty of Waitangi, to bicultural directions or cultural considerations. The Psychologists' Board, in a submission to the Select Committee, has expressed concern at the lack of reference to the treaty, bicultural or cultural considerations, and the lack of provision for Māori representation in the various structures to be established by the Bill. Particularly so in light of the strong emphasis this Government has put on Treaty, bicultural, and Māori specific development in other health legislation and strategies.

Whether or not the changes that the Board has recommended are incorporated in the final Act, there are opportunities for Māori-specific and cultural issues

generally, to be addressed at a level that has not been as clearly possible before.

Currently, the Psychologists' Registration Board has the statutory authority to advise the Minister of Health on issues pertaining to the profession, including those relating to the education and training of psychologists. Under the provisions of the Health Professionals' Competency Assurance legislation, the Board will become an Authority with wider powers relating to the definitions of psychology and determinants of eligibility for registration, the accreditation of psychology training courses, and the establishment of criteria for assessing ongoing competence in practitioners. These issues are, or should be, of vital interest to Māori students, teachers, practitioners, and consumers of psychology.

Some key aspects of the Bill that we need to be taking note of and developing responses to include:

Protection of Title

The HPCA Bill provides for protection of title for psychologists. Currently only the term 'registered psychologist' is protected. The Bill proposes that no-one will be able to call themselves a psychologist who is not registered. This raises questions concerning definitions of psychology, and related requirements for registration. The Bill does provide for the recognition of experience. If psychology is defined, for instance with an emphasis on the study of the human mind and behaviour, and registration requirements reflect expertise in this area, then the informal recognition of Auntie Mere, Auntie June, Uncle Sam and Koro Tom may continue, and may even be formalised. If psychology is defined in terms of achieving certain levels of academic qualification; then their experiential and marae-based learning and expertise will continue to be excluded.

Scopes of Practice

The above issue relates to the concept of 'Scopes of Practice'. Over the next 18 months or so, the Psychologists' Board, or Authority as it will become, will have the job of defining scopes of practice for psychology. This means that the Board, or Authority, will essentially have to define

psychology, or psychologies, and identify constituents of competent psychological practice. There are a number of possible models relating to scopes of practice.

One model involves establishing a generic psychology scope of practice. This could be much the same as the current system. However, there is an opportunity there to design a scope of practice that recognises, or at least does not exclude, non-Western-based psychological training, and areas of competence. There are also opportunities to advocate strongly for cultural competencies and considerations in some form to be required. THE OPPORTUNITIES ARE THERE IF WE WANT TO TAKE THEM.

A second model relating to scopes of practice is to specify a number of discrete scopes. The parameters around scopes would need to be clear, and people would not be permitted to practice outside the areas specified in their scopes. Scopes of practice might include clinical psychology, community psychology, industrial and organisational psychology, academic/research psychology, and so on. They might also include Māori psychology. There are a number of pro's and con's with this approach, however, IT IS A POSSIBILITY, IF THAT IS WHAT WE WANT.

A third model, again relating to scopes of practice involves a two tier registration process, where there would be generic registration and the option of specialist scope of practice endorsements. Specialist endorsements would relate to specific areas of practice and/or interventions. Practitioners without a specialist endorsement would not be able to practice in these areas or use these interventions. Once again, there are possibilities within this approach for identifying Māori psychology or kaupapa Māori psychology as a specialist scope of practice: if that is what we want to go for.

Accreditation of training programmes

Another area that is affected by the Health Practitioners' Competence Assurance Bill, is the area of the education and training of psychologists. The current legislation specifies particular University qualifications and supervised practice

requirements. The new Authority will have the power to accredit training programmes for psychologists. Under the new legislation, there may well be more opportunities for Wananga based training and joint venture packages between Universities and Wananga, or iwi, or non-Government organisations to gain accreditation for the provision of training programmes.

The opportunity to influence either legislation or the regulations surrounding legislation and the composition of the profession may come around once in our career life times. I hope that psychologists and non-psychologists will be able to meet, to draw on the lessons learned over the past few decades and to develop clear strategic directions and action plans in relation to the opportunities which are now before us.

While I acknowledge the diversity amongst us as Māori, I also acknowledge our commonalities. We all share a whakapapa that links us to this land, to Ranginui and Papatuanuku, we are all affected in some way by colonisation, and the racism that underpins it. There is a danger that diversity can be used as an excuse for inaction or the dilution of kaupapa Māori directions.

We have come a long way. When we had that earlier Māori and psychology hui, probably a decade and a half ago, I for one would not have envisaged that in these few years we would have been able to pull together such an impressive range of Māori psychologists and students of psychology, to provide the type of exciting and vital programme that we have over the next two

days. So, although we all know that Māori are seriously under-represented in the profession of psychology, there has certainly been significant growth in our numbers and our strength. That can be attributed in large part, not only to all of our own individual efforts, but to the endeavours of those who have gone down the road before most of us here, and have wedged the gates open as far as possible for those who have followed. However, the next challenge is to participate, in a meaningful and co-ordinated way, in consultation leading to the development of new directions for psychology in this country. There will be lobbyists for the maintenance of the status quo, and for the enforcement of ever-tighter regulation and ever-higher academic requirements. I would question, however whether I would want my child, moko, or myself to be screened, assessed, or treated by a psychologist who had straight As in their post-graduate papers, or one who, while academically able, had a sound understanding of the way my whānau operates, the effect of our whakapapa and the meanings that lay underneath our overt communications. I wonder whether we can continue the work of psychological pioneers and wedge open the gate for those who follow, by picking up on the possibilities to transform at least in some part, the face of psychology in this country.

I hope that these two days will provide us with opportunities to review where we are at: to discuss, dream, and strategise about where it is that we do want to go. No reira, Tenei ano he mihi ki a tatou katoa.

Keynote Address: Is there a distinctive Māori psychology?

Mason Durie

School of Māori Studies: Massey University

Psychology is largely about behaviour, patterns of thinking and emotional expression. While it has many more dimensions, and is informed by several disciplines, the essential aim is to understand the human condition as it relates to the manifestations of interaction, individuation, growth, and development.

Since the modern study of psychology owes much to investigations by scientific researchers in western countries, many of the findings about behaviour, cognition and affect are particularly germane to western cultures. However, they cannot necessarily be applied to all cultures. Assumptions about universality have long since given way to recognition of the impacts of ethnicity on patterns of behaviour, and there is an increasing realisation that the ways in which people think and feel are often a reflection of the culture within which they have been raised.

In contemporary times, most Māori are subject to the prevailing New Zealand culture but also have links to Māori culture and its unique characteristics. Even if there has been a degree of deculturation, it is likely that wider family and whānau contacts will have led to some exposure to that cultural distinctiveness. Because of that exposure, the question needs to be asked whether Māori people have ways of thinking, feeling and behaving that derive from customary Māori worldviews. Moreover, if that is the case, how do those patterns differ from other worldviews?

In an attempt to answer those questions a first step reported in this paper has been to identify the psychological attributes that might be associated with Māori world views. Others addressed the same question by focusing on religious, philosophical, and metaphysical attitudes in order to highlight characteristics of Māori thinking and understanding. However, rather than conducting an analysis of concepts such as mana, ihi, wehi and their associated values,

this paper analyses the encounters commonly witnessed on a marae in modern times and makes the assumption that those encounters point toward Māori world views as well as providing a basis for understanding distinctive ways of knowing and behaving (Durie, 2001).

The fact that most Māori are not regularly involved in marae activities may reduce the extent to which observations can be generalised and applied to all Māori. At the same time, it is also likely that within wider whānau networks other members of the family may be more regularly involved, so that the cultural ethos found on the marae is not entirely removed from the conscious and unconscious minds of most Māori. In any event, the main concern has been to identify the psychological underpinnings of a range of encounters, as a way of constructing a Māori psychological framework.

Marae Encounters

Marae encounters can be conceptualised from several perspectives, including functional, structural, and symbolic viewpoints. However, in this paper, encounters are described as domains, broad conceptual zones within which distinctive psychological and behavioural activities occur (Durie, 1999).

Polynesian Society

Table 1 summarises a set of nine encounters and associated domains. While similar activities may be found in other settings, significance and understanding takes on a new form when considered within the marae context.

Te Marae Ātea: The Domain of Space

Essentially a marae is structured around an open space. At one end can be found the host group, at the other, the visitors. The physical space is necessary in order to explore relationships and establish

boundaries, usually through the process of *whaikorero*. According to the convention adopted at a particular *marae*, a series of speakers will use the space to variously challenge, inquire, connect, and inform. If all goes well and there is mutual acceptance of the terms laid down on the *marae*, the space will be narrowed so that both parties can assume close physical proximity. In effect the space has been necessary to establish relationships, the terms of coming together, and both the differences and similarities between the players.

Table1.
Marae Encounters.

Elements of Marae Encounters	Domains
Te marae ātea	The domain of space
Nga manu kōrero	The domain of time
Koha	The domain of the circle
Tangata whenua	Domains of mind and earth
Tapu, noa	The domain of safety
Whaikōrero	Metaphorical domains
Mana, manākitanga	The domains of authority and generosity
Tauparapara, karakia	The domain of interconnectedness
Tūhonohono	The domain of synchronicity

Source: Durie (1999)

In modern times there is usually a convivial relationship between the parties even before the domain of space is approached, but the rituals that occur nonetheless offer the opportunity to reiterate the distinctions and, if appropriate, to highlight the commonalities. The important point is that the use of space is a necessary accompaniment of encounters, providing not only physical territory but also the psychological space necessary to rehearse identity and to confirm the relationship between self and others.

Nga Manu Kōrero: The Domain of Time

On a *marae*, the measurement of time depends less on being punctual and more on allocating time for necessary activities. Speakers on a *marae* (*nga manu kōrero*) epitomise the distinction. Regardless of any prearranged timeframe or schedule,

they are inclined to use time to convey essential messages and they place considerable importance on speaking until they are satisfied that the right messages have been conveyed. While some might argue that there is a tendency to disregard time, the more obvious point is that time has been allowed to complete the necessary protocols to the necessary standard. Time is ordered according to the sequence of events (Metge, 1976) and *nga manu kōrero* set the pace.

Sometimes the term ‘Māori time’ is used disparagingly, to refer to people who are late. In that interpretation ‘being on time’ is seen as more important than attending to first things first. In fact, ‘Māori time’ is more about prioritising time than being late.

Koha: The Domain of the Circle

Although the *marae* is more often rectangular than circular, the activities and symbolism reflects a circular pattern of exchanges. A good example can be found with the system of *koha*. While the practice of leaving a gift (in modern times usually money) on the *marae* tends to be associated with helping to cover expenses, it is more about relationships than costs incurred. There are two aspects to the *koha* practice. The first is the desire of a visiting group to present a gift that will encourage the development of a relationship with the hosts. The second aspect is the acceptance of the gift and by implication the establishment of a relationship. Were the gift not accepted, or if it were returned, it would be a clear sign that a relationship was not envisaged or desired. The notion of a circle is embodied in the *koha* and it would be consistent with the symbolism for the *koha* – or its equivalence – to be returned when the two parties met again. In short, the nature of a gift, in Māori eyes, is less about the generosity of the donor than the obligations placed on the receiver (Durie, 1986).

Apart from the *koha* practice, other *marae* encounters also reflect the circle as a way of interacting. The order of speakers for example often proceeds in a circular fashion, encompassing the whole *marae* and within the *whare-nui* itself there is often a circuitous route taken by speakers,

especially when fare-welling a deceased person.

Reciprocity is an integral part of Māori custom and philosophy and continues to guide thinking and interaction in contemporary times (Metge, 1976). A circular pattern is evident and the goal is to create wider ripples so that inclusiveness can be at least considered.

Tangata Whenua: The Domains of Mind and Earth

Critical to marae encounters is the notion of tangata whenua. Literally, people (of the) land, the term recognises a group who have peculiar rights and obligations on a particular marae. Sometimes tangata whenua is used as if it were synonymous with Māori people, but more accurately it refers to a group of Māori within a particular locality or region who by reason of a continued presence over time, have acquired special status. While political and territorial rights form part of that status, of greater significance is the bond they have with their land and the wider natural environment.

The bond between people and earth features strongly in marae encounters and forms an important part of identity for individuals and groups. In this regard, a personal psychology is closely attuned to the land and the wider physical environment and at a collective level a tribe is often referred to by a geographic feature within its terrain. Where there is landlessness, there may well be consequences that go beyond economic considerations to include psychological and emotional impacts.

Tapu, Noa: The Domains of Safety

Although the custom of tapu and noa is no longer widely applied, it remains a powerful force in marae encounters. Essentially, any person, object, or event that might possibly impose a risk, is regarded as tapu until it is clear that the risk ceases to operate. Once any possibility of risk has been eliminated the situation becomes noa, safe. Largely as a result of missionary interpretations, tapu has been equated with sacredness and its usefulness as a code for conduct has tended to be replaced by a fear of divine retribution. While there is a

spiritual component to tapu the more practical implications should not be overlooked. Te Rangi Hiroa drew a connection between the use of *tapu* and the prevention of accidents or calamities, implying that a dangerous activity or location would be declared *tapu* in order to prevent misfortune (Hiroa, 1954).

Marae visitors who are aware of the significance of tapu usually demonstrate a cautious attitude and are at pains to avoid any action or comment that could be misconstrued as an intended slight on their hosts. Built into their world views is the notion that risks are high until otherwise proven. Efforts to move too closely or to be overly friendly before the process of mutual evaluation has concluded are not encouraged. Indeed much of the marae protocol is aimed at determining whether there is risk and how it might best be handled.

Whaikōrero: Metaphorical Domains

Central to a marae encounter is the rehearsal of whaikōrero by chosen orators. Speakers act on behalf of either hosts or visitors and have the unenviable task of ensuring that the group they represent is not disadvantaged nor cast in a distasteful manner. As often as not, the more practised orators deliver their addresses with a masterly mix of directness and metaphor (Mahuta, 1974). Metaphor allows comparisons to be made, a wider context to be established and allusions to be suggested avoiding a micro-focus and positioning the subject within a broader perspective.

In addition, it is now usual for whaikōrero to be followed by waiata, a song or chant that adds meaning to the address and further identifies the speaker or the speaker's group (Salmond, 1976). Like aspects of whaikōrero, the waiata is rich in metaphor and contains numerous references to historical, geographic, or literary associations. While at first glance there may be little direct link to the matter under discussion, the metaphorical dimension shifts the focus onto another plane. In so doing there is an accompanying psychological shift so that meaning is transformed beyond the purely functional to acquire a broader philosophical connotation.

Mana, Manakitanga: The Domains of Authority and Generosity

A prevailing ethos on a marae is concerned with expressions of generosity. It is evident in the way guests are treated, the comments made to visitors, the provision of delicacies, and, for overnight guests, the standard of accommodation. Generally there is a collective approach to bounty so that a united front is necessary to meet the obligations towards guests. Although the comfort of guests is a high priority, it is not the only consideration. The standing of the marae, its mana, is also reflected in the way in which generosity has been delivered (Waitangi Tribunal, 1987). Generosity is not unbounded, nor does it come at the expense of maintaining authority. In fact, initiatives for generosity provide opportunities to demonstrate authority and control. If well managed, what transpires is a reciprocal relationship whereby mana is enhanced, not by a show of power, but by the more subtle display of concern and kindness. The art of *marae* negotiation is bound to a goal of enhancement of the other. The balance lies between enjoying the benefits that can accrue from generosity without diminishing local advantage.

Essentially the domains of authority and generosity are about the employment of authority in order to demonstrate benevolence. *Mana-akitanga* is the process whereby *mana* (power, authority) is translated into actions of generosity.

Tauparapara and Karakia: The Domain of Interconnectedness

The use of metaphorical language has already been noted as a feature of marae encounters. Two particular modes of expression incorporate metaphor but also shift attention into spiritual planes. The *tauparapara*, an incantation to preface an address, links the event under discussion with a wider realm, often of an esoteric nature. Similarly, the *karakia*, whether a Christian prayer or a customary entreaty, lifts the attention of listeners from mundane and terrestrial levels into higher spiritual planes. In the process, people are connected with the heavens, the winds, the stars, those long since departed, deities, and the forces of nature. The effect is to elevate

everyday mental preoccupations to a higher state of awareness, thereby promoting improved understanding based on higher levels of contextualization.

By connecting planes of thinking and symbolism there is a psychological energy flow away from the centre, outwards to broader conceptual domains, a centrifugal force away from micro dimensions (an individual, a single issue) to macro levels (groups, broad encounters, spiritual influences).

Tūhonohono: The Domain of Synchronicity

Tūhonohono is an active process that pervades many aspects of marae encounters: essentially, it is a search for commonalities (rather than differences), so that associations can be identified, and the relationship between events explained. In this process, much depends on simultaneous occurrence. Two events that share the same moment in time assume a significant relationship, regardless of any notion of cause and effect. Synchronicity underpins the relationship and the two events take on a special meaning when they are linked together by time.

This implied causal relationship between incidents which seem poles apart, is a characteristic of *marae* experience. Carl Jung used the term synchronicity to describe the significance given to the simultaneous occurrence of events not obviously related in a cause and effect manner. He believed that patterns of meaning were connected to time and that events which occurred at similar times were therefore related (Stevens, 1991). While synchronicity can easily be dismissed as coincidence, the actual experience of synchronicity defies coincidence. It creates a vivid and lasting impression which often tests the bounds of scientific rationality and challenges measurement in scientific terms. Māori belief in interconnectedness and the acceptance of time as a function of experience, readily leads to valuing the relationships between phenomena as much as the phenomena themselves.

A Māori Psychology

Psychological and Behavioural Attributes

Table 2 contains a number of psychological attributes that can be seen to emerge from the nine domains that are obvious during marae encounters.

Domains of Experience and Psychological Attributes

Among the attributes are five recurring themes. First, understanding comes from appreciating the relationship between the individual, the group, and the wider environment. The direction of Māori thought and feeling attempts to find meaning in the vastness of space and higher order relationships.

Second, although integration and association across wide ranging spheres is important, boundaries also play a large part in psychological organisation. There are clear distinctions for example between *tapu* and *noa*, *tangata whenua* and *manuhiri*, right and left, first and last, clean and unclean, food and water. Personal boundaries are also observed so that despite physical closeness (as during the hongi), individual uniqueness is endorsed.

Third, *marae* encounters reflect an underlying orderliness. Order is apparent not only in physical arrangements but also in the sequence of proceedings, the progression of thoughts, and the way in which time is allocated. Often orderliness is equated with rigidity and a lack of innovative thinking. Although that can be the case, it is also clear from marae observation that it need not be. Patterns of thinking and behaviour provide a matrix within which there is room for elaboration and creativity; and at the same time orderliness reduces opportunity for misinterpretation (Mahuta, 1974).

A fourth theme concerns patterns of thought. Māori generally shun directness, preferring a type of communication that alludes but does not necessarily focus on a detailed point. This seemingly peripheral approach can be confounding and is sometimes described as puzzling, especially if the central point cannot be deciphered. However, the clues to meaning are found less in an examination of component parts (of speech, behaviour) and more in imagery, higher order comparisons, and

long memories. Psychological energy moves outwards, it is centrifugal rather than centripetal.

Identity is a fifth theme. Māori identity, at least within a *marae* setting, is linked not only to ancestral descent but also to the land, and to wider environments well beyond human influence. Individuation is not the sole task for establishing a secure identity; identity is also a function of conscious and unconscious connections with the environment, with the group, and with those departed.

Implications

The intention in this paper has been to raise the question about a distinctive Māori psychology. In so far as marae encounters provide a glimpse into Māori ways of thinking, feeling and behaving, the presumptive conclusion is that there is a distinctive Māori psychology. While more work needs to be done to delineate the parameters and define the psychological characteristics, there is nonetheless merit in considering the practical applications to learning environments, clinical situations, psychometric measurement, and theoretical paradigms.

The process of learning is not context neutral. An open plan classroom for example tends to minimise the significance of boundaries, orderliness, and the cautious use of space. To that extent, Māori learners may well find some disjunction at the interface between physical environment and educational processes. In secondary and tertiary settings disjunctions might occur in the way knowledge is generally imparted; a focus downwards and inwards (centripetal) rather than outwards. It may also account for some of the reasons why Māori are less inclined to pursue subjects where understanding is based on an analysis of smaller and smaller parts without a parallel opportunity for creating wider domains to contextualise the detail.

In clinical arenas, patterns of thought and behaviour are particularly germane to assessment (of mental state) and psychological therapies. Metaphorical thinking may well be confused with tangential thinking or loosening of association, while a cautious attitude, as exhibited in the domain of safety, may be

interpreted as a lack of co-operation, suspiciousness, and even frank paranoia. Further, an emphasis on individual identity can underscore the importance of the group to psychological development and coherence. Equally unhelpful, the assumption that any type of behaviour or pattern of thinking that cannot be readily understood is simply 'cultural' can lead to missed clinical clues and inadequate assessments. Clinicians must be able to distinguish between 'abnormal' and 'normal' using benchmarks that may be quite different for different cultures.

In this respect psychometric tools should also be culture-relevant. While there has been some attention to translating standard psychometric instruments into various languages, there has been less work on devising instruments that can capture Māori psychological attributes, and at the same time identify areas of abnormality. *He Hua Oranga*, a mental health outcome

measure, has some promise; it is based on a Māori concept of health and employs a triangulation method that engages client (consumer), clinician, and a whānau member (Kingi, 2002).

Finally, many of the theoretical paradigms that underpin the study of psychology pay marginal attention to culture as a determinant of psychology. While there are some aspects of human experience that are universal, patterns of thinking, feeling and behaving are by no means divorced from specific cultural influence. A challenge for Māori psychologists is to re-examine psychological theory from a Māori perspective. In attempting to identify the psychological distinctiveness underlying a Māori perspective, this paper has introduced marae encounters as a rich source of information within which distinctive psychological characteristics can be identified.

Table 2.
Psychological Attributes That Can be Seen to Emerge From the Nine Domains Obvious During Marae Encounters.

Domains	Psychological Attributes
The domain of space	orderliness, formalisation of movements and relationships, regulated behaviour, personal boundaries
The domain of time	prioritisation, commitment to the moment, task completion
The domain of the circle	reciprocity, mutuality, restitution
Domains of mind and earth	territoriality, guardianship, role assignment, land and identity
The domain of safety	caution, behavioural constraints, boundaries
Metaphorical domains	allusive thinking, indirectness, metaphors
The domains of authority and generosity	responsibility and shared benefits, mutual enhancement
The domain of interconnectedness	meaning derived from similarities, relationships beyond temporal experience
The domain of synchronicity	meaning linked to time; significance not measured by causality alone

Source: Durie (2001).

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Keynote Address: Barriers and incentives to Māori participation in the profession of psychology

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Tena ra koutou katoa

Ko Taupiri te maunga

Ko Waikato te awa

Ko Taupiri to marae

Ko Ngāti Mahuta te iwi. Waikato taniwha rau. He piko he taniwha, he piko he taniwha.

Ko Michelle Levy toku ingoa

No te hau kainga nei.

Nga mihi mahana ki a koutou

Tena koutou, tena koutou, tena ra koutou katoa.

It is well known that Māori are over-represented within the client group of psychologists. Despite ongoing attempts to recruit and retain more Māori within the discipline of psychology, the numbers of Māori psychologists continues to remain low, raising serious concerns about the ability of the profession to effectively meet the needs of its clientele.

The New Zealand Psychologists' Registration Board, in recognising the Treaty principles of partnership, participation, and protection, has identified as significant issues for psychology in New Zealand: the under-representation of Māori in the psychology workforce, and the under-representation of Māori amongst registered psychologists. The Board considers that the development of Māori within the psychology workforce (both clinical and non-clinical) is a priority. In April 2002, the Psychologists' Board, commissioned Michelle Levy* from the Māori and Psychology Research Unit, University of Waikato, to report on the barriers and incentives for Māori participation in the profession of psychology.

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The objectives of this study were to identify the, barriers to, and incentives for:

- Improving the recruitment and retention of Māori in the profession of psychology
- Māori to gain and maintain registration as psychologists

The aim was to provide the New Zealand Psychologists' Board with recommendations that the Board would be able to pursue: in order to promote and enhance Māori participation in the profession of psychology. The study included a review of past literature and key informant interviews with 17 Māori psychologists, including clinical and non-clinical, registered and non-registered, practitioners and academics. This paper is based on the full report provided to the New Zealand Psychologists' Board.

Low Māori Participation: How Low is Low?

Health Sector

The health sector, and specifically the mental health sector, is a major employer of psychologists in New Zealand. Statistics from the 2000 Health Workforce Survey (New Zealand Health Information Service, 2000) show that, of the 667 registered psychologists who completed the survey, 1.35% were Māori. Data from an analysis undertaken by Te Puni Kōkiri in 1996

indicate some alarmingly negative trends for Māori with respect to mental health. For example, Māori admissions to psychiatric hospitals in 1993 were almost twice those of non-Māori, and Māori rates of readmission were nearly two times higher than readmission rates for Pākehā and three times higher than readmission rates for Pacific Islanders (Te Puni Kōkiri, 1996).

Education Sector

Psychologists are a component of the newly formed Ministry of Education, Group Special Education (GSE), previously known as Specialist Education Services (SES). Group Special Education: contributes to the development and evaluation of policy; provides information to families, whānau and educators; assesses eligibility for services; and, with a specific focus on the provision of services to children and young people with special education needs, supports the development of knowledge and skills to ensure children and young people are supported to reach their potential (Group Special Education, 2002). On the 31st August 2001, SES (now GSE) employed 155 psychologists. Of these, 4% (6) identified as Māori (Ministry of Education, Personal Communication, 31 August, 2001).

Justice Sector

The justice sector, specifically the Department of Corrections and the Department for Courts, is also an employer of psychologists. The Psychological Service of the Department of Corrections, on the 21st May 2002, employed a total of 58 psychologists, of which one identified as Māori (Department of Corrections, Personal Communication, 21 May, 2002). At the same time, the Family Court had 132 court approved psychologists, who write specialist reports for the Family Court. At the time of writing, the Family Court was unable to provide an ethnic breakdown of those psychologists. The justice and corrections sector is of particular relevance to Māori, given that in 1997 Māori comprised 49.4% of the total inmate population, while representing 12% of New Zealand's population (Te Puni Kōkiri, 2000).

Welfare Sector

The Department of Child, Youth and Family Services (CYFS) has primary responsibility for children and young people who are at risk of being abused, neglected or are offending. On the 30th April 2002, the Department of Child, Youth and Family Services reported that they employed a total of 18.33 psychologists. Of these, 0.8 were Māori (that is, participation by Māori psychologists did not equate to one full time equivalent position) (Department of Child, Youth and Family Services, Personal Communication, 30 April, 2002).

The client base of CYFS has a high representation of Māori compared with non-Māori. Whereas Māori children and young people comprise 24% of children less than 17 years of age, they represent 45% of CYFS clients assessed as abused (Department of Child, Youth and Family Services, 2000). Māori children and young people also comprise 49% of those provided with youth social work services, 46% of those provided with care and protection family group conferences, and 52% of those provided with youth justice family group conferences (Department of Child, Youth and Family Services, 2000).

Academic Sector

On August 1st 2002 there was only one Māori full time continuing academic staff member in a psychology department in New Zealand. In addition to this it was estimated that there were five Māori who are on academic staff in psychology departments, either in fixed term, part time, or senior tutor positions.

Membership of professional organisations

The memberships of professional psychology organisations also provide information relevant to Māori participation in psychology. Requests for information relating to a breakdown of membership by ethnicity were made of the New Zealand Psychological Society, the New Zealand Psychologists' Board, and the New Zealand College of Clinical Psychologists. On the 13th August 2002 the New Zealand Psychological Society reported that of a total 706 members, 16 identified as Māori: the New Zealand Psychologists Board does

not record ethnicity data, nor does the New Zealand College of Clinical Psychologists' (New Zealand Psychological Society, Personal Communication, 13 August, 2002).

Barriers to Māori Participation in Psychology

The barriers to Māori participation in psychology are well identified, both in the current and previous studies. Arguably the factor which has received the most attention is psychology's reliance on western paradigms and the active resistance to the meaningful incorporation of Māori focused concepts and paradigms. Further barriers include: a lack of Māori involvement in the training of psychologists, resulting in a lack of mentors and role models for Māori; isolation, and unrealistic and competing demands which are placed on Māori psychologists; a perceived lack of relevance of psychological concepts to the realities of Māori; and a lack of commitment to issues of relevance to Māori by those actively involved in psychology, for example, by psychology departments and professional psychology organisations.

Attempts have been made to address these barriers, for example: in the development of Māori focused psychologies; research and networks; initiatives aimed at supporting Māori students through psychology training; and recognition of these issues within professional psychology organisations. However, the literature reviewed suggests that the limited developments which have occurred appear to be as a result of the sustained efforts of a few, both Māori and non-Māori, as opposed to the collective effort of the discipline as a whole.

As stated above, the barriers to Māori participation in psychology are well identified. However, what has not been highlighted before is the central importance of the relationships which exist between the barriers and the tensions characterising those relationships. It is very clear that the barriers are closely related, with each impacting on the other. Attempting to address the barriers in isolation and independently of one another, as has been done in the past (for example, increasing the support provided to Māori students

without addressing the relevance of psychology for Māori or failing to understand the tensions between the development of Māori focused psychologies¹ within western paradigms and systems) will not result in increasing Māori participation in the profession of psychology.

It is somewhat ironic that a critical barrier to Māori participation in psychology is exactly that – lack of a critical mass of Māori participating in psychology. This lack of critical mass impacts on the environments in which Māori study and practice psychology, resulting in isolation, a lack of mentors and role models, lack of Māori relevant content, and inability to progress the development of Māori focused psychologies.

The salient barrier to increasing Māori participation in psychology is the environments in which Māori students of psychology and Māori psychologists are required to participate. These environments are dominated by paradigms, frameworks, and models perceived to be of little relevance to the realities of Māori. The tokenistic inclusion of issues relevant to Māori serves to marginalise Māori paradigms: further minimising the relevance of psychology for Māori.

Incentives

The major incentive for Māori participation in psychology is the creation of environments in which Māori wish to participate. Such environments are characterised by: the presence of other Māori students, psychologists, and staff; competency to work with Māori being viewed as a core component or 'best practice' within psychological training paradigms; meaningful participation and active valuing of the contributions made by Māori students and psychologists; absence of the marginalisation of Māori into 'cultural areas'; the provision of opportunities to contribute to the

¹ This paper uses the term 'Māori focused psychologies' to refer to psychologies which are relevant to and for Māori. It is not intended to be exclusive, nor is it intended to limit the possibilities in terms of what such psychologies might include.

development of Māori focused psychologies; and the provision of effective support for Māori students and psychologists. Some of these characteristics are described in more detail below.

Meaningful participation can be described as participation which provides actual and real opportunities to influence outcomes, directions, and priorities in a given context. For example, meaningful participation may include (but is not limited to) involvement at the commencement of projects/issues, involvement in determining priorities, the provision of the necessary resources (finance, time) to participate effectively, having the necessary power with processes to influence outcomes, and avoiding the isolation and marginalisation of issues relevant to Māori. There are a number of examples of initiatives and processes which have been and continue to be successful in facilitating meaningful participation by Māori. For example, joint venture arrangements between psychology departments and Māori service provider organisations. Activity in this area appears to be relatively untapped, meaning there is wide scope for further development.

Findings from this and previous studies have highlighted the importance of supporting Māori students to successful outcomes in psychology. Such findings are not new, and a number of psychology departments have implemented support initiatives for Māori students. However, it can be suggested that given the slow progress in increasing Māori participation in psychology, such initiatives have not been exceedingly successful. Building on previous findings, this study appears to highlight the importance of Māori students being provided with multiple forms of support, including academic, social, cultural and financial. Support initiatives are unlikely to be effective if they rest solely on the provision of financial support, as without evidence of a commitment to Māori development, the environment is likely to be one in which Māori will choose not to participate. Although, multiple forms of support are required to assist in the training of Māori psychologists, this does not imply that training institutions be the sole providers of such support. Collaborative

arrangements across key stakeholders, with a focus on the development of career paths for Māori within psychology appear necessary.

A further key theme to emerge, in relation to incentives for Māori participation in psychology, focused on what can be categorised as indigenous development. The development of Māori focused psychologies, and the importance of publication, were both considered crucial for attracting more Māori to the profession of psychology. Again, the salient factor appears to be the relationship between the barriers. Facilitating the development of Māori focused psychologies requires a critical mass of Māori involved in psychology. This points to the need for the development of parallel strategies, which facilitate both the increase of this critical mass, whilst at the same time enhancing the ability of those currently working in psychology and related areas to devote time to activities centred on the development of those Māori focused psychologies.

Another important component of facilitating the development of Māori focused psychologies was a mechanism by which Māori psychologists could come together collectively. The focus on this issue appeared stronger than in the past, possibly due to the higher numbers of Māori psychologists which exist now. There were differing views on what such a group might look like, who might participate, or where they might exist. However, the aims of such a group were common across participants. These were the reduction of isolation, facilitating exposure to role models and mentors, and the provision of opportunities for dialogue relating to the development of Māori focused psychologies. Such opportunities have not been routinely provided in the past, although the potential benefits of such opportunities appear to be high.

A component of creating environments supportive of Māori participation was to address the active resistance of psychology to the inclusion of Māori focused psychologies. The Code of Ethics states that psychologists recognise the boundaries of their own competence and provide only services for which they are qualified for by training and experience: yet, with respect to

the ability to work competently with Māori, psychologists' often fail to reach this ethical standard. The critical question appears to be *how can this resistance to Māori psychologies be addressed?* A number of the points made above were identified as being relevant to addressing the resistance inherent within psychology, for example increased participation by Māori, and the development and publication of Māori focused psychologies. The obvious problem is again the circular nature which characterizes the relationships between the issues. It can be suggested that a core component in addressing this circular nature is to more specifically identify the nature of the resistance and how this acts to exclude Māori participation. Guerin (2002) suggests that addressing the resistance of psychology to the inclusion of indigenous paradigms will require addressing the western bias of psychology. Removal of the western bias however, will result in the distinctiveness of psychology, as compared with other social science disciplines, also being removed. Addressing the active resistance of psychology to change may well require wholesale changes in how psychology as a whole is viewed (Guerin, 2002). This is an issue worthy of further investigation.

Addressing the resistance of psychology to the inclusion of Māori focused psychologies could also be addressed by Māori moving outside the confines of the present discipline. Suggestions of parallel development are viewed by some as coming from the radical fringe, simply because they depart from established systems. However, this is not a new suggestion, indeed it was made by Abbott and Durie (1987) 15 years ago. It reflects the ongoing serious concerns for Māori psychologists, in relation to control and safety, and frustration with the progress being made by psychology on issues relevant for Māori. Calls for alternative development should not be discounted purely on the basis of moving outside of the confines of what is currently known and accepted within psychology.

The creation of environments that support Māori participation

Active Collective Responsibility

Having identified the types of environments which will encourage Māori participation, the next question is *how can such environments be created?* The primary answer is through the concept of active collective responsibility. That is, all organisations² who have an interest in increasing Māori participation in psychology, for example psychology departments, employers of psychologists, professional organisations and government policy making agencies take responsibility for addressing and advancing the issues relevant to their own specific contexts. It is clear that without commitment from the discipline and relevant sectors to creating environments within which Māori wish to participate, Māori participation in the profession of psychology will not significantly increase. The issues are too vast and diverse for one organisation (for example Psychology Departments) or group (for example Māori psychologists) to resolve alone.

"But what do we specifically need to do?"

It is anticipated that the question of *'but what do we specifically need to do?'* will emerge. This report and numerous others have identified specific initiatives and actions organisations can take to increase Māori participation in psychology. The information and ideas about what can be done are there to build on. Collective responsibility means the onus rests with the relevant organisations to consider the issues, think about potential initiatives within their contexts, and work to implement those initiatives. Given the diversity of contexts, it is counter productive to provide a tick box type approach. This implies the issues across all contexts are the identical and can be addressed using identical strategies. Collective responsibility stems from

² The term 'organisation' refers to, but is not limited to, tertiary institutions, employing agencies and providers, professional psychology organizations, and government policy agencies.

personal responsibility; individuals accepting their own responsibilities and making choices which support positive change.

Active Leadership

Building on the concept of collective responsibility is the issue of co-ordination. A number of different suggestions were provided in relation to who could maintain a co-ordination role within psychology. Of central importance is an urgent need for active leadership to facilitate increased participation by Māori. As stated above, the concept of collective responsibility is vital if incentives for Māori participation in psychology are to be provided. However, given that key stakeholders in psychology have not been overly proactive in applying the concept of collective responsibility, it appears critical that one organisation take a leadership role to facilitate the actual implementation of this concept. Facilitation in this context means providing a structure or forum within which the issues are placed on the agendas of organisations, sharing information about the various initiatives and maintaining pressure on relevant organisations to address issues relevant to their specific contexts.

Within the current context, the New Zealand Psychologists' Board is considered to be the most appropriate agency to undertake this role. It is likely that the New Zealand Psychologists' Board, given their current status as the registering body for psychologists, will be appointed as the authority for psychologists under the new HPCA legislation. This places the Board in a pivotal role as the profession's governing body. Again, leadership will require focusing on providing a structure through which issues are placed on the agendas of organisations, and maintaining pressure to ensure those issues are acted on. Undertaking a leadership role does not mean that responsibility for addressing the issues is transferred from the various stakeholders to the Board. It does not mean the Board is responsible for implementing and resourcing the necessary initiatives and strategies. Collective responsibility is quite the opposite. It also does not mean that the Board will take a leadership role indefinitely, as addressing the issues will be

a developmental and constantly evolving process. Similarly, the Board occupying a leadership role does not preclude specific indigenous developments, for example a psychological organisation for Māori or parallel processes for training. The underlying aim of the leadership provided by the Board is to demonstrate to the discipline the critical importance of actively working to create environments in psychology which Māori wish to participate in; and to provide a mechanism by which attention is focused on these issues. A component of this leadership would be to annually report on progress made to the key stakeholders across the discipline, including the Minister's of Health, Corrections, Courts, Education, Social Development, and Māori Affairs.

Some suggestions to guide this planning include the dissemination of this report to all relevant stakeholders including the New Zealand Psychological Society, New Zealand College of Clinical Psychologists', Psychologists' Workforce Working Party, Health Workforce Advisory Committee, Te Rau Matatini, the National Māori Mental Health Workforce Development Organisation, heads of psychology departments, relevant major employing organisations and government policy making agencies. That dissemination should also include a request for responses to the issues raised in the report. The report can also be used as a catalyst to convene a forum(s) aimed at discussing issues such as the development of an organisation for Māori psychologists, multi-faceted career development award programmes for Māori psychology students, and research awards for Māori psychologists. Such discussions will include both Māori and non-Māori stakeholders.

A critical part of such discussions will be to ensure that some form of active progress is made or agreed to. The maintenance of pressure on organisations to continue to progress on specific issues is an important component of the leadership provided by the Board. Annual work plans identifying priority focus areas may be a useful process for the Board to engage in. The issue of the resources required to undertake such a leadership role will also

need to be considered. Discussions of this nature should involve all key stakeholder groups.

One area which appears useful in relation to the development of environments in which Māori wish to participate is the implementation of the new legislation which will govern the practice of psychologists (HPCA). The Board has taken on the role of informing psychologists about the HPCA and are seeking their input on a consultation framework to assist in the development of operational policy to administer the legislation. Given this is a significant opportunity to influence practice across the discipline as a whole, and so improve the outcomes Māori receive from psychology, it is vital that effective and meaningful participation by Māori psychologists and communities is facilitated. This will require a committed effort by the Board to determine how this can happen in practice. Considerations include what processes need to be engaged in; what resources will this require; and what timeframe is required for meaningful participation? The comments made earlier, in relation to meaningful participation, apply here also. It is also worth restating that anything less than meaningful participation can essentially be perceived as a tokenistic inclusion, further perpetuating an underlying barrier to Māori participation in psychology.

Recommendations

Based on the findings which have been described in this paper, several recommendations were made to the New Zealand Psychologists' Board.

Overall Recommendations

1. That the New Zealand Psychologists' Board take a leadership role in addressing the barriers to Māori participation in the profession of psychology. Key stakeholders the Board will need to work with include, but are not limited to:
 - i. New Zealand Psychological Society
 - ii. New Zealand College of Clinical Psychologists
 - iii. Psychologists' Workforce Working Party
 - iv. Health Workforce Advisory Committee
 - v. Te Rau Matatini

vi. Heads of University Psychology Departments

vii. Ministries of Health, Corrections, Courts, Social Development, Education, and Māori Development

The aim of this leadership is to clearly demonstrate the critical importance of actively working to create environments in psychology which Māori wish to participate in, and to provide a mechanism by which ongoing attention is focused on addressing the barriers to Māori participation in psychology.

2. That the New Zealand Psychologists' Board report annually to key stakeholders across the discipline, including the Minister's of Health, Corrections, Courts, Education, Social Development and Māori Affairs. The report should cover:

- i. progress made in relation to increasing the responsiveness of psychology to Māori
- ii. goals to be focused on for the subsequent year

Short Term Recommendations

1. That the New Zealand Psychologists' Board disseminate this report to all key stakeholders, including but not limited to those listed under Recommendation 1.
2. That the New Psychologists' Board request from all key stakeholders their responses to the issues that were raised in this report.
3. That the New Zealand Psychologists' Board recognise the significant opportunity presented by the Health Professionals Competency Assurance Act (HPCA) to improve outcomes for Māori receiving psychological services.
4. That the New Zealand Psychologists' Board include as a priority objective, in its implementation of the HPCA, meaningful participation by Māori psychologists and other Māori stakeholders in the development of the HPCA scopes of practice for psychologists.
5. That the New Zealand Psychologists' Board highlight to the New Zealand Psychological Society the importance of meaningful Māori participation in the Accreditation of Post-graduate Programmes Committee.

Long Term Recommendations

1. That the New Zealand Psychologists' Board convene a working group of key stakeholders. The purpose of the working group would be to determine annual work plans and priorities for increasing Māori participation in the profession of psychology. This should include, but is not limited to:

- i. initiating discussions with relevant stakeholders on the development of multi-faceted career development award programmes for Māori psychology students and psychologists
- ii. initiating discussions with relevant stakeholders on ways in which Māori focused psychologies can be further developed
- iii. initiate discussions with relevant key stakeholders on ways in which the collective strength of Māori psychologists can be maximised;
- iv. initiating discussions with relevant key stakeholders on ways in which meaningful Māori participation in the training of Māori psychologists can be enhanced
- v. initiating discussions with relevant key stakeholders on strategies for addressing the conflicting expectations and competing demands felt by Māori psychology students and psychologists

Conclusion

There are specific organisations whose environments are well known for not supporting participation by Māori psychology students and psychologists; the result being that such organisations have great difficulty in attracting Māori to participate within them. On the other hand, there are a small number of organisations which are recognised for creating environments which include some or all of the characteristics necessary for increasing Māori participation. Such organisations are relatively easy to identify by the numbers of Māori psychology students and psychologists choosing to participate, or not, in them. The findings in this study clearly demonstrate that in order to attract Māori to participate in psychology, the majority of environments need to change substantially. It is simply not enough for organisations, whether they are educational,

professional, or service delivery agencies, to identify the need for more Māori psychologists, yet still fail to commit to, and actively engage in, altering long identified environmental factors that are barriers to Māori participation.

The need for more Māori psychologists is well recognised and acknowledged. However, the lack of progress made in this area indicates that simple recognition and acknowledgement has done little to improve the situation. The Board has stated that this research will assist them to provide evidence based approaches to the Health Workforce Advisory Committee (HWAC), and the Ministry of Health, who are responsible for assessing priorities for Māori health workforce scholarships. However, it is not enough that this research simply contributes to providing an evidence base. Research over the past 20 years has provided evidence of the existence of this issue, yet little attention has been paid to acting on that research. There was a clear challenge issued throughout undertaking this research that the New Zealand Psychologists' Board demonstrate commitment to effecting positive change for Māori within the psychology profession. Essentially the commitment of the discipline and those with a stake in the discipline is under question.

There is a strong desire among Māori within the profession that unless there is genuine commitment to change, and genuine commitment to involve Māori in that change, then the profession will be faced with nothing more than continued resignation by Māori people.
(Paul Hirini, Clinical Psychologist)

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Tinia mai: Interventions and Treatment. Moderator - Moana Waitoki

Biculturalism in practice, 'Te Pounamu': Integration of a Māori model with traditional clinical assessment processes.

Leona Manna

Note: The author would like readers to be aware that they should not try to implement the strategy Te Pounamu in their own workplaces, if they have not had training in its use.

Traditional clinical psychological assessment follows a western paradigm of interaction, which relies heavily on verbalisations of internal and external symptoms. This process relies upon the assumption of and acceptance that tangata whaiora (consumer/s) are able to do this. Training encourages a clinical psychologist to take into account differences which may or may not be obvious, e.g., differences in religious beliefs, gender, hearing, or sight. However, as clinicians we often neglect to assess tangata whaiora abilities to verbalise such information. Te Pounamu, as a Māori model demonstrates the underlying principles of Te Tiriti O Waitangi. Providing the best treatment outcomes is about acknowledging all aspects of one's wellbeing: physical, mental, spiritual, and whānau. Te Pounamu provides a process that acknowledges such aspects in a way of knowing that is healing. From clinical experience, the interactive mode that Te Pounamu utilises has been found efficacious in assisting tangata whaiora to understand how such factors contribute to poor mental health.

At the time of first penning this presentation, there were two areas of research into Māori participation in the profession of Psychology that were commissioned by the New Zealand Psychological Society. A focus of this research was about how to encourage more Māori to enter into the psychology profession. A further section of this research involved investigating the issues that challenge Māori to become involved in this area. As a Māori Psychologist, I put forward that the experience of psychology from either side, as a clinician, or as a tangata whaiora (consumer) can bring forth the same questions and challenges about Māori in Psychology. Tangata whaiora can be scared and fearful of the situation in which they are placed, having to seek help from a professional, and similarly as clinicians we can be experiencing doubts also, but these are focused on whether we are approaching our work in the best way possible for the tangata whaiora and

whānau (family) we are working with, or whether we are even skilled enough to be attempting this type of work. When I discuss 'this type of work', I am referring to working with Māori.

One of the key principles, which continually rises to the surface throughout many academic and non-academic writings about how to work with Māori, is identity. Mason Durie's invaluable work over the past two decades keeps highlighting identity as the beginning of wellness for Māori. For mental health workers, the Mental Health Commission (2001) identifies that cultural assessment pertains to the significance that tangata whaiora place on their identity and how they perceive the role of their cultural heritage in assisting them to achieve wellness. Cultural assessment is seen to lead to more informed and appropriate treatment and support for tangata whaiora.

The starting point for working with Māori is in the assessment phase, and

providing an appropriate 'cultural assessment' is vital to the engagement of, and working relationship with, tangata whaiora and whānau. When undertaking an assessment, the principle of Culturally Just Practice demands that the cultural standpoint of both clinician and tangata whaiora and whānau be acknowledged as a necessary condition to ensure their safety (Nairn & The National Standing Committee on Bicultural Issues, 2000). For this to occur, individually we must be aware of the local moral order, which determines the way we (as clinicians) work. For tangata whaiora to be safe in interactions, they must likewise "...be familiar with the local moral order operating and also be able to express themselves effectively within it, without becoming more open or vulnerable than they would wish", (p.128, Nairn et al., 2000).

For Māori tangata whaiora, being able to express themselves as an individual when placed in front of a clinician who writes material down, which they cannot see, is a distressing experience when viewed within the context of identity and 'their' (the tangata whaiora's) local moral order. Being aware of the way in which Māori tangata whaiora identify themselves as part of a whole, has in this instance placed tangata whaiora at risk for being unable to effectively express themselves.

It follows that interactions between individuals operating with differing local moral orders create a high risk of misunderstandings that may have serious consequences for one or more of the participants involved in the interaction. As clinicians, we may unconsciously, or consciously impose or assume the correctness of our (Predominantly European/North American taught culture: which places individual achievements as more worthy than collective and collaboration means, which include spiritual causes as important for well being), local moral order in interactions, possibly leading to unsafe outcomes for those involved.

Nairn and colleagues (2000), highlight this creation of possible harm. Where tangata whaiora and whānau share a local moral order that differs from that of a

clinician they are placed at risk being damaged by the processes.

When interacting with tangata whaiora, Te Tiriti O Waitangi (The Treaty of Waitangi) provides a framework for safe practice and understanding. In essence, the articles, as defined by the Crown (Government), are: to provide opportunity for all to be treated alike and protected in the same way, to have participation in all things, and to have a say as equals, in partnership.

However, in reality, our discipline (the practice of Psychology), and its local moral order, do not provide adequate coverage of the articles in practice. The majority of us (clinicians) have received our training in an institution that reflects a predominantly Westernised view of wellbeing. An example of the lack of autonomy granted to tangata whaiora and whānau, is seen in how a large proportion are referred from within Crown agencies, such as health, education, justice, or welfare.

In those situations where Māori initiate the contact with psychologists themselves, like all people, they are entitled to participate in practices that are culturally just. Therefore, as alluded to above, a clinician must be competent in their ability to identify, either directly, or more commonly, in consultation with the tangata whaiora and whānau, the appropriate local moral order operating, and also the safe practices consistent within it (Nairn, et al., 2000).

According to the fourth General Principle for Practice penned by Nairn and colleagues: "In a culturally just encounter, there is an active balancing of the (cultural) needs and rights of those involved that appropriately includes their peoples. Psychological practitioners must be committed to achieving such balance and know when they lack the competence to recognise/achieve such balance" (p 134, 2000).

Within New Zealand, there is seen to be a gap between what is provided to acknowledge Māori values, when working with tangata whaiora and whānau, and that which is currently being granted. Mental Health Professionals, as an ever growing number, can help to recognise cultural balance and move outside Westernised

boundaries by working alongside traditional Māori 'healers' such as Kaumātua and Tohunga. For this to occur, clinicians need to be prepared to accept that Western models of health are not the only valid frameworks for understanding physical and mental health disorders (Glover & Robertson, 2000).

When working with Māori, clinicians also need to be aware of the cultural differences with respect to boundaries. Māori and non-Māori have different views on such aspects of protocol, and Western influences, when working with those that are unwell, condone breaches of such protocols. However, beliefs are part of everyday life for Māori and as such, protocol or tikanga practices are a sign of respect and whānaungatanga (treating as whānau). These can include physical touching (non-erotic) such as hongī (touching of noses), a kiss or hug upon greeting, self-disclosure around related matters such as whakapapa (whānau links) and role respect for Māori tikanga. This may necessitate a ritual of formal powhiri (welcome) which could take several hours to move through before one can even talk to the person who has been identified as unwell (Gilgen, 2000).

The Ministry of Health (1995) proposed that when assessing Māori, there are six main objectives to achieve, and this has been supported by Durie (1995) and others. These objectives are:

- acknowledging mana whenua
- establishing and maintaining kawa whakaruruhau
- strengthening the wairua of the individual
- promoting taha whānau of the individual
- ensuring the taha wairua of the institution/service
- developing whakapapa through mythology, kawa, tikanga, and te reo of the individual

It is essential to assess the identity of the person seen as well as their understanding and acceptance of Māori tikanga and its association with health, as Māori as a people are at different levels of understanding about such things (Durie, 1996; Ministry of Health, 1995).

From the assessment comes an appreciation and consideration of socio-cultural factors as important for improving treatment outcomes and health. The more a clinician is able to appreciate the cultural perception of the individuals they work with, the better the therapeutic relationship will be (National Health Committee, 1996).

The Māori view of ill health is as a product of spirit, body, mind, and the social environment, and Durie (1994, 2001) has extensively written about this concept of health coming under the umbrella of Te Whare Tapa Wha. This concept was promoted at the Hui Whakaoranga – the Māori Health planning Workshop held at the Hoani Waititi marae in Auckland, 19-22 March 1984, as part of a major national Hui for Māori Health. The Hui Whakaoranga recognised a united conception of Māori Health as Te Whare Tapu Wha. The four dimensions or cornerstones of well-being that make up this concept are:

- Te Taha Wairua (spirituality)
- Te Taha Hinengaro (thoughts and mental well-being)
- Te Taha Tinana (physical wellness)
- Te Taha Whānau (family cohesion)

When Māori become unwell, it can be due to one or all of the concepts being misaligned. Health is essentially about ensuring the Mauri (life force) of Māori people is allowed to find its full expression. Mauri assumes that each individual can live a life that maximises wairua (spirit), tinana (body), hinengaro (mind) and mana (personal authority). A person's unfulfilled potential or the development of an illness can be an indication of the absence of an individual's Mauri (Durie, 1996).

Pertinent to Māori wellness is the formation and recognition of one's identity. A large part of becoming ill has been placed on lack of identity as causative (Durie, 2001), and cultural identity is a fundamental part of the Māori view of health. Access to a cultural identity is a fundamental right and an option that might or might not be acknowledged. The development of a positive cultural identity is necessary for optimal mental health growth (Durie, 1995).

Te Pounamu

The Te Pounamu model has not been researched and therefore there are no statistical analyses to determine its effectiveness. At this stage, a clinician's and a tangata whaiora's perspectives have been used to assess its usefulness within a Māori Mental Health Service. With this beginning, for the Te Pounamu model to stand alongside traditional clinical assessment procedures in the future, appropriate research must occur.

Te Pounamu takes into account the identity that one has: the process by which this assists in providing a more informed and appropriate assessment of tangata whaiora is seen through its use of the participation of tangata whaiora to help the clinician do a more thorough and meaningful assessment. The meaning that Te Pounamu gives to tangata whaiora and whānau represents a way of 'knowing' that assists the clinician in having a meaningful understanding of all presenting issues, how they impact on one another, and how to bring about change.

The Te Pounamu model has been an assessment and treatment model at Te Whare Marie since 1996. Ruha (1999) has trained clinicians at Te Whare Marie in the use of Te Pounamu Model to assist in the assessment of Māori that present with mental health problems.

The whakapapa of Te Pounamu model is that Peta Ruha, a Ngāti Awa descendant, developed it. Ruha developed the model after seeing an idea presented by Tangi Hepi (Ngāti Maniapoto) which utilised a visual approach and an analogy of a human form. Ruha first began adapting the model during time spent at Oranga Hinengaro (Māori Mental Health Service), in Palmerston North in 1996. The model was then introduced to the Specialist Māori Mental Health Service, Te Whare Marie in Porirua by Ruha and was termed the 'Bottle Approach'. A Kaumātua of Te Whare Marie, Kuia Ani Sweet, named the model, Te Pounamu.

Due to the effectiveness of the visual approach Te Pounamu utilises, and its impact in assisting tangata whaiora and whānau in having a meaningful understanding of their presenting issues, it has been further developed with specific

regard to Māori Mental Health from 1996 onwards. As an approach, it is a way of knowing that assists the clinician in having a meaningful understanding of all presenting issues, how they impact on one another, and how to bring about change. The model utilises a visual representation of a person's difficulties based on the past and present, including presenting issues, coping strategies, whānau relationships, deep seated hurts, and the strengths and weaknesses of the individuals who present.

The Te Pounamu model is based on the notions of Te Tiriti O Waitangi (Durie, 2001). It encapsulates the protection, partnerships and participation of Māori tangata whaiora (clients) within the framework of Te Whare Tapa Wha (Durie, 1994, 1995, 2001). By giving tangata whaiora the opportunity to participate, we give them equal partnership in the relationship, and the chance to protect themselves, for example, by being able query visually documented information that may have been mistakenly recorded.

A brief way of working with the Te Pounamu model at Te Whare Marie will now be discussed. The session is opened using karakia (prayer) or whakatauki (proverb) or what is appropriate as determined by the tangata whaiora and whānau. If mihimihi (introductions) have not been done, then this process is engaged in to promote whakawhānaungatanga. If tangata whaiora and whānau have never been engaged in the service before then they are told about confidentiality and limits to confidentiality. Tangata whaiora and whānau have the purpose of the session explained to them until they understand the process that is going to occur. That is, the meeting is about gathering information that represents them and their whānau and what are the current issues occurring in their lives. Additionally, the information gathered will also represent those areas of life that are contributing to the ongoing difficulties being experienced, and highlight where change can occur.

The Te Pounamu model is drawn on a whiteboard and each of the terms or headings is explained to tangata whaiora and whānau. Next, tangata whaiora and whānau are invited to talk about what brought them here and what is currently

happening for them in their lives. As they talk, key words/phrases are placed under the appropriate heading, or headings, as required, and the clinician's interpretation is checked. The Te Pounamu model, see

Figure 1., has a circular motion attached to it, with arrows representing the impact each area has on another in the tangata whaiora and whānau's lives.

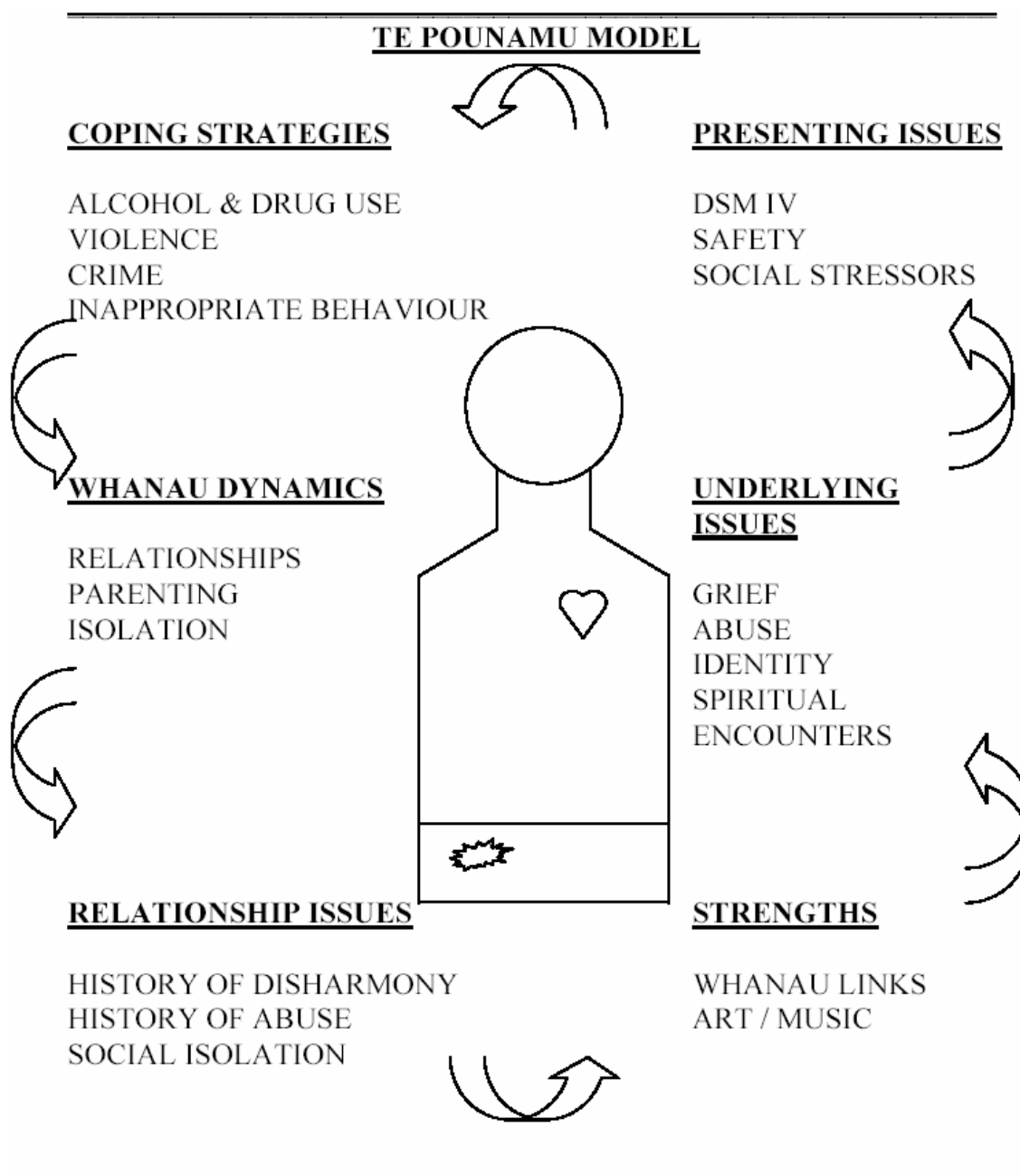


Figure 1. Te Pounamu model.

The following factitious formulation is an example of how Te Pounamu can be used (see Figure 2.). Jane is a 33-year-old woman of Tuhoe descent. She has been having increasing difficulty with the onset of sleep, often taking up to 2 hours to go to sleep. Jane has been preoccupied with

whom she will 'see' tonight, and what will be the next thing that is going to go wrong in her life. Jane has lost around 8 kg's in the last month, and she believes this is her punishment for failing the last lot of workplace assessments she was undertaking, which would have given her a

promotion. Her core beliefs are very negative, and she is struggling to 'stay afloat', but at the same time believes she needs to be strong for the family who are relying on her to get them through recent tough times. Jane is not currently suicidal, but has over the past two weeks felt like wanting to take her life, she has no plan, but there are lots of means available, e.g., car, sharp knives, Panadol, sleeping pills prescribed by her GP, etc... Ten days ago, Jane's grandmother had a stroke and apparently if it weren't for Jane chancing upon her grandmother on the floor, she most likely would have died, as she was not breathing. Some four months ago, Jane's grandfather had a heart attack and there was some concern that at the time, he was not going to live. At that time, it was assessed that he had early onset Alzheimer's and doctors and medical staff are still undecided whether he has some dementia as well. At work, Jane has been feeling pressured into moving upwards in the hierarchy. This necessitated her sitting the assessment process to be considered for promotion. However, after doing the assessment, Jane believes she was not prepared for the process she went through to ascertain her suitability for career advancement. Jane is the middle child of three children, and her grandparents mainly raised her. When she was seven years old, she happened to find an elderly neighbour who had fallen into a diabetic coma. Jane reported believing he was dead, and that about two weeks after the event (unsure of the exact time frame), this neighbour visited her at night. Jane believed he was a ghost for a short time, not believing he was still alive, as he would only visit her room at night. As her grandparents raised her, Jane has always taken on the role of caregiver when someone in the family has been unwell as taught to her by her tipuna. Jane has always felt neglected by her family and believed she had to achieve for her own family to be proud of her, and was therefore

always one of the highest achieving children from the area. This followed into her tertiary studies, where she initially trained as a teacher and then became interested in management. Jane's family have always believed she was strong enough to handle things, and because Jane has never indicated otherwise, they have never stepped back and lifted the pressure on her to fulfil certain roles in the wider family. Jane sees the family's lack of support as challenging her to be even better and more worthwhile, not realising that she doesn't have to always do everything. Jane was chosen to be raised by her grandparents because she was a good listener as a toddler and child. She also was able to know, intuitively, when someone was not feeling well, and was seen by her grandparents as a tohunga in this respect. Since she was a teenager, Jane has drawn pictures to help her express hurts and feelings. The family are always around whenever Jane is busy, but she often does not see them as supportive because of her involvement in being the primary carer for those that are unwell.

Where to From Here?

The Te Pounamu model will continue to be used within Te Whare Marie to promote the wellness of tangata whaiora and whānau. The different parts of Te Pounamu will continue to be developed to have more meaning for those we use the model with. It is a goal to have the Te Pounamu model accepted as a clinical tool alongside of traditional western assessment processes in the appropriate assessment of Māori. Research can be undertaken to determine the usefulness of Te Pounamu from the perspectives of all who are involved in the use of this model. Research can also ascertain the appropriate place of Te Pounamu within the clinical assessment process and determine what key determinants are required in its presentation for Te Pounamu to be utilised effectively.

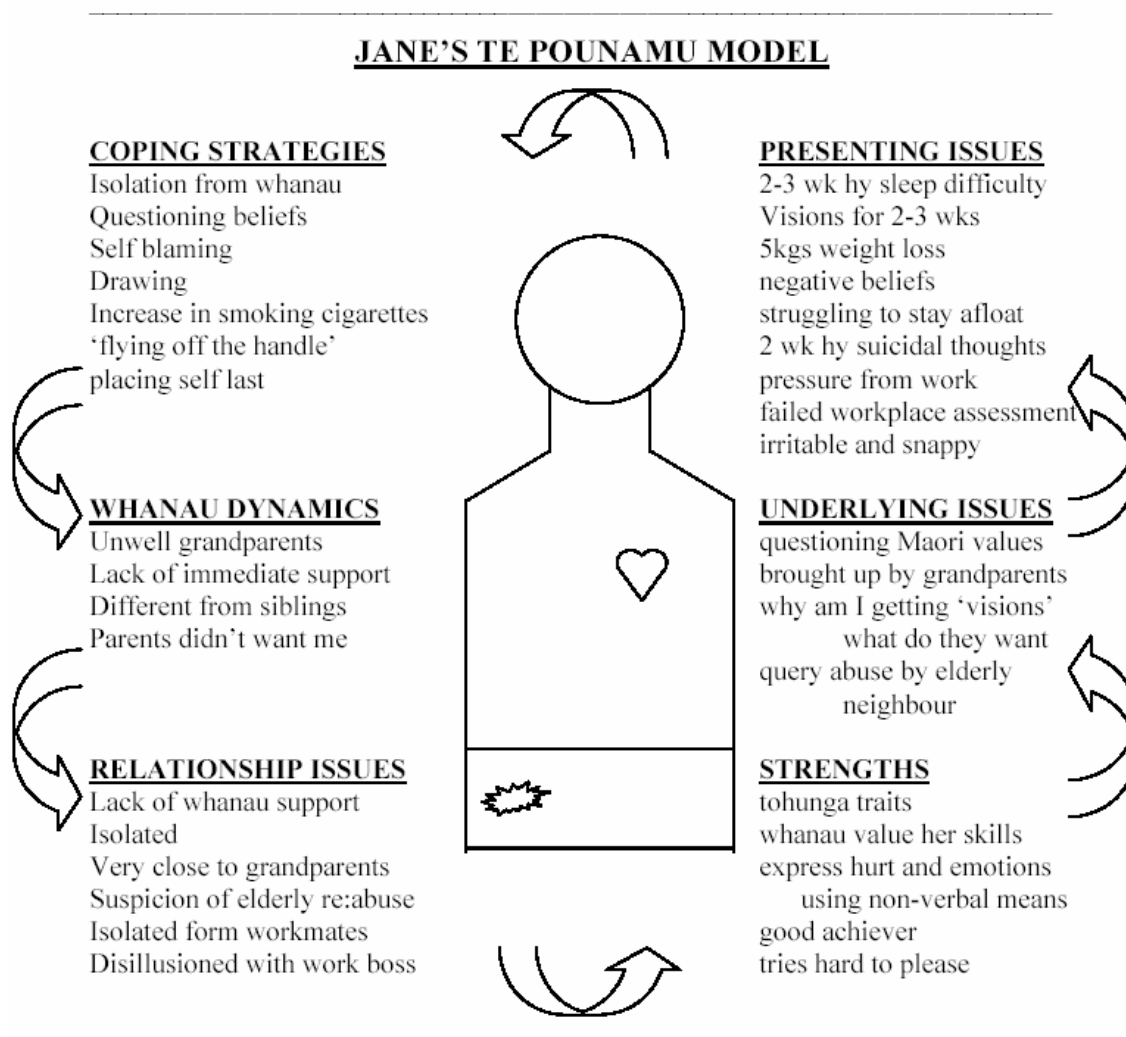


Figure 2. Fictitious example of the Te Pounamu model.

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Using cognitive behavioural therapy with Māori tangata whaiora.

Clive Banks

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A presentation exploring the challenges of using Cognitive Behavioural Therapy (CBT) with Māori at Te Whare Marie, a Māori Community Mental Health Team setting in Porirua. The argument being that many of the core components of CBT are relevant and applicable to Māori, but the delivery and primary focus may benefit from modification at times. Integrating CBT with Māori models of assessment and therapy will also be discussed.

Paper not submitted.

Boundary issues for Māori psychologists/therapists in Aotearoa.

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This paper explores boundary issues for Māori psychologists/therapists in Aotearoa. In doing so, colonisation is discussed and an overview of the history of psychology in Aotearoa is presented, with emphasis given to the interface between psychology and Māori. In particular, issues to do with Māori therapy, psychological training, research methodologies, and institutional and organisational structures are raised. Boundary issues are discussed with respect to 15 boundary areas (role, time, place and space, money, gifts, services and related matters, car rides, clothing, language, self-disclosures, physical contact, countertransference, dual relationships, therapist-client sexual contact, confidentiality). After each boundary area is presented, a commentary from a Māori perspective is given, highlighting Māori cultural issues that also exist within each of these boundary areas. Other cultural issues are discussed for Māori psychologists/therapists, and suggestions are presented from the literature and a Māori view is given on how Māori psychologists/therapists can maintain professional boundaries. Conclusions highlight that for Māori to become competent practitioners they need to have training in both Western and Māori psychological models. Six recommendations are made. The first focuses on the need for Māori to have representation on the New Zealand Psychologists' Board. Secondly, those training Māori psychologists/therapists should also provide Māori psychological training. The remaining recommendations focus on what practicing Māori psychologists/therapists can do now to develop their competency in these areas.

Paper not submitted.

Kia matāra: Negotiating Challenges in Māori Development. Moderator -
Michelle Levy

Dreaming in diaspora - the psychology of iwi development.

Keri Lawson-Te Aho

Diaspora is a word used to describe the dispersion of people originally belonging to one nation. This term may be used to describe one of the most significant challenges to the progress of iwi development, and that is the reconnection of people with their cultural, historical and political. Iwi diaspora produces behaviours that may be construed as being counter-development. In fact, they are normal responses to the challenges of reclaiming identity from a traumatised cultural and political state. This paper explores the context and content of diaspora and the thinking and behaviours that it gives rise to, specifically in an iwi development context. This analysis comes from the author's own experiences of working in iwi development over a period of 7 years: in an iwi that has been through the Treaty settlements process and is now faced with the extensive challenges of engaging the wider iwi membership in their own development. This paper also explores the imperatives of whakapapa-based development.

Paper not submitted.

An evaluation of the cultural supervision prototype undertaken within the Department of Corrections, Hamilton.

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Disproportionately high rates of offending and recidivism among Māori are well documented. As part of its attempt to better meet the needs of Māori offenders, the Department of Corrections is developing cultural supervision for staff in the Community Probation Service, the Public Prisons Service and the Psychological Service. The aims of cultural supervision include improving staff members' knowledge of Māori cultural values, providing support for staff in managing complex cultural issues, and ensuring safe practice and culturally appropriate behaviour. During 2002, the Māori and Psychology Research Unit was contracted to conduct a survey of current practices in relation to cultural supervision and a process evaluation of a prototype of cultural supervision being trialled in the Waikato among probation officers (Hamilton Area) and sentence planners (Waikeria Prison) (Karapu, Masters, Robertson, Trynes, & Waitoki, 2002). Findings from the survey indicated that most staff had informal cultural support or advice available to them. Usually, this was in the form of Māori colleagues within the Department. Less commonly, support was sought from Māori in other organisations, from knowledgeable non-Māori within the Department, kaumātua and kuia, and whānau members. About a third of Corrections staff were receiving some formal cultural supervision, most of whom regarded it positively. Among other staff, both Māori and non-Māori, there was a high level of interest in cultural supervision, and a view that it would be beneficial to their professional practice. Overall, staff felt that the support and advice currently available to them was inadequate. Findings from the evaluation of the prototype suggested that while many of the participants viewed cultural supervision as important for their job, fewer considered that the supervision they were receiving was meeting their needs. Some experienced non-Māori staff seemed to be resistant to the idea of cultural supervision, feeling that they already knew how to relate to Māori offenders. Māori staff were generally enthusiastic about cultural supervision but wanted it to focus on their personal safety as Māori within a "mainstream" institution rather than on their practice. However, both Māori and non-Māori staff generally felt that the cultural supervision sessions provided a safe environment. The prototype appeared to be a good beginning and the model should be stronger when modified in the light of experience.¹

¹ We would like to acknowledge the Department of Corrections, for its financial support of our research, and the cooperation of the staff, consultants, and those involved in the prototype, for their involvement and contribution.
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Māori have disproportionately high rates of conviction and imprisonment compared to non-Māori (McFarlane-Nathan, 1999). A disparity that has increased over the last 10 years (Doone, 2000). Of particular concern is the high rate of recidivism among Māori (Department of Corrections, 2003).

The Department of Corrections is committed to reducing re-offending by Māori. In recent years, it has implemented several initiatives to improve its cultural responsiveness, including in-service training, the introduction of a measure to assess Māori culture-related needs (MaCRNs), the development of a Treaty of Waitangi Strategic Plan, and the establishment of Māori Focus Units in prisons (Department of Corrections, 2003; Huriwai, 2001). Thus, cultural supervision needs to be seen within the context of numerous efforts to address re-offending among Māori.

Cultural supervision was defined by the Department as a formal process in which staff meet with a cultural consultant who provides cultural support and knowledge to ensure a client's cultural needs are met (Department of Corrections, 2002). It was expected that cultural supervision would lead to:

- Improved interactions between a case worker and his/her clients
- Enhancement of caseworker practice
- Increased organisational responsiveness and effectiveness in service delivery (Department of Corrections, 2002, p.2).

National email survey

At the time the research was commissioned, some cultural supervision was occurring within the Department. Various arrangements were in place, varying in formality and focus. Our first task was to conduct a survey of current practice, in order to determine the extent to which cultural supervision was being undertaken, the content of such supervision, and the perceptions of staff regarding their need for cultural supervision.

Method

We distributed an email survey to staff members in each of the three services of the Department. Within Psychological Services, the survey was sent to all 54 psychologists. Within the Public Prisons Service, the survey was sent to all 80 sentence planners (staff responsible for case planning). Within the Community Probation Service, the survey was sent to a randomly selected sample of 107 probation officers (of a total of 349) and a slightly modified version to all 81 service managers (who, as line managers, were in a unique position to provide an overview of the current practices of their staff).

The survey sought information about the training and experience of staff, the types of cultural support and advice available to them, experience of formal cultural supervision and their perceived need for cultural supervision.

Results

Responses were received from 20 sentence planners (25% response rate), 16 psychologists (30%), 29 probation officers (27%), and 43 service managers (53%), giving an overall response rate of 34%. Respondents were reasonably representative of the staff population in terms of ethnicity (Māori 26%, non-Māori 74%) and gender (male 42%, female 58%).

Provision of cultural support and supervision

The survey revealed that 21% of probation officers, 30% of sentence planners, and 44% of psychologists had experienced formal cultural supervision. Group supervision was more common than individual supervision. Supervision was generally on either a fortnightly or a monthly basis, but for some, it was on an "as needed" basis. Both external and internal supervisors were involved, in approximately equal numbers.

While overall less than one-third of the practitioners were receiving cultural supervision, a much larger number reported using other sources of support and advice to help them meet the cultural needs of Māori offenders. Most commonly, this was a Māori colleague within the Department (see Table 1). By definition, such informal

support and advice is not a part of the job description of the individuals involved. The burden this places on Māori staff is something that may need to be addressed.

Table 1.
Informal Sources of Support Generally Available to Practitioners (n=65).

Role	Number	Percentage ¹
Māori colleagues within Corrections	59	91%
Māori staff in other organisations	36	55%
Knowledgeable non-Māori colleagues	35	54%
Kaumātua or kuia	32	49%
Members of own whānau or family	24	37%
Others	1	2%

*Note*¹: Respondents could give more than one response.

The use made of cultural supervision

The reasons for initiating cultural supervision and the issues typically covered in cultural supervision varied. Among non-Māori, supervision was commonly viewed as an important source of information about Māori cultural practices. For example:

(Cultural supervision) helped me understand aspects of (Māori offenders') presentation better, helped me understand and differentiate between distortion and cultural realities for client, helped me link it to offending behaviours, helped me learn some te reo and generally upped my knowledge base about cultural traditions, principles. (Non-Māori Psychologist)

This was often believed to have been of direct benefit in practitioners' work.

(Cultural supervision) has given me a larger knowledge and resource base to work with. Increased my confidence in my work. Has improved general responsiveness in my work with Māori offenders. (Non-Māori Psychologist)

Some practitioners suggested that cultural supervision provided an opportunity for some staff to review their

own practice and discuss specific cases. An example noted by one practitioner suggests that the issues canvassed at cultural supervision were typically to discuss,

...any cultural concerns that we may have in dealing with clients or any issues that the clients have themselves. Also any clarifications and further information we need to have. (Non-Māori Probation Officer)

Again, this was considered helpful.

It has improved (my) personal confidence to work with Māori issues knowing that there is sound backup if required. (Non-Māori Probation Officer)

While non-Māori practitioners tended to report that cultural supervision increased their cultural knowledge and ability to work with Māori, some Māori practitioners saw it as necessary for their own safety. It provided a place for reflecting on the overlap between personal and professional roles. One Māori practitioner said she had sought cultural supervision to deal with:

Stress (personal and professional) and a strong belief that cultural supervision is an important safety component in my role. Without it I would be suffering from disillusionment. (Māori Probation Officer)

The majority of those who were receiving cultural supervision gave positive feedback about it and considered that cultural supervision played an important role with their work with Māori offenders. This was particularly true of psychologists. However, a third of respondents who had received cultural supervision indicated that it had little or no impact on their practice. Typically, these less positive comments seemed to reflect the practitioner's belief that they were already competent. For example:

Not much, as I believe I was/am already at a reasonable level of commitment and understanding. (Māori Sentence Planner)

The need for cultural supervision

While the informal and formal arrangements described above were generally viewed positively, only a small proportion of respondents to our survey felt that they currently had adequate support and advice to help them meet the needs of Māori offenders (see Table 2). Moreover, there was a strong consensus that having such support available was important: 78% considered it very important while a further 19% considered it important.

Table 2.
Adequacy of Current Support and Advice (n=63).

Rating	Number	Percentage
1. Very adequate	9	14%
2. Somewhat adequate	13	21%
3. Neither adequate nor inadequate	13	21%
4. Somewhat inadequate	12	19%
5. Not at all adequate	16	25%
Mean rating	3.2	

Those staff who were not receiving cultural supervision were asked how useful and relevant such supervision might be to them. The responses indicated a high interest in cultural supervision. On a 5-point Likert scale, three quarters of practitioners expected cultural supervision to be very relevant to their work, and a similar number expected that it would be very useful. In the case of the Community Probation Service, these responses were consistent with those of Service Managers, the majority of whom (60%) rated their staff as only somewhat prepared to meet the needs of Māori offenders. On the whole, only those managers whose team comprised entirely or mainly of Māori probation officers rated their staff as very prepared to meet the needs of Māori offenders.

Evaluation of the prototype

The cultural supervision prototype included a number of objectives that were designed to further staff knowledge and safety in relation to cultural matters. These

objectives (Department of Corrections, 2002) were:

- Building staff knowledge of Māori cultural values
- Providing a supportive context for staff to manage complex cultural issues
- Ensuring safe practice and culturally appropriate behaviour
- Enabling staff to be clear about roles, responsibilities, and accountabilities
- Promoting professional development by building skills, knowledge, confidence, and competence in understanding Māori attitudes, behaviours, and responses to offending
- Providing opportunities for staff to appraise their responsiveness to Māori within their practice
- Supporting staff learning by linking practice to cultural knowledge.

The prototype was trialled with probation officers in Hamilton and sentence planners at Waikeria Prison over a 3-month period. The specific aim of this part of the research was to determine staff perceptions of cultural supervision including the extent to which cultural supervision was perceived as: beneficial, practical, enhancing staff competency, increasing staff confidence and motivation to address their cultural competencies, and the prototype's impact on other areas of supervision.

Method

During the evaluation we observed a sample of group supervision meetings and met several times with the Cultural Supervisor. Towards the end of the prototype phase, the probation officers and sentence planners who had taken part completed a short questionnaire and we conducted interviews with them. Generally, these were group interviews. In addition, we interviewed the relevant service managers.

Of the 39 practitioners involved in the prototype, 26 responded to the survey, a 67% response rate. Of those 26 respondents, 12 were European/Pākehā and 11 Māori, two practitioners selected both categories (Māori and Pākehā), and 1 respondent used the 'other' category to describe their ethnicity.

Results

From our observations, it became quite apparent that there was considerable diversity in the way the supervision groups were functioning. This seemed to reflect their composition in terms of ethnicity and experience. That is, where Māori were in the majority, the supervision sessions were characterised by high levels of involvement and animated discussion. The discussion often focused on participants' own safety as Māori within a "mainstream" institution and on the cultural appropriateness of current practices. On the other hand, in some Pākehā-only groups, especially those comprising of mainly very experienced practitioners, discussion seemed much more restrained. In particular, group members rarely volunteered case-specific information for discussion. In response, the Cultural Supervisor developed a more didactic approach to the sessions, covering important aspects of Māori values, beliefs and practices. For these groups at least, the sessions were much more like training than supervision as that term is usually understood.

General impressions of cultural supervision

Overall, views of the prototype varied quite widely. Some of our interviews elicited very positive comments about cultural supervision while others were quite critical. This diversity seemed to reflect the variation in the way the groups were functioning, as well as differences in participants' expectations of cultural supervision. Summary ratings of the prototype are reported in Table 3 below.

Table 3.
Overall Rating of Cultural Supervision (n=25).

Rating	Number	Percentage
Excellent	1	4%
Very good	8	32%
Satisfactory	11	44%
Unsatisfactory	5	20%
Poor	0	0%

One theme to emerge from the interviews, and which no doubt contributed to the more negative evaluations of the prototype, was a view of the prototype being "imposed from above." This was

probably exacerbated by the fact that the prototype was being trialled while some staff were still coming to terms with the huge changes associated with the implementation of Integrated Offender Management. It became clear to us that some practitioners were simply weary and resentful of the changes they were experiencing. In addition to this generalised resistance to change, in some cases, there was resistance to cultural issues, especially among experienced non-Māori staff, some of whom clearly regarded themselves as being already skilled in relating to Māori offenders.

On the other hand, some Māori practitioners were disappointed because cultural supervision did not deliver what they expected. That is, they were disappointed that cultural supervision was oriented towards offender needs. They had expected it to be oriented towards the needs of Māori staff working within a "mainstream" institution. As one put it,

I thought it was about how we were feeling, because for a lot of us, we are Māori first and then probation officers, but the Department seems to think we are probation officers first, then Māori.

While the ratings reported in Table 3 are not overly positive, in the context of a prototype resented and resisted by a significant minority of staff, the ratings can be seen as a promising start. Moreover, it is worth noting that the cultural supervision sessions were a safe environment for a majority of participants (Table 4), including most of those who gave the prototype a negative rating overall.

Table 4.
Perceived Safety of Group (n=25).

Rating	Number	Percentage
Always	14	56%
Usually	8	32%
Sometimes	2	8%
Seldom	1	4%
Never	0	0%

Impact on practice

A 3-month prototype cannot be expected to have a major impact on practice. Certainly, our group interviews

tended to be dominated by quite negative views about the extent to which cultural supervision was contributing to good practice.

One theme to emerge here was that a significant minority of staff considered that cultural supervision was teaching them things they already knew. Undoubtedly, this was sometimes the case and a reflection of the diversity of life and work experience within the supervision groups. In other cases, it may be naive to accept claims of expertise at face value. For example, one (non-Māori) practitioner who expressed the view that cultural supervision covered old ground also noted that certain Māori phrases used by the Cultural Supervisor “went over my head”. Members of a dominant cultural group are not necessarily aware of what they do not know about non-dominant cultures. This point was made by the Cultural Supervisor in a discussion about our draft report.

Some staff members said (in the draft report) that they have been working with Māori clients for a number of years, but that doesn't actually tell me that they are skilled in working with Māori. All that tells me is that they have worked with a lot of Māori.

A second theme to emerge was that many practitioners believed that cultural supervision would have a limited impact on their practice because what they were learning seemed to be inconsistent with current policy. For example, some practitioners, both Māori and non-Māori, described the protocols for assessing criminogenic needs as an inflexible “tick box” approach which required practitioners to follow a set script. In their view, the assessment process lacked transparency. It was seen as incompatible with whanaungatanga and the establishment of a reciprocal, transparent relationship between practitioner and offender. Indeed, discussions about the cultural appropriateness of processes associated with Integrated Offender Management became a major focus of discussion in some cultural supervision sessions.

More positively, other participants felt that cultural supervision had been helpful in

confirming their existing knowledge. The opportunity to ask questions and seek clarification was valued. Some non-Māori practitioners thought cultural supervision had enhanced their practice by “helping make connections with Māori” and to avoid making assumptions. For example, one participant reported learning

Not to assume anything... that if a person looks Māori they may not identify as being Māori, and if they look Pākehā they may be Māori.

One service manager reported that his team (predominantly non-Māori) had begun to re-evaluate some aspects of their practice. Concerned that the cultural supervision prototype may become “lip service” they were examining how aspects of Māori protocol might be incorporated into daily practice. Examples included, karakia to begin and end meetings, and appropriate welcomes at inductions into group programmes.

Interestingly, while the general tenor of the interviews was that cultural supervision had not really enhanced practice, a more positive view emerged from our analysis of survey responses. Nearly all participants reported that the sessions had benefited their practice in at least some way. These responses are summarised in Table 5.

Table 5.
Extent to Which Cultural Supervision was Considered Beneficial (n=25).

Rating	Number	Percentage
Always	3	12%
Usually	10	40%
Sometimes	8	32%
Seldom	2	8%
Never	2	8%

Future considerations

Our email survey identified a number of ways, both formal and informal, in which probation officers, sentence planners and psychologists were getting support and advice on cultural matters. Typically, staff were relying on Māori colleagues within Corrections. A third indicated that they had experience of formal cultural supervision. While such supervision and other sources of support were valued, overall, staff felt

that they had insufficient support and advice available to them. Moreover, there was a strong consensus that cultural supervision was important and relevant to their work.

It is possible that our survey over-estimated the strength of positive views towards cultural supervision. It is likely that those staff members who did not return our survey form were less interested in cultural supervision and/or viewed it less positively than those who did. Indeed, as a minority of responses indicated, there is at least some resistance to the idea of cultural supervision among practitioners.

This was the context into which the prototype was introduced. It is thus not surprising that among those participating in the prototype there was quite a range of

views as to its value. Negative views seemed to be related to the fact that the prototype was imposed, came at a time when staff were still coming to terms with other changes and, in the case of some experienced staff, a view that they were already knowledgeable. As we have reported, the model of supervision had to be considerably modified in some cases in response to the reluctance of some staff to engage fully in a supervision process.

This is precisely the purpose of a prototype: to experiment and refine a concept before wider dissemination. There were sufficient positive evaluations of the prototype to suggest that as the model develops, it should make a significant contribution to enhancing the Department's responsiveness to Māori offenders.

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The place of gambling in Māori women's lives.

Laurie Morrison

Gambling has been around for years, and will always be a facet of New Zealand society. However, for some people, mainly lower socio-economic populations, it becomes a problem. Although there has been much research on gender and gambling in New Zealand, the focus has been that of men and problem gambling. Women and problem gambling has only gained recognition as a problem following the introduction of new forms of gambling such as casinos, pokie machines (electronic gaming machines), and internet gambling. Moreover, local and international researchers have paid little attention to gambling among Māori women. That is, there is little or no literature available on the uptake of new forms of gambling and the possible reasons why Māori women gamble. Yet, it is Māori women who have been reported by these theorists as 'at risk' groups. Consequently, there is little information available to help community and social services groups who might be working in this area. It is against this backdrop that I wish to ask Māori women and their whānau in Rotorua and Auckland questions about gambling and how it is perceived by them. A range of women, varying in age, education, employment status, and involvement in new forms of gambling, will be interviewed. Despite the almost common sense notion proposed by most gambling theorists and gambling counsellors - to simply cease gambling, that is not helpful for some Māori women. Moreover, what is not acknowledged is the significance of gambling in these women's lives. This paper will present a chapter in progress for a doctoral thesis about the significance of gambling in the lives of Māori women over a generation of time. It is intended that the chapter will compare traditional forms of gambling with new forms of gambling, such as casinos and pokie machines. This doctoral study is an extension of my Masters thesis that looked at Māori women's experiences of gambling that was kindly funded by the Health Research Council.

Whakamoe nga maunga kia whānau ko to pai

Paper not submitted.

Kia mau: Recruitment and Retention. Moderator - Linda Waimarie Nikora

Cultural identity and academic achievement among Māori undergraduate university students.

Simon Bennett

Te Whare Marie and Massey University

Cultural identity and academic achievement were investigated among a non-random sample of 72 undergraduate Māori university students studying at Massey University. Student problems were examined to identify the types of difficulties most prevalent among this population. The degree to which cultural identity moderates the relationship between student problems and academic achievement was then examined. Major findings were that (a) there is a consistent negative relationship between student problems and academic achievement; and (b) cultural identity moderates the effect of student problems on academic achievement, in that: a high degree of problems were associated with decreases in grade point average among respondents with low cultural identity; while among respondents with high cultural identity, high levels of student problems had little negative effect on grade point average. Despite the study having limitations, the findings have important implications for Māori students, deliverers of tertiary education, tertiary education providers, and those involved in the development and implementation of tertiary education policy.

*E tipu e rea, mo nga ra o te ao,
Grow up O tender child in the days of your world,
Ko to ringa ki nga rākau a te Pākehā,
In your hands the tools of the Pākehā,
Hei oranga mo to tinana.
As means to support and sustain you.
Ko to ngakau ki nga taonga a o tipuna,
In your heart the treasures of your ancestors,
Hei tikitiki mo to mahunga.
As a plume for your head.
Ko to wairua ki te Atua,
Your spirit given to God,
Nana nei nga mea katoa.
The source of all things.
(Sir Apirana Ngata)*

From the signing of the Treaty of Waitangi in 1840 through to the present day, where Māori make up approximately 10% of all university students, the role that Māori have played within New Zealand's education system has undergone tremendous change. Pākehā colonisation of New Zealand brought with it a whole new set of perspectives and ways of living, quite

foreign to those that Māori had traditionally lived under. With this came the need to adapt to a new environment. Significantly, amongst these many changes was the introduction of an education system, which made it necessary for Māori to seek formal qualifications in order to survive both socially, and economically.

The whakatauki¹ from Sir Apirana Ngata that opens this paper is a well-known expression of what he believed Māori needed to do in order to preserve and advance their culture. The proverb encourages Māori to give their hands to the tools of the Pākehā as a means of maintaining their physical well being, whilst giving their hearts to the treasures of their ancestors. This illustrated Ngata's belief that for Māori development to continue western philosophies and ideas needed to be embraced and adopted by Māori society, whilst at the same time Māori needed to acknowledge their ancestry and retain their identity. The proverb also sets down a challenge for both Māori and Pākehā by attempting to capture the essence of what it means to be bicultural in New Zealand (Mead, 1996).

Education has long been identified by academics as one of the pathways to empowerment for Māori. Even today the need to up-skill and refine the practices of the Māori workforce is considered vital for continued social recovery. In a recent statement, former Māori Affairs Minister Dover Samuels identified education as the "key" to bridging the vast social and economic gaps between Māori and non-Māori. Samuels spoke in reference to the recent "Closing the Gaps" report from Te Puni Kōkiri that highlighted the comparative failure of Māori within the education system in terms of both achievement and representation at higher levels of tertiary education (Te Puni Kōkiri, 2000). This statement referred to the flow-on effects that improved education would have towards greater employment, better health standards, and improved income ability.

The possibility that an individual, who is secure in his or her identity as a Māori, is more likely to succeed in an academic setting is a central focus of the present study. Although little research has investigated this interaction, qualitative research has looked to delineate factors that contribute to the success of Māori women in tertiary education (Selby, 1996). This research identified a number of aspects of Māori culture that were considered vital to

the academic success of six Māori women, these included; whānau support, strong whakapapa, and knowledge of their tūrangawaewae² (Selby, 1996). Recent Massey University research has also established that Māori who are more secure in their identity have higher educational aspirations than those less secure in their identity (Durie, 1998).

Cultural identity, as it is conceptualised in the present study (see below), is hypothesised to moderate the relationship between student problems and academic outcome among Māori university students: whereby students with a high cultural identity will be less likely to experience the negative academic consequences of experiencing a high degree of problems. Figure 1 illustrates the proposed relationship between variables.

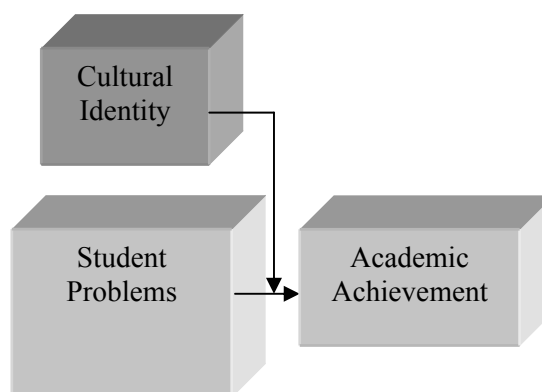


Figure 1. Model 1: Diagram depicting the proposed relationship between variables

The conceptualisation of cultural identity used in this study will be collective self-esteem. Collective self-esteem is a concept that is derived from Tajfel and Turner's social identity theory (1986). Social identity theory posits that self-concept is made up of two distinct components. One is the personal identity made up of certain individual characteristics such as personal talents or abilities; the other aspect is the social identity. The social identity stems from an individual's awareness of his or her membership in a societal group, and the emotional significance that they place on their involvement in that group (Tajfel,

¹ A whakatauki is a proverb or a poem.

² Tūrangawaewae – place of origin

1981). Although most often considered in a general sense, collective self-esteem, as it will be considered in the present research, refers to how the individual feels about his or her ethnic group membership. More specifically, how Māori university students feel about the fact that they are Māori. Although the scale is a general measure of collective self-esteem, the authors advise that minor adjustments can be made to the wording of individual items for more specific research purposes.

Research linking the constructs of student problems and academic outcome is relatively common. Of particular relevance was the research by Tofi, Flett, and Timutimu-Thorpe (1996). These researchers developed an ad-hoc scale reflective of problems commonly experienced by Pacific Island students. The authors found problems to be a significant negative predictor of a subjective measure of academic performance. The most commonly reported problem items were worrying about courses, high workloads, and feelings of stress. Using the same self-report measure of academic performance, Seymour (1999) also demonstrated a significant negative association between academic achievement and student problems in a sample of 107 Massey University students.

Past research has proposed that cultural identity may buffer the negative consequences of stress on well-being, and also the negative consequences of stereotype threat on academic outcome (e.g., Romero, 1998; Chatman, 1999). The hypothesis of the present study is that cultural identity acts as a protective factor to the negative academic consequences of experiencing a high degree of problems.

Method

This study was conducted at Massey University. All respondents identified as being of Māori descent and were enrolled Massey University students at the time this study was conducted.

Respondents

Two non-probability convenience samples were drawn during the course of this study. The first sample recruited volunteers to participate in a discussion

group, the primary function of which was to identify items for a scale assessing the types of difficulties experienced by Māori students studying at Massey University. The second, more general sample, involved the recruitment of participants to complete the questionnaire on which the current study is based, and obtaining consent to access academic records through the Massey University database.

Measures

Cultural Identity

Cultural Identity was measured using a revised version of the Collective Self-esteem scale (CSES: Luhtanen & Crocker, 1992). This scale measures collective self-esteem in a manner consistent with social identity theory (Tajfel & Turner, 1986). The measure was initially developed as a 'global' collective self-esteem scale, that is endeavouring to capture respondents' broad social identity rather than any specific group identity such as gender, ethnicity, or other acquired group memberships. The present research was interested in assessing collective self-esteem for the ethnic group of respondents (specifically Māori). Alterations were made to the scale instructions and some minor rewording was made of individual items so that the scale would assess collective self-esteem related to Māori identity. The CSES asks respondents to indicate their level of agreement with a series of 16 statements on a 7-point Likert scale ranging from 'disagree strongly' to 'agree strongly'. The CSES provides the researcher with an overall collective self-esteem score, as well as subscale scores measuring four proposed dimensions of collective self-esteem. For the purposes of this study a mean collective self-esteem score was utilised [$\alpha = 0.81$].

Academic Outcome

Academic outcome was assessed objectively by accessing the Massey University database and retrieving the academic records of respondents. Student grades were then converted to a grade point average (GPA).

Student Problems

Difficulties experienced by the students were assessed using a 24-item scale

developed specifically for this study (see Procedure for details of this process). The scale is made up of a series of statements or certain experiences (for example 'homesickness') that may or may not have been perceived as difficult. Respondents are asked to what extent they agree that each item has been a problem for them. Responses are made on a 5-point Likert scale ranging from 'strongly disagree' to 'strongly agree'. The individual responses are summed yielding a total score out of 120 whereby higher scores indicate more experienced difficulties. A Cronbach's alpha of 0.83 was attained for this scale.

Procedure

The data reported here were collected as part of a larger study which has been described in detail elsewhere (Bennett, 2001). Respondents were invited to participate in a questionnaire survey concerned with '...cultural identity and academic achievement...'. Respondents were informed that their responses would be anonymous and confidential, they could skip or omit any questionnaire items, and they could discontinue participation at any time. A procedure was outlined whereby respondents could receive feedback concerning the results of the survey.

Construction of a Student Problem Scale:

An initial pool of items was generated by reviewing a group of studies that had used such scales in the assessment of student difficulties. Studies were selected based on their pertinence to the current research. Two studies in particular, conducted using sample groups drawn from Massey University, formed the basis of these selected items. Seymour (1999) and Tofi et al (1996) both used problem item scales in the assessment of student difficulties. Their scales consisted of 43 and 42 items respectively, producing a group of 85 items. Construction of these two scales has been discussed elsewhere (Seymour, 1999; Tofi et al, 1996).

Discussion group participants were given the list of items generated by the researcher. Each item was then opened to group discussion. This discussion session was very effective with the group distinguishing a group of problems that

they deemed to be particularly germane in the context of their collective academic experiences, and eliminating items they considered irrelevant. Participants also identified several other difficulties that did not appear in the generated list that they deemed to be particularly invasive.

This process yielded a list of 30 items to be included in the final questionnaire. It was initially intended that a factor analysis would be conducted in order to identify components of student problems. However, the final sample size was not sufficient for this to take place. Following data collection, six items from the Student Problem scale that exhibited non-significant positive correlations with grade point average were removed from the analysis because of poor concurrent validity. Therefore the final Student Problem scale consisted of a 24-item measure assessed as a uni-dimensional construct.

Results

Descriptive Statistics

The sample consisted of 19 males and 53 females. The most common age range was from 18 to 23 (33 % of respondents). The majority (71%) were full-time students, and 83% were studying towards a Bachelor of Arts, a Bachelor of Social Work, or a Bachelor of Business Studies, degree.

Table 1 shows the means, standard deviations and inter-correlations for the study variables. As can be seen, there was a moderate negative correlation between grade point average and student problems [$r = -0.33, p < 0.05$].

Main Analysis

The major hypothesis was that student problems and collective self-esteem interact to predict grade point average. That is, it was expected that low grade point average would be associated with increases in student problems among respondents with low collective self-esteem. Among respondents with high collective self-esteem, student problems were predicted to have little negative impact on grade point average.

To test this hypothesis a hierarchical multiple regression was conducted with grade point average as the dependent variable. Demographic variables of gender,

age, and study mode were entered into the equation at step one. Collective self-esteem and student problems were entered at step two. A vector formed by calculating the cross product term of collective self-esteem and student problems was then added at step three. In this way the variance accounted for by the interaction term was assessed after controlling for the main effects of gender, age, study mode, collective self-esteem and student problems.

Table 1.
Means, Standard Deviations and Zero-order Correlations for Cultural Identity, Grade Point Average and Student Problems.

Measure	Cultural Identity	Grade Point Average	Student Problems
Collective Self-esteem	-	0.185	0.029
Grade Point Average	-	-	-0.330*
Student Problems	-	-	-

$M = 22.43$
 $SD = 2.87$

$M = 2.55$
 $SD = 1.55$

$M = 94.00$
 $SD = 15.50$

Note: an asterisk (*) indicates the result was significant at an alpha level of 0.05

After step one the equation was not significant. At step 2, the addition of the main effects of collective self-esteem and student problems did produce a significant F change. Finally at step three the interaction term involving collective self-esteem and problems was entered producing a significant F change, [$F(1,50) = 4.725, p < 0.05$]. A schematic representation of the nature of this interaction is presented in Figure 2. The data in Figure 2 were derived by conducting a median split on the student problems and

collective self-esteem measures. This classification was done only for the purposes of illustration and the variables were treated as continuous in all statistical analyses.

Figure 2 illustrates that collective self-esteem moderates the effects of problems on academic achievement. The grade point average of Māori students with high collective self-esteem remains relatively stable under conditions of low problems and under conditions of high problems. This is in contrast to the relationship between problems and grade point average among students with low collective self-esteem. Figure 2 shows that among students with low-collective self-esteem, those that experience a high level of problems have a significantly lower grade point average than those who experience a low level of problems.

Discussion

There are a number of limitations to the present study that must be acknowledged. The small sample size raises issues of statistical power, and means that caution is required in the interpretation of the simple interaction effect. The extent to which generalisation is possible to other groups of Māori students is limited by the fact that the sample was not random. Additionally, the cross-sectional nature of the study limits the extent to which causal inferences are possible and does not clarify whether cultural identity is best viewed as an antecedent or consequence of psychological distress.

Despite these limitations a number of tentative generalisations are possible. There is a consistent relationship between student problems and academic achievement among Māori university students. This is consistent with the findings of other researchers who have investigated these constructs among New Zealand university students (e.g., Tofi et al, 1996; Seymour, 1999). Furthermore, the findings suggest that the relationship between student problems and grade point average is moderated by cultural identity.

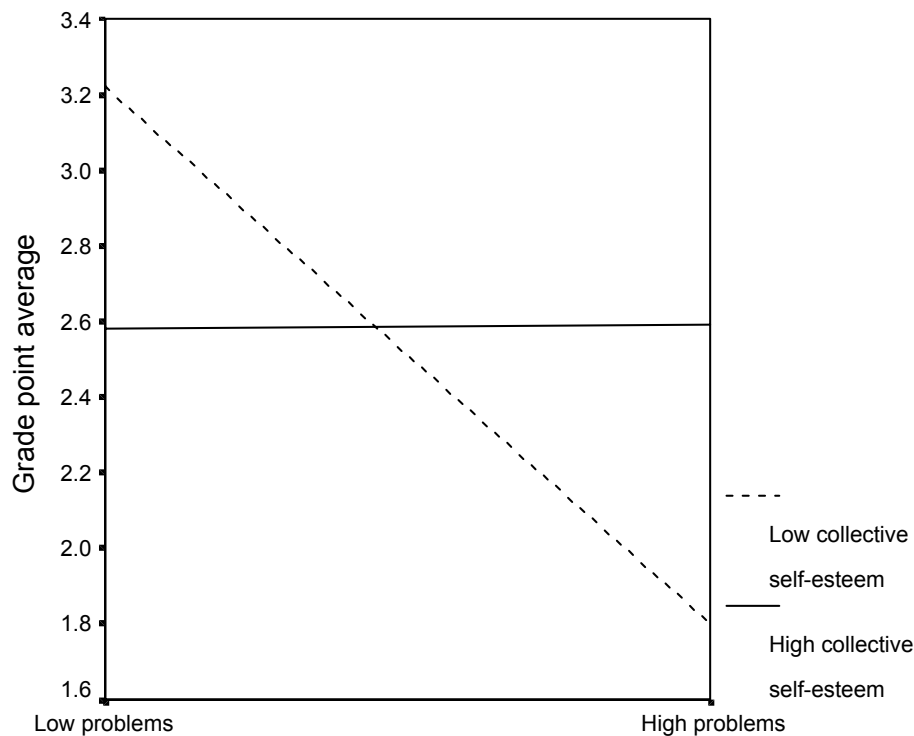


Figure 2. Schematic representation of how the interaction between collective self-esteem and student problems affects the prediction of academic achievement.

Specifically, the grade point average of Māori students who had high cultural identity scores remained relatively stable under conditions of high levels of problems and under conditions of low levels of problems. On the other hand, the grade point average of students who had low cultural identity scores was significantly lower under conditions of high, than low, levels of problems. Although this is an interesting finding, why this moderating effect occurs is unclear from the research to date. This highlights a need for the development of a theoretical framework that explains the mechanism by which cultural identity exerts its moderating effect. One explanation for this phenomenon may come by drawing parallels to the ‘plasticity’ hypothesis of Ganster and Schaubroeck (1991). These researchers proposed that workers with lower self-esteem are generally more sensitive to environmental stressors and therefore more likely to develop symptoms in response to job stress. Flett, Biggs, and Alpass (1995) supported this theory in a study that assessed levels of stress in relation to job-tension when they found that

under conditions of high job tension, workers with low self-esteem suffered significantly greater levels of stress than workers with high self-esteem. Generalising the ‘plasticity’ model to the results of the current study, one might speculate that among Māori students a strong cultural identity increases one’s resilience to the difficulties that academic life presents, and as a result those students with a high level of cultural identity are less likely to experience the negative academic consequences of a high level of problems.

As a result, a number of recommendations are supported. The strengthening of cultural identity among Māori students could act as a form of *primary prevention* in terms of decreasing the impact that certain environmental stressors have on their academic performance. It provides justification for the continued investment of university resources in to Māori study rooms, Māori tutorial groups, and other initiatives that are likely to enhance and foster the development of cultural identity within an academic setting. Among other things, these initiatives create a space in the

university environment that Māori students can call their own, instilling in them a sense of belonging within the university, and acknowledging the uniqueness of their identity.

In the final analysis, those that would lay claim to expertise regarding what is best

for society would agree that a situation whereby Māori university students are able to advance through a westernised education system, while maintaining links to their Māori heritage, represents a state of affairs to be highly coveted.

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Bucking the Trends: Increasing retention rates of Māori students enrolled in Faculty of Arts and Social Sciences courses at the University of Waikato

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Figures from the Ministry of Education (2002a) show that there has been a steady increase in Māori tertiary enrolments, from 1994 (20,201) to 2000 (29,513), with Māori comprising 14% of all tertiary enrolments. Although, there has been growth in enrolment figures, this growth has been attributed primarily to growth in attendance at wananga. Māori are less likely to study at university during the core tertiary ages of 18-24. As of July 2001, 6.9% of Māori aged 18-24 were enrolled at university, compared with 22.8% for non-Māori. The Ministry of Education (2002a) also reported that Māori are more likely to be enrolled in lower level programmes of study: in 2000, 66.6% of all Māori tertiary students were enrolled in diploma or certificate programmes compared to the 33.4% who were enrolled in degree or post-graduate programmes.

Successful Participation

A number of factors have been identified as affecting the successful participation of Māori students in tertiary education¹. These include the transition

and adaptation to unfamiliar tertiary environments and tertiary study, inappropriate support systems, financial barriers, unwelcoming educational environments, lack of social and/or academic support, and racism. It has been noted that no one factor can be attributed to unsuccessful participation, as it is the complex interaction of a multitude of factors that lead to poor outcomes within tertiary education.

A number of studies have commented on tertiary educational institutions being alien, unwelcoming, or hostile for indigenous and minority students. Mention is also made of the high number of Māori students who are first generation participants in tertiary education, for whom adjusting to the practices and rules of a tertiary environment, without the support of whānau, is particularly difficult. A number of models of tertiary retention are based on the premise that social and academic integration into tertiary education systems require (at least to some extent) separation, on the part of the students, from the norms of past communities, and transition and incorporation into the new tertiary system. However, such models have been questioned on the basis that the underlying assumption of these models appears to be that those from cultural backgrounds which are different to that of the dominant institution, need to assimilate into the institution, and that institutionalised attitudes rely on students' assimilating to the culture of academia. It has been argued that this assumption needs to alter if the experiences of students are to be altered.

¹ In 2002 the Māori and Psychology Research Unit from the University of Waikato undertook an evaluation of Te Rau Puawai Workforce 100. A component of that evaluation was a comprehensive literature review focused on issues of relevance to Māori participation in tertiary institutions. Given that this is the most recent literature review of this area, the key issues identified in that review have been summarised below. Please note that any of the information included in this section should not be sourced to this report. Please refer to Nikora, L. W., Levy, M., Henry, J., Whangapirita, L. (2002). *An evaluation of Te Rau Puawai Workforce 100: Technical Report Volume 2.* Hamilton, New Zealand: Māori and

Concepts of dual socialisation and biculturalism seriously challenge assumptions of separation, transition, and incorporation: the proposition being that individuals should not totally separate themselves from one culture, but instead should be supported to transit between two cultures. In relation to this, the critical role of the institution cannot be overstated. However, it is often lessened in retention and participation studies. International literature has found that successful minority students are those able to create the personal, environmental, academic, and social supports required to negotiate the tertiary environment. It is important to note that the ability to create these supports does not rest with the individual student, but also with the institution in facilitating the development of such supports. The specific forms of support identified include cultural mediators, role models, mentors, ethnic enclaves, learning communities, and support services.

Implementation of the Faculty Monitoring and Support Initiative

Background

This initiative was funded by a Faculty of Arts and Social Sciences (FASS) Supplementary Funding Grant allocation, and was undertaken by the Māori and Psychology Research Unit. The aim was to implement a support system in the FASS that would enhance retention rates for Māori students in the Faculty. Currently, there are a number of different support systems provided by various departments in the FASS (e.g., the Kaupapa Māori tutorial system in the Department of Psychology). However, there has not been a centralised system of support for Māori students provided in the Faculty.

Implementation

A monitoring and support system for Māori students enrolled in selected first year FASS courses was trialled in the second (B) semester of 2002. This system involved contacting Māori students by phone, at regular intervals throughout the semester: with the specific purpose of checking on progress, identifying issues of relevance to their academic progress,

identifying and suggesting strategies to deal with those issues, and providing a service to help students access the existing sources of assistance within their specific courses and Departments. Students' contact telephone details were provided to the project team by the FASS, who deemed that the student contact details were being used within the parameters for which they had been provided, that is, the provision of academically focused services.

Prior to implementation, consultation was undertaken with key FASS staff members such as the Dean and relevant course co-coordinators. The purpose of this consultation was to explain the proposed system and identify any resources required. For example: the provision of course outlines; the identification of the support services available such as tutors, lecturers, and/or course coordinators; and the provision of time for the project team to attend initial course lectures to inform students about the implementation of this support system for Māori students. The information provided to students within lectures included an explanation of why and how the support system was being implemented, the nature of the support being provided (i.e., phone contact), and that participation was voluntary.

The project team consisted of a supervisor, project co-ordinator, and two research assistants. The project co-ordinator, who was responsible for the overall management of the project, was a Māori graduate student from the Māori and Psychology Research Unit. The research assistants were Māori students who had completed at least first and second year level study, preferably in the specific FASS courses targeted. Groups of students were allocated to each research assistant, if possible on the basis that they had completed specific courses, although this could not be achieved in all cases. To assist the research assistants in providing the necessary information and referral strategies to students, they were provided with an information pack consisting of the course outlines, course details, support services available in specific departments, and the support services available campus wide, for example, Disability Support Services, and the Teaching and Learning

Development Unit. Decisions regarding when to contact students were made on the basis of the assessment due dates for each course, with the majority of students being contacted a week prior to an assessment due date. The rationale for this timing was to ensure that students were progressing with their assessments, and, should they be having difficulties, were getting advice on any necessary strategies.

The aim was for each student to be contacted three times throughout the semester. The first cycle of calls were made at least a week prior to the first assessment due date, the second cycle were made directly after the mid-semester break, and the final calls were made towards the end of the semester prior to exams and final assessment due dates. Each call to students was based on a standardised interview schedule. The first call included informing students of the research and gaining their verbal consent to participate. The final call to students included questions aimed at evaluating the monitoring and support system. For each cycle of calls a maximum of three attempts were made to contact each student. Despite this, a number of students were unable to be contacted.

Findings

A total of 3377 students were enrolled in FASS courses for 2002, of which 608 identified as Māori. Out of this 608, 462 Māori students were enrolled in first year/level one courses in the FASS. This project targeted 'B' semester level one courses in Anthropology, English, Geography, Political Sciences, and Psychology. These courses were selected due to the relatively high number of Māori students enrolled in them. There were a total of 212 enrolments in these courses by Māori students². The total number of Māori students enrolled in Semester B level one courses was 195. The total number of Māori students targeted by this project was 182, representing 93% of the total number of Māori students enrolled in Semester B

level one courses. The majority of students participating in this initiative were first year students, although a small number of students taking 100 level courses were second year, third year, or graduate students.

In Call Cycles 1 and 2, approximately 41% of the total students enrolled in the targeted courses were contacted. This decreased significantly in Call Cycle 3 to 27%. The major reason for 'no contact' was that the research assistants received no answer on three separate attempts to contact the students. A contributing factor was that being predominantly first year students, a high number of students targeted by this initiative were residing in the Halls of Residence. Thus, they were dependent on a communal telephone system. These students proved particularly difficult to access. Other reasons for no contact included: no telephone number provided on the enrolment forms held by the FASS; contact details provided by the FASS being out of date; students withdrawing from courses; and students choosing not to participate in the monitoring and support system.

The noticeable decline in contact made with students in Call Cycle 3 was attributed primarily to the policy that if no contact had been made with students in both Call Cycles 1 and 2, then no further attempt would be made to contact these students in Call Cycle 3. A further reason, which may have made it harder to contact students in Call Cycle 3, was the additional workload faced by students at the end of courses, for example, pending exams and the submission of final assessments for courses. In addition, due to an administrative error, a research assistant did not attempt to contact a small group of students in Call Cycle 3.

Fifteen students choose not to participate. In general, the majority of these students were not first year students, and reported that they were confident academically and had good support networks (such as family members or peers who were also studying above the 100 level). Although choosing not to participate, the majority stated they supported the monitoring and support system for first year students.

² This is the number of enrolments as opposed to the actual numbers of Māori students. Number of enrolments is higher than the actual numbers of Māori students due to enrolment in more than one course.

Issues reported by students

Six themes were identified by the students as having impacted on their ability to successfully complete their assessment tasks. These were:

1. A lack of familiarity with the academic environment and the terminology used
2. A lack of confidence in accessing available resources e.g., tutors/lecturers
3. A lack of support
4. Timetable clashes
5. Problems with academic planning
6. 'Other' problems including health and external commitments, e.g., family commitments.

The most salient issues raised were the lack of familiarity with the terminology used in the academic environment, and being unsure of who the appropriate people were to contact for assistance, how to contact them, and where they could found.

Strategies reported by students

Students were asked to describe the strategies which they had implemented to help address the factors that were impacting on their ability to successfully complete their academic tasks. Six key themes emerged, these being:

1. access to, and effective utilisation of, the resources provided by tutors/lecturers
2. effective time management skills
3. utilising peer, tutor, and/or lecturer support
4. obtaining scholarship information
5. obtaining academic planning advice
6. other strategies such as effectively managing an academic workload together with external commitments (such as family and becoming ill).

The most common strategy was being able to access and effectively utilise the academic resources available to them. Students also reported being appreciative of peer and tutor assistance, particularly for issues such as improving study skills. The assistance provided by this monitoring and support strategy, in terms of being reminded about pending assessment due dates, and generally having someone available to provide advice relevant to successful study and course planning, was also seen as beneficial by the majority of students contacted.

Who did we refer students to?

An important component of this initiative was the referral of students to support services available within the University. The primary support services students were referred to were:

- Course staff (e.g., course coordinators, lecturers, and tutors)
- Library tutorials
- The Teaching and Learning Development Unit (TLDU)
- Health and counselling services
- Academic planning services (e.g., the Faculty of Arts and Social Sciences Office).

The majority of referrals occurred in the first call cycle and were predominantly focused on encouraging students to access course coordinators, lecturers, and tutors. In addition, some students were also encouraged to access services such as the TLDU for assistance with writing, study, efficient time management skills, and medical or counselling services. On being informed of such services, some students reported that they were unaware these services could be accessed free of charge.

Student views on the monitoring and support initiative

All 49 students who were contacted in Call Cycle 3 reported that this initiative was beneficial and useful. The students reported that the reminders for assessment due dates, the advice provided in relation to contacting specific people (course coordinators, lecturers, and tutors), and the advice provided in relation to institutional processes such as requests for information regarding extensions, incompletes³, and/or withdrawals, were all helpful. A number of students also reported that the implementation of this strategy demonstrated that FASS were genuinely interested in their successful progress, and had assisted in providing them with a sense of belonging to the Faculty. In addition, students reported that the research assistants, being past students in the papers that they were currently enrolled in, assisted in encouraging and fostering an ongoing

³ An incomplete, or IC, grade, is allocated when a student fails to fulfill a course's requirements with respect to the completion of compulsory assessment items.

relationship. Some students viewed this as a motivator to complete pending assessments and to act on the advice provided, particularly in relation to accessing the information available from the staff in their courses.

Discussion

Success of the monitoring and support system

All the students who were contacted were unanimous in their support for this initiative, pass rates increased slightly, and fail rates decreased slightly: suggesting that the implementation of this initiative was successful. However, the initiative was primarily aimed at decreasing the 'incomplete' rate for Māori students: the data obtained shows a 6% increase in the numbers of Māori students who recorded 'incomplete' as a grade from 2001 to 2002. It is important to note that this small, tightly focused, initiative was a pilot project and did not control for external variables such as the provision of extra support systems, or alterations in the levels of existing support systems offered by the various Departments. Therefore, it is difficult to offer conclusive explanations for movements in fail, pass, and incomplete rates. Essentially the data from this project is a snapshot in time, presenting an overall picture from which inferences can be made. To ascertain the specific trends which are occurring, further monitoring and analysis of specific Departments' course data is required across a number of years.

Whilst recognising that limited conclusions can be drawn, it can be suggested that this initiative did serve to reliably address a number of key issues relevant to the retention of Māori students in tertiary education. The literature reports that multiple factors can impact on successful participation by Māori students in tertiary education, including the transition and adaptation to unfamiliar tertiary environments and tertiary study, inappropriate support systems, unwelcoming educational environments, and the lack of social and/or academic support. These issues can be particularly salient in students first year of study. The monitoring and support system implemented in the FASS was focused

specifically on addressing these issues. The data collected clearly indicates that issues such as unfamiliarity with the environment and tertiary study were salient for first year Māori students studying within the FASS, and the strategies reported by students and suggested by the research assistants were focused primarily on ways of addressing these issues.

Facilitating Access to Necessary Resources

From the data collected, there were two key themes which appeared to be of particular importance. The first was that to increase the level of support provided to Māori students, referrals needed to be made to the relevant course convenors, lecturers, tutors, or support services. An outcome of this strategy was that students appeared to gain the confidence to directly access those resources vital to their successful participation in courses. It appeared to be well understood that the role of the research assistant was not to resolve issues for students, but to provide the necessary information and strategies so that students were, on an ongoing basis, able to access the resources they needed themselves.

The view that it is of vital importance to provide this type of support for first year students, was supported by the fact that the majority of those who choose not to participate in the support and monitoring system were at a higher level of study, and were confident in negotiating the university environment. This indicates that Māori students participating within this tertiary institution for the first time require a specific and focused type of support, which differs from the support required by students engaged at higher levels of study. The data from this project indicate that first and second year Māori students particularly benefit from support focused on building their confidence in accessing the resources necessary for successful study.

Enhancing access to resources through the provision of information and increasing confidence is important. However, it is critical to note that the support system does not only consist of the provision of referral strategies. Its success is particularly reliant on both academic and administrative Faculty staff recognising and understanding the particular challenges faced by first and

second year Māori students (in terms of negotiating the tertiary environment) and being committed to addressing those challenges.

Genuine Interest in the Success of Māori Students

The second theme to arise was that the presence of the support and monitoring system assisted in promoting a sense of belonging to the FASS and the university for Māori students. This is best highlighted by a comment from one student that the “implementation of the strategy demonstrated that the FASS was genuinely interested in Māori students being successful within their courses”. This is an important finding, as it is clear from the literature that unwelcoming and hostile tertiary education environments are a significant barrier to participation by indigenous students. It appears critical that if the FASS is to enhance successful participation by Māori students, then it needs to work to create an environment that is visibly active in genuinely welcoming, encouraging, and celebrating the success of Māori students.

What can staff in the FASS do now?

This report has focused on the implementation of a specific monitoring and support system. Whilst, recommendations for the further implementation of this initiative are discussed in more detail below, the project highlighted that there are a number of tools that all Faculty staff members can utilise to address the challenges faced by first and second year Māori students. Primarily, these tools can address issues relating to the transition and adaptation of students to unfamiliar tertiary environments and tertiary study, unwelcoming educational environments, and a lack of social and/or academic support.

As a starting point it is important that staff are aware of how issues of unfamiliarity and unwelcoming tertiary environments can impact on a student's confidence to access both teaching and administrative staff for necessary information. It is also essential to recognise that the first year for Māori students appears critical in determining ongoing

success within the tertiary institution. Successful participation at first year level provides a firm foundation, not only in that students complete 100 level papers and are able to move to 200 level, but also in terms of the development of skills required to successfully negotiate the tertiary environment in subsequent years.

Recognising and understanding the impact of the issues described above can aid staff in identifying simple strategies for 100 and 200 level courses. Such strategies may include:

- Ensuring that course requirement information is clear and consistent: with particular attention given to emphasising the staff who are available to provide assistance
- Actively encouraging and welcoming students to utilise the skills and knowledge of the staff
- Being approachable
- Being clear about course requirements, how students can avoid an “incomplete” grade
- Where to seek help if students are having trouble
- Where to go if they need to seek an extension
- Actively encouraging students to seek that help if necessary.

The tools described above are not exceptionally special and are already utilised to some extent by staff. It is also evident that these are tools can be utilised by all staff to support Māori students and are in no way limited to use by only Māori staff in FASS. However, it is possible that what has not previously been recognised is their critical importance, and how additional emphasis on these issues can potentially make a huge impact on the lives and success of Māori students within the FASS.

Conclusion

It has been found that successful minority students are those who are able to create the personal, environmental, academic, and social supports required to negotiate the tertiary environment. However, the important point is made that the responsibility for creating such supports does not rest solely with the individual

student through adaptation and assimilation, but also with the institution in facilitating the development of such supports and the creation of an environment that welcomes Māori students. This simple support and monitoring initiative, based on literature which has identified issues of unfamiliarity and unwelcoming tertiary environments as barriers to successful participation for Māori students, is one way of facilitating the development of support for first and second year Māori students.

It is important to emphasise that no one factor can be attributed to unsuccessful participation, as it is a complex interaction of a variety of factors that leads to poor outcomes. The monitoring and support initiative is a simple form of support which can operate successfully within the Faculty. However, the success of such an initiative is dependent on the commitment displayed by individual departments to its implementation and to ensuring that Māori students are well supported within individual courses.

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Te Rau Matatini: Māori mental health workforce development

Paul Hirini & Kirsty Maxwell-Crawford

First, a background to the development of Te Rau Matatini: As we are all aware, Māori are under-represented across the range of health disciplines. A report released by the Health Workforce Advisory Committee (2001) revealed that while Māori comprised 15% of all mental health workers, only 1.3% of clinical psychologists, 6% of registered nurses, 0.6% of occupational therapists, and less than 2% of psychiatrists were Māori. These figures highlight the existing discrepancy between the number of Māori mental health workers and the number of tāngata whaiora. In addition to this is the reality that Māori are often employed in support rather than professional roles.

A number of Government policies and documents acknowledge, and continue to acknowledge, that the Māori mental health workforce needs greater numbers, retention strategies, training options, and increased coordination. In 1997, the Ministry of Health released *Moving Forward: the National Mental Health Plan for More and Better Services*. The Plan outlined a number of national objectives for the following 4-10 years, one of these being to increase the Māori mental health workforce by 50% by 2005 (objective 6.4).

Furthermore, in 2000, *Tūtahitia te Wero: Meeting the Challenges*, Mental Health Workforce Development Plan was released by the former Health Funding Authority. It outlined 11 mental health workforce development goals including, as a priority, building a robust Māori mental health workforce. Te Rau Matatini was established in December 2001, as one of a number of initiatives funded by the Ministry of Health, to strengthen the Māori mental health workforce as in line with *Tūtahitia te Wero*.

Organisational arrangements

Te Rau Matatini is based at Massey University, but as it is a Charitable Trust, an independent Board governs it. The Board members have purposefully been selected for their experience, knowledge, and networks within Māori mental health, and are therefore largely representative of the Māori mental health sector. As previously mentioned, the Programme is contracted by the Ministry of Health until June 2004, and has four core staff including Professor Mason Durie as the Director, Kirsty Maxwell-Crawford as the Programme Manager, myself Paul Hirini, as Clinical Coordinator, and Toni Waetford as our Administrator.

Project themes

The aim of Te Rau Matatini is to strengthen the Māori mental health workforce by:

- Contributing to Māori mental health workforce policy at a national and regional level
- Contributing to a Māori mental health workforce which subscribes to excellence in clinical and cultural expertise
- Expanding and extending the Māori mental health workforce
- Promoting rewarding career opportunities in mental health for Māori

Principally, these aims will be achieved through the progression of eight projects, the culmination of which will contribute to four areas of Māori mental health workforce development, workforce expansion, workforce extension, workforce excellence, and workforce navigation. These are the four project themes of Te Rau Matatini. They centre on recruitment and the promotion of Māori mental health careers, training enhancement, the attainment of dual competency, increased retention strategies, the extension of mental health expertise to other related sectors,

increased coordination, purposeful direction, and strategic planning.

As there are eight projects in total, and explaining each one would take some time, to provide an outline, Te Rau Matatini is aiming to support the Māori mental health workforce in the following ways:

- Training packages
- The development of a national strategic plan
- Promotion of Māori mental health careers
- Closer alignment of education and health
- Enhancement of career pathways
- Identification of core competencies
- Mental health detection in primary health care
- The establishment of a Māori mental health workforce development focussed website
- Māori child and adolescent mental health workforce development.

Two projects, Te Rau Piatāta and Te Rau Whakamaru, will be the focus for the remainder of the presentation, as they are particularly relevant to you here today as Māori psychologists, graduates and psychology students.

The recruitment of Māori students to mental health

Te Rau Piatāta focuses on the area of recruitment. As stage one, Te Rau Matatini has developed two Māori mental health career information video resources. The videos aim to raise the awareness of Māori mental health needs, remove the mystery and stigma surrounding working in Māori mental health, and promote Māori mental health as a challenging and rewarding career.

A concise and compact 15-minute video is designed to convey mental health career opportunities to rangatahi Māori (Māori youth), while the second provides detailed coverage intended for Māori who have work experience in a related sector and are seeking a career change. Each video features six Māori staff talking about their roles, training, and how they came to work in Māori mental health.

The roles featured include:

- Community Support Work
- Tāngata Whaiora (Consumer)

Advocacy

- Social Work
- Psychiatry
- Alcohol and Drug Counselling
- Mental Health Nursing
- Clinical Psychology.

Two staff featured in the videos are here with us today, Clive Banks and Simon Bennett, who both talk about their training and work in Māori mental health as Clinical Psychologists. The videos are intended for use by career advisors, teachers, employment promotion agencies, and whānau, as well as Māori youth and adults seeking more information about employment opportunities within Māori mental health. The videos have been distributed to all public libraries, tertiary institutions, and career services, in addition to rūnanga/trust boards, resource centres, and secondary schools who indicated an interest.

The long term expected outcome is an increased number of Māori mental health professionals, including senior secondary Māori students entering training that would lead to a Māori mental health career, greater numbers of tertiary students entering Māori mental health careers upon graduation, and increased Māori mental health professionals entering the workforce from a Māori health background. While we are unable (due to time restraints) to show you both videos, we do have a 5 minute trailer that we would like to show you now. This trailer can also be viewed on our website www.matatini.co.nz.

Positive feedback on, and demand for, the videos has been overwhelming. Other workforce areas who are struggling to attract Māori have approached Te Rau Matatini for input and ideas. To us, the key ingredients for the potential impact of the videos appear to be that they are:

- **Māori focussed and centred:** The videos are very much focussed on Māori audiences. This is reflected in the language, music, imagery, and content of the videos.

- **Māori driven:** The process, content, and outcome was not overseen or overridden by a mainstream institution.
- **Māori role models:** The videos feature our greatest resource within Māori mental health, the stories and expertise of our kaimanāki (workforce).

Retention of Māori students in Psychology

The second project we would like to share with you is Te Rau Whakamaru, a project designed to attract Māori students to consider Psychology: through enhancing the training experience and retaining them once they have made Psychology their training of choice.

Barriers to the progression and purposeful participation of Māori in Psychology have been well documented: including the reliance of tertiary institutions that teach Psychology on Western paradigms, models of practice, research and literature (Levy, 2002; Glover & Robertson, 1997; Lawson-Te Aho, 1994; Brady, 1992). This reliance has led to concern over the readiness and competence of graduate psychologists, and the training needed to enable Māori students to deliver effective services in the Māori community (e.g., Levy, 2002). One area of particular concern is the area of Māori mental health placements and internships.

The endeavour of Te Rau Whakamaru is to generate collaboration and communication through the facilitation of a joint working party, and in so doing, create a forum for Māori mental health service providers, trainers and professional bodies to collectively consider and strengthen the quality of:

- **Training outputs:** It is intended that quality will be achieved by ensuring service providers and professional bodies are able to provide feedback to trainers on the type of knowledge, skills, and competencies that are required to encourage effective practice, including the promotion of dual competency. A competent Māori health workforce is one that can demonstrate excellence in both cultural *and* clinical domains. This was affirmed in a recent survey of the Māori mental health workforce undertaken by Te Rau Matatini

which revealed 94% believed dual competence to be very or extremely important. Therefore, dual competency needs to be evident in both Māori health service delivery and training.

- **Tertiary placement options:** Quality is to be attained through the promotion of access by trainers to suitable placements, and collaboration to ensure the placements are mutually beneficial.

Graduate competence and work-readiness: Quality is to be reached through the enhanced coordination and quality improvement of training, recruitment, and retention strategies.

The initial focus of Te Rau Whakamaru is the profession of Psychology: this is due to the plethora of publications/opinions calling for Psychology training to be more responsive to Māori, the experiences of the implementation team (which contains two Māori psychologists), and the dire need for more Māori Psychologists.

The working party will track the placements and internships of Māori clinical psychology students. The party will work together resolving any foreseen or unforeseen issues, which may arise during the year, to strengthen the student placement and learning experience. They will identify the key barriers to positive placement experience, and develop guidelines to help avoid these barriers and improve the shortcomings that Māori participants in clinical psychology training have historically faced (e.g., Abbot & Durie, 1987).

Prior to the establishment of the working party, a consultation exercise with practicing Māori clinical psychologists and current Māori clinical psychology students was undertaken. The consultation exercise obtained feedback from current or recent Māori students, regarding their impressions and experience of participating in the training endeavour. A report detailing the findings from the consultation will provide a key resource to guide the undertakings of the working party.

Overall, the working party's expected outcome is an increase in the quality and coordination of the working relationships between trainers, providers, and professional bodies in the New Zealand mental health sector.

More specifically, the pilot is expected to:

- Increase access to relevant quality placements
- Improve the quality of graduates by ensuring they have the skills, knowledge, and competencies identified as those required by service providers and professional bodies
- Increase recruitment options by improved communication and networking
- Increase positive, professional exposure to Māori mental health career options

- Develop a template for other Māori mental health professions in the establishment of collaborations of this kind.

Overall, Te Rau Matatini is aiming to contribute to the development of the Māori Psychology workforce, by encouraging increased responsiveness of the profession to Māori, recruitment and retention of Māori students studying in mental health and Psychology in particular, increased national recognition of the need for dual competence for Māori Psychologists, and improved service responsiveness for Māori consumers/ tāngata whaiora Māori.

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Tuhia mai, whiua atu: Research and Methodology. Moderator - Professor Ngahuia Te Awekotuku

Serendipity, Shot-gun, Strategic: Does it make a difference?

Marewa Glover

University of Auckland: Applied Behavioural Science

Kaupapa Māori research methodology demands practical outcomes of tangible benefit to Māori. This paper reflects on the steps taken to ensure benefit resulted from my PhD research, and I ask where is that benefit now?

Ensuring benefit starts before the project begins when the idea is conceived. Thus, I first reflect back to the birth of the idea. Then the consultation undertaken, and the conduct of the research, is reviewed with a utilisation focus. The personal costs of undertaking research are then considered in the sections looking at contribution and career. Finally, the question from the title of this paper is posed. Examples of the barriers to strategic action, such as, competition and the difficulty of achieving consensus are presented. Finally, the consequences of the research are outlined.

Conception

The idea for my PhD research, on the cessation of Māori smoking behaviour, germinated in the early 90s when I worked as a Policy Analyst for the Public Health Commission. While there I had the opportunity to analyse the state of Māori public health. I learned that tobacco use is the largest preventable cause of illness and death among all New Zealanders, with Māori being disproportionately affected. At that time there were many gaps in the NZ tobacco control programme. The biggest of them being that there were no no-smoking cessation services purchased by Government.

Consultation

Having identified a knowledge and service gap, and that research would be

needed to support advocacy for smoking cessation, I formulated a research focus and began to 'consult' with people on the idea. Consultation started quite informally, simply discussing the research topic and methodology with key stakeholders. For example, mentors, tobacco control advocates, Māori health advocates, potential academic supervisors, Māori health workers, and colleagues. Having canvassed these people and found support for the project, and for me to undertake the study as PhD research, I began to pursue the formalities of applying to the University for entry to the PhD programme, and to the Health Research Council for funding. I also sought formal support, in the form of a letter, from Māori health organisations with which I could associate the research with.

Conduct

The development of relationships with end-user groups served several objectives. These organisations gave a kind of pseudo hapu/iwi approval to the project being conducted within their rohe. They gave access to research participants and the programmes that were to be evaluated. They assisted with recruitment, participant retention, and follow-up. They provided comment on draft chapters and/or findings. Ultimately, they awaited the results and were ready to take up the knowledge derived from the research and implement it in their practice.

Earning the support of such groups and maintaining that support is dependent upon the quality, and thus the integrity, of the relationship formed between the researcher and the community. Kanohi kitea, that is, being seen, is an important form of

communication that allows people the opportunity to observe the researcher in practice. The community assesses a person by their conduct in meetings, at hui, during kai, and by their contribution. This can occur from afar: just being seen at a hui, a tangi, a sports event is noted. It is very difficult to provide communities with opportunities to assess you if you don't turn up and contribute. The study was started in the mid 90s and took the rest of the decade to complete.

Contribution

However, academic study can create a vacuum that sucks researchers into 'the ivory tower'. To combat this, I maintained an active involvement in the tobacco control and auahi kore communities, via my board membership of Apārangi Tautoko Auahi Kore (the Māori Smokefree Coalition), memberships of the New Zealand Psychological Society and the Public Health Association, and via attendance at relevant hui and conferences.

Before the study was even completed I was called upon by the Health Funding Authority to give advice on the development of tobacco control policy and smoking cessation programme development. I contributed to the development of service specifications for the now successful Aukati Kai Paipa programme, a Māori smoking cessation programme delivered by 35 providers throughout New Zealand. I was then contracted to write and deliver training in smoking cessation for the programme. During the 2 years that I was contracted, over 70 Aukati Kai Paipa 'coaches' were trained. A further 400 Māori community health workers have received training in brief smoking cessation through my work with Te Hotu Manawa Māori.

I am also a member of the New Zealand Smoking Cessation Guidelines Advisory Panel and the GlaxoSmithKline Zyban Advisory Panel. All these associations have facilitated the dissemination of the knowledge gleaned throughout my PhD study and some have allowed for the practical passing on of the information, such as through the training of health workers.

Unfortunately, because I have focused on kanohi ki te kanohi forms of dissemination, my record of publication is less spectacular. Further, opportunities for publishing in peer reviewed journals in New Zealand are limited and the prospect of wasting time competing for entry into international journals has been off-putting. These forms of dissemination, whilst highly regarded by academia, are less accessible and relevant to Māori communities. I acknowledge however, that there are a growing number of academically trained Māori and Māori students within academia who would make use of such sources.

Career

Sometimes the most important outcome is the development of people, which in turn ensures the development of whānau, hapu, and iwi. In a culture with an oral tradition, individual people were the repositories for knowledge. Everyone did not need to be expert in all things. Thus, a responsibility remains to protect, and thus maintain, the knowledge gained, and to pass it on to those who will use it well. Dissemination is an ongoing process. For years after initial dissemination, people will go to the person holding the knowledge for the information they need, rather than going to the library.

Conundrum

Was the extent to which the PhD results have been used, to impact upon New Zealand Tobacco Control and smoking cessation for Māori, serendipitous? In 1993, Māori tobacco control advocates began lobbying for smoking cessation services (PHC, 1994). Meanwhile, our Pākehā counterparts argued against us. It wasn't until the New Zealand delegation to the 10th World Conference on Tobacco or Health (in 1997) were told that smoking cessation should be at the top of their agenda did we advocate as one and finally gain Government support. If researchers overseas had not first proved that treatment for nicotine dependency was indeed cheaper than treatment for blood pressure, even the worldwide tobacco control movement (and Treasury) might not have capitulated.

Competition

Whether we are trying to address Pākehā dominance (politely termed Māori development), violence, or smoking, competition is rife. The competition of ideas is the critical one. Each person and faction of the tobacco control movement (and this applies equally to every movement) has a different analysis of the problem and how to intervene. So, we talk “comprehensive strategy” but we fight over the crumbs that get flicked our way.

Consensus

If a strategic approach is the answer, why does the arena of Māori health research look like we’re at a child’s birthday party playing pin-the-tail-on-the-donkey, or running around on a treasure hunt without clues?

I am also a member of the Health Research Council Māori Health Committee and have sat on two Assessing Committees. The Health Research Council (HRC) funds researcher-initiated projects. That is, researchers apply to the HRC for funding for projects they have conceived, rather than tendering to conduct research conceived by the purchaser of the research. The Health Research Council also uses peers to review and grade applications using a set of numerical scales that purport to favour scientific merit. As psychologists, you all know how vulnerable these kinds of measurement tools are.

From my experience, very few applications reference any strategic direction in providing rationale for their study. Perhaps choosing a research topic is a highly personal and subjective experience: to commit to a project for an extended period you need to have a genuine passion for the topic, plus the pay as a researcher is not attractive. That is, we do it for the kaupapa not the money.

The current research funding environment leaves it up to researchers to direct our progress forward. Where is the overall analysis? The meta-analysis that rises above individual agendas? There are so many gaps in our Māori knowledge base, and so many problems to solve – perhaps we will have as much effect blasting our shot-gun in the general direction of a better future?

But, if we don’t prioritise, can we progress? I am also Chair of the Tobacco Control Research Strategy Steering Group. Following a recent consultation exercise to write our strategy document, we tried to prioritise the long list of research topics identified as a need. We applied numerical grading criteria then plotted the results on a graph and ended up with a blob: everything was a priority!

Consequence

So I’ve just put 10 years into tobacco control and where are we now? No, I didn’t have to make an impact on tobacco use by Māori on my own, though in 1993 when I was appointed National Co-ordinator Māori Smokefree at Te Hotu Manawa Māori, I was the first paid Māori dedicated to work on auahi kore fulltime. Now we have a sizeable Māori auahi kore workforce.

Although Māori smokers smoke fewer cigarettes per day than a decade ago, the number that smoke remains the same: still nearly half of Māori adults (over the age 15) smoke. Many have quit, but just as many have started or restarted. As a community we are in the early days of learning just how addictive nicotine is, of learning how to quit, and how to prevent relapse. There appears to be progress, more smokefree homes, more smokefree marae, and a greater acceptance of smokefree environments: but the prevalence statistics resist change.

Year after year, only one or two researchers apply to the Health Research Council for projects that might impact on smoking. Then only some of them have been funded. “Peers” all have different ideas about what’s a priority. The single largest preventable cause of illness and death in New Zealand and one of the top contributors to the burden of disease worldwide, is not seen as a priority!

Conclusion

In this paper I have outlined the presumably strategic approach to choosing a PhD research topic, carrying out the research, and disseminating the results to ensure practical benefit to Māori: as required when using a Kaupapa Māori research methodology. New interventions

have been influenced by the research. There has been a contribution to workforce development and the development of the Māori health knowledge base. But, Māori smoking prevalence has not changed – yet.

I have drawn on my work experience to question the national approach to community development and change. I want to argue that our research should be guided by some national over-arching strategic direction, but I acknowledge that accidental and ad-hoc changes also contribute, though I am unconvinced if they are resulting in progress.

We lack an infrastructure that can support strategic planning, consensus development, promotion of a strategic direction, and co-ordination of the implementation of strategies. In Māori

health research, or the tobacco control research arena, that's things like regular bulletins, journals, hui, consensus development workshops or conferences, sufficient and secure funding for researchers and research centres, having easy access to the existing literature, any process for monitoring and accountability, and having and maintaining international linkages. Leadership and vision at a Ministerial level is missing.

The current environment relies too heavily on the individual, and thus supports the dominance of non-Māori individualistic cultures. To redress this, we must look to institutionalise, within our work and research environments, the processes and infrastructures that support a whānau, hapu, and iwi based culture.

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Nobody knows me even though I'm always there: Why Māori men Do exist - in all the wrong places

Paul Stanley (Ngaiterangi /Ngāti Mahuta)

*Pouturuki
Te Whare Wananga O Awanuiarangi*

*I am a one in ten a number on a list,
I am a one in ten even though i don't exist.
Nobody knows me, even though I'm always there,
A statistical reminder of a world that doesn't care*

UB40: One in Ten.

In the study of psychology, Māori men are often only seen as the perpetrators of the problems. There is very little focus on finding solutions for Māori men, with Māori men. In the top eight causes of death for Māori males aged 15 to 24 are car crashes, homicide, and suicide. With respect to car crashes, there is a close link between alcohol-related car crashes and suicide. As a nation, we should be concerned with all of the above issues, as each of them is preventable. Invariably, we fail see the deaths of these young men as warning signs of much wider issues about why they wanted to die, or why they felt the need to kill someone close to themselves. The argument tendered in this paper is that the same way in which Māori as a group have been researched, as being “the problem”, equally applies to the way in which Māori men have continued to be have been researched: Māori men are only ever portrayed as “the problem” and are never portrayed as part of a solution subjected to this process as well. The lyrics of a well known song by UB40, One in Ten, exemplify this notion of being unknown, even though Māori men do exist in Aotearoa.

It was not long ago that Colonial soldiers rode through villages north of Wairoa and cut the ears off our people and left them to bleed on Wāhi tapu as they used those Māori ears for necklaces. This practice is still used by some of the elite military forces in this country and in the United Kingdom where it started. The whānau from Wairoa WILL not forget what the Colonials did to their Tipuna and nor will we. Ironically it was only a few years ago that Tariana Turia was denigrated for comparing the impact of Parihaka to that of the Holocaust. I stand here today to support her message, which if anyone had read it (as opposed to RED [necked] IT) they would have found that Tariana had some powerful analogies and a secure argument. Standing here today in support of her, at the

same place and at a Psychology conference similar to one that she spoke at, is my very small way of taking back some of the wairua that “KKK New Zealand” tried to purloin from one of our heroines.

As this article is being written (post-conference), a Police Officer supported and judged by his peers is found not guilty of murdering a young Māori man from Waitara. The Police Commissioner, in what seems like a move to detract away from his staffing rumbles in Auckland about more pay and low police numbers and accusations that he is merely a politician dressed in uniform, announces the desire to NOT have private prosecutions brought against Police Officers in the line of duty. In Whakawhiti, Māori housing and self-help development in the North is set

alight by arsonists, and Māori are denigrated for using a legal and peaceful means of registering wāhi tapu in Tauranga moana. Furthermore, Joris de Bres the Race Relations Conciliator is denigrated for comparing the colonisation of Māori to that of the Taliban. Ironically the later issue is vigorously denied and attacked by the very people who are the perpetrators/benefactors of such acts, Māori (the intended victims) sit silently in their homes nodding their heads in affirmation of Mr de Bres and his statements.

When you consider all of the above issues, you have to admit that there are times when you have to applaud our people's patience and fortitude, in that seemingly every peaceable road is denied, or obstacles are put in place so that Māori issues are subjugated further. As one Māori journalist commented to me recently, there are the beginnings of racial dissent amongst our people, where they are starting to feel that the only way to effect change is through what they describe as "direct action". Whether we accept it or not, direct action has been the mainstay of many indigenous peoples movement in the world. This includes the Maumau movement in Samoa, Parihaka in Aotearoa, Sitiveni Rambuka in Fiji, and in some ways the alleged killing of Scott in Nuie in 1953 (after what his alleged killers stated was the result of an individual exercising cruel behaviour on behalf of a tyrannical New Zealand State).

Our people make moves to deal with all issues in a peaceable manner, and the result is clear. It makes you question our role as academics: why the hell can't we get it together and organise a strategy to offset the assault on our world, in a way that addresses the Māori view in a colonised, discombobulated society. It is critical to outline the political and socio-economic environs within which Māori are interfacing within society today. It is this backdrop that influences the lives of Māori men in Aotearoa.

Mana Tane

Many of the negative things related to Māori as group are seemingly created and perpetrated by Māori men. At every turn there seems to be an existing problem that

is magnified to show Māori male ineptness, whether that be in education, justice, or health (Butterworth & Mako, 1989; Pomare et al., 1995; Jackson, 1988) or socioeconomic status (Spoonley, 1993). With respect to incarceration alone, Māori men make up 51% of the prison population and are 7.6 times more likely to be sentenced to imprisonment than their Pākehā counterparts (Te Puni Kōkiri 2002). At every point there seem to be rednecks and ethnocentric Nazis waiting to point their fingers at the brothers.

Perusal of the wellbeing of colonised indigenous men internationally reveals the same predicament. Now this is important, because we all too often assume that we are the only ones affected by such issues. We tend to take it all too personally. However, if we start to contextualise these impacts in terms of both national and international backdrops, a differing delineation is unveiled. In the main it has been the demands for the re-emergence of indigenous men's movement, as seen in Ecuador (Adams 2000), and as articulated in Louis Farrakhan's (1995) now famous statement at the Million Man march in which he called for unity and healing of the plight of Men of Colour in the United States:

*And now, I want to say, my brothers --
this is a very pregnant moment.
Pregnant with the possibility of
tremendous change in our status in
America and in the world. And
although the call was made through
me, many have tried to distance the
beauty of this idea from the person
through whom the idea and the call
was made.*

With regard to where a million men of colour marched through the streets of Washington DC, what was achieved was a United States wide recognition of issues operating at a structural / institutional level to the detriment of men. Furthermore, that there was a desire for those men to take responsibility for their actions, and challenge those who were in control of their oppression.

This paper is part of the fight back, in terms of giving another version of the world

as it turns for Māori men in 2002. More importantly though, we as Māori men have to make a stand and say that our health is different from many other men's experience. Okay so we all have a penis, that's a start, but our world view and the way that we have experienced the world via raupatu, education (or de-education viz a viz belittling of Māori pedagogy), justice and health is markedly different. Our commonalities are contained within Mana Tangata not within the notion of being "One New Zealand". I am not the same as a Pākehā New Zealander, something that Pākehā New Zealanders are all too happy to remind me of when a brother gets into trouble.

Under the principle of Mana Tangata our bipartite partners are achieved through Mana Wahine. Mana Tangata in a sense can not exist without it. Now, this in itself is critical in examining both the strategies and the direction of Mana Tane. This requires a shift in our people's minds: in terms of how we as men have to understand the duality and the complimentary roles that Mana Tane and Mana Wahine have. Further to this bipartite arrangement is the tripartite arrangement of Mana Atua, Mana Whenua and Mana Tangata (Sykes, 2001). This advances more the context of who and what we all are in today's world. What we do today and tonight as individuals either contributes to, or negates, Mana Tangata as much as it contributes or negates Mana Whenua or Mana Atua. Food for thought isn't it.

Keri Lawson-Te Aho made a statement in her presentation earlier today that her tipuna in Kahungunu were 7 foot tall, of course every one felt that was funny, and in a way we believed that that could not have been so. But I ask you this, why could that have NOT been the case? We have got so used to sickness and disease that we can't accept that they were 7 ft tall. For some reason we see ourselves as unhealthy and well short. You only need to look at the Huata whānau from Kahungunu and you might change your views: huge blokes, and blokettes.

In terms of employment and work, some of the latest statistics from the census are suggesting that Māori unemployment is falling for Māori women, and increasing

dramatically for Māori men. In fact unemployment is running the risk of spiraling out of control for Māori Men. Māori men have had to work for years in jobs they hate: going to jobs that belittled their intelligence or their mana, or where they were maligned by a White boss who never understood them, but called them his boys. They went to their jobs because they were socialised into believing that that was what they should be doing. This brought about this notion of work-rich and work-poor. The view that even though you were financially rich, or better off, by going to employment, you were also poverty stricken with respect to whānau, because of the way that you were disenfranchised from yourself, your whānau and your culture.

Tama Ora

In terms of Māori men's health, it appears that little has changed since 1997, when we were highlighting the issues at the Public Health Association Conference in Waikato. For Māori men living in the Mercer to Cape Reinga region the future is bleak in health terms, of health statistics:

1. Māori women are more likely to live longer than Māori men. Māori women's life expectancy is 73 years, whilst Māori men's life expectancy is about 68 years. Why is it that people easily accept this issue as if it was an unchangeable process?
2. The top 10 causes of death for Māori men for this region from January 1988 to December 1992 are: heart disease, circulatory system, motor vehicle crashes, lung cancer, other cancers, diabetes, stroke, CORD¹, and suicide.
3. Even though heart disease is ranked at number one for Māori men, hospital discharge and admission rates suggest that it is number ten. What this says to me is that Māori men are presenting at a much more advanced stage than what is needed in order to implement life saving prevention measures. In contrast, non-Māori men for all ages also have heart disease as the number one killer, yet their admission and discharge rates suggest that it is at number four. This tells us that non-Māori men are presenting a lot earlier for heart disease

¹ Chronic Obstructive Respiratory Disease

which allows more time for that life saving preventative medicine to be implemented.

4. Suicide is the tenth major killer of Māori men of all ages, and furthermore, 20% of all deaths for the 15-24 year old age group were from suicide.

5. The levels of alcohol abuse amongst Māori men are at a high level, and at even more alarming rates are the deaths through drunk or alcohol-impaired crashes. At present, deaths from motor vehicle crashes feature at number three for all ages.

6. Many Māori researchers in the field of alcohol related motor vehicle crashes believe that suicide and alcohol related crashes are closely linked.

7. The biggest killer of Māori men aged 15-24 years old is Motor vehicle crashes, and the second biggest killer is suicide. Combined these two factors accounted for approximately 74% of the deaths for this age group from January 1988 – December 1992.

8. The first admission rates (age specific rates per 10,000) to Psychiatric Hospitals in 1970 was higher for Māori males than females, only in the under 15 year age bracket 65 year old age brackets and the total rates being 18.6 per 10,000 for Māori men and 20.3 for Māori women. In 1992 Māori men heavily outnumbered Māori women in all age groups except for under 15 year olds and the rates per 10,000 were 23.2 for Māori men and 18.0 for Māori women (Pomare, et al., 1992).

The Social Construction of Violence and Māori Men.

It is very easy to attribute violence to Māori men, yet ironically this same group features disproportionately in both the perpetrator and the victims of such crimes. This later point, of featuring as the victim, is just as important.

The social construction of Māori men and violence seems an indolent and overall simplistic reasoning favoured by the defeatist in order to end what is a more complex argument. Don't get me wrong, violence by any name is unacceptable. Yet this country, which disparages Māori male violent perpetrators, still kills Terence Thompson and Steven Wallace, and mobilises trained government killers through military operations in Iran, Iraq,

East Timor, and Afghanistan. So who determines legal and non-legal violence by individuals and individuals representing the state? If someone invades a Pākehā person's home, Pākehā people are more than happy for Māori to stand in between them and save them from physical abuse. Those same people are just as pleased to call those Māori males their saviours. So then, when Pākehā people build prisons on your Wāhi tapu in Ngawha, on your Kaitiaki in Waikato, and on your Maunga in Tauranga Moana, what then do we call them?

Heroes

We currently live in a world of hero barren worship, so much so that our boys and our men are more likely to understand the lyrics and dressage of Snoop Doggy Dog than of Titokowaru or Te Rauparaha. Not enough of our real male heroes are celebrated. And even then, when some are tendered we are all too quick to disregard them for something that we believe they have done. I read with pride an announcement from Dr Pita Sharples who comments on the new directions and intentions of the Māori Education Foundation and its intentions. I know that Pita has worked tirelessly for the Māori Education Foundation, Kura Kaupapa Māori, Kōhanga Reo, Whare Kura, Taiaha Wananga, Te Rōpu Manutaki, and Hoana Waititi Marae for decades. He's gotta be a hero. I saw the other night on television an old friend, Tuari Dawson, a Māori man from the North, who is so talented that in the prophetic words of Jim Moriarty "Tuari is like so many Māori men, he is potentially brilliant at so many things, what the hell do we focus on?" (Moriarty, 2002). Chris Wikaira, who is a Public Relations consultant, he won the Treaty of Waitangi Fisheries Commission Journalist Award in 1999 for reporting on the highly complex and controversial issue of the Māori fisheries settlement with the Crown. He also won the Bill Toft Memorial Fellowship at the 2000 Qantas Media Awards - the premiere award for radio journalism. His greatest self-proclaimed accomplishment to date has been the arrival and birth of his and his partner's first child. Throughout any day in at least my life, I am surrounded

by Māori men who have and are continuing to achieve great zeniths in their lives, yet sadly we hear very little of their achievements in the mainstream media.

We need to continue to celebrate our men's achievements, and celebrate them in a way that we rejoice in our men moving forward. A quote from Pauline Hopa (2002) sums up the argument well "our young Māori men need good role models, they need to see them and they [the Māori role models] need to be upfront".

Concluding Comments

The main purpose of this paper was to highlight some of the issues surrounding Māori men in the new millennium. Many of these issues are ever increasing warnings of issues that are far deeper and more complex than many would dare or care to venture in to. What I propose is a process whereby we start building the wellbeing of Māori men and follow that with challenging the social construction of Māori men in general. It goes without saying that if we continue to blanket blame Māori men for the actions of a very few, all that we would achieve is to perpetuate the existing state of Māori men's ill-being and disease.

After reviewing the issues that were raised here, we need to ask ourselves in what ways are the discourses that denigrate Māori men similar to the past discourses that denigrate Māori in general. If it is that they are aligned, then we as Māori men need to take that step forward and make a stand for progressive and positive development of Mana Tane, and take our place in Mana Tangata, with regard to Mana Whenua and Mana Atua.

Professionals Moving Forward

So what could be the aspirations of the Māori Community for Psychologists?

1. We ARE the norm, build on the theory around us.
 2. Real world versus Psychological World.
 3. Voice of the people – how does that happen, who speaks for the people in the Castle of the Elite.
- Who speaks out for Māori men, for Wāhi Tapu?

One of the awesome things about working in a Whare Wananga is that you

get to build a foundation of education from a set of building blocks that are brown, rather than ones that are made in foreign countries, designed to benefit those in foreign countries, or to benefit foreign people in our country. Any builder would support the notion that a solid is the best foundation, tools and high quality materials are critical in constructing a whare that will last a long time. In other words, you can't build a brick shithouse on weak foundations. So, when you are able to start with Māori building blocks for a home, there is a different way of looking at the world. The mainstay is this, WE ARE THE NORM.

Now if you take that view as your base, WE ARE THE NORM, it means that the whole world orientates around us, which would be good for a change. One of the biggest problems is convincing our people that what we actually do is okay, rather than spending all of our time justifying our actions within Pākehā constructs. Yes, we need to prepare our people for the ongoing millennium; additionally we have to remind ourselves that Pākehā people and Pākehā culture do not have a monopoly on progress, economic development, and social theories. In essence, our people have to feel confident that the culture they are from has immense qualities to offer our society.

As psychologists, as academics, and as Māori, what we need to be doing (in my humble opinion) is maybe to discard the academic, empirical, and personal inferiority complexes that we have and start forging the road for the Māori norm. As a result, out the window will go the cultural hate disguised as critique, and hopefully so will the perpetrators of those self hate theories.

This certainly leads on to the issues that many Māori academics face, how to address the real world in a psychologically orientated worldview. Sometimes we get a little too tied up in our elitist academic world of the "expert defined", that we actually lose sight of who and what we are. In our drive to become the real world translators for our people, we essentially become those who we warn our people about. How does that phrase go again – if you lay down with dogs, you get fleas.

Nevertheless, this translation, by Māori academics such as us, is actually quite important. How we manage that, whilst at the same time maintaining the mana and the dignity of our people, is the key. If we

work from the foundation that we can only ever win, then that certainly puts a different spin to the whole thing too doesn't it?

Anei te korero, **E kore au i ngaro, He kakano i ruia mai i Rangiatea.**

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Hōmai te Waiora ki Ahau: te ara whakamua - towards the establishment of construct validity

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*Tuwhera ki a Ranginui
Taamaua ki a Papatuanuku
Tauawhia te tipua e whakaata mai nei
Hokia te maunga tapu whakatau ai
He mihi atu ki te manawhenua o Kirikiriroa me ngā rangatira ma
Tēnā ra koutou katoa
Ko Moehau te maunga
Ko Tikapa te moana
Ko Ngāti Porou, Ngaiterangi, Marutuahu ngā iwi
Ko Paora te Putu raua ko Iritekura akū tipuna rangatira
No ngā whānau a Harrison, Hikitapua raua ko Hale
Ko Harataunga ki Hauraki takū kainga noho
He mihi ano ki a koutou katoa*

Hōmai te Waiora ki Ahau: te ara whakamua, is about the development of a tool to measure psychological wellbeing among Māori. Why is it relevant? Because a quick look at the June 2002 edition of New Zealand's Journal of Psychology will show you that the wellbeing measures being used in this country:

- Are not responsive to the needs of Māori.
- Are not based on Māori concepts or constructs.
- Do not facilitate Māori participation in te ao Māori.
- Do not provide pathways through which Māori can develop a positive Māori identity.

It is highly unlikely that the tools which psychologists use to measure wellbeing among Māori will help Māori to experience whānau ora and that, as we all know, is the paramount health objective for Māori (Ministry of Health, 2002). In this regard, it would seem that the powers that be in psychology are failing to meet their Treaty obligations to Māori. Therefore, Hōmai te Waiora ki Ahau simply aims to

assist change. This presentation will briefly describe the context of the development of this measure, the methodologies used to develop this tool, the outcomes of a small pilot-study, and current challenges and future directions for Hōmai te Waiora ki Ahau.

Context

My PhD looked at psycho-social mediators of Māori childbirth experience. New Zealand literature continues to be grossly deficient on this issue. In contrast, the international literature has identified a range of likely mediators (Allen, 1998; Campero et al., 1998; Cheung, 1994; Dunkel-Schetter, Sagrestano, Feldman & Killingsworth, 1996; Kennell, Likaus, McGrath, Robertson & Hinkley, 1991; Lidderdale & Walsh, 1998; Oakley 1993; Slade, Escott, Spiby, Henderson & Fraser, 2000).

In particular, key studies by these and other authors have clearly demonstrated the beneficial influence of several prenatal variables, notably:

- Social support.

- Cognitive mediators, such as feelings of trust, confidence, control, and/or positive expectations.
- Coping strategies, either cognitive or behavioural.
- Culture or ethnicity.

It seems that such variables can not only mediate both physiological and psychological indicators of birth outcome, but also predict the quality of the childbirth experience. For example, quality may be indicated by the use of obstetric technology, perinatal health, and maternal postpartum perceptions. This is not to say that intellectual capital about psycho-social mediators of childbirth experience was not progressing in Aotearoa. Indeed, those involved in the Māori maternity debate over the last decade or so (e.g., Bryant, 1994; Ellis, 1998; Harris, 1994; Māori Working Group, 1995; Ministry of Health, 2001; National Health Committee, 1999a, 1999b; Ora Toa Health Unit, 1992; Ratima, Ratima, Durie & Potaka, 1994; Rolleston, 1991; Ropiha & Middleton, 1993) have consistently highlighted the importance of:

- Cultural safety.
- Whānau oriented services.
- Access to te Ao Māori childbirth resources.

In addition, within the Department of Psychology at the University of Waikato, where I was employed in the early 90s, many of us had a firm commitment to the development of Kaupapa Māori research methodologies (see: Palmer, 1991; Hikitapua, 1992). Within this environment my PhD research was driven by two underlying themes:

- The desire to implement a research design which would have relevance for Māori.
- An awareness that psycho-social mediators of childbirth outcome were similar to constructs which had been associated with the concept of psychological wellbeing (see: Bowling, 1991).

More specifically, the four key objectives of the research were:

1. To improve understanding of the manner in which Māori women develop and use psycho-social variables known to

have a beneficial influence on the quality of childbirth experience.

2. To examine the relationship between these variables and look at their influence on qualitative and quantitative indicators of birth outcome among Māori.
3. To develop and pilot-test a tool for the measurement of psychological wellbeing, or waiora, among Māori.
4. To test whether waiora is a mediator or predictor of Māori childbirth outcomes.

Methodologies

In the early 90s, when the methodologies for my research were being developed, there were four main models of Māori wellbeing: te whare tapa whā; te wheke; a model developed by Te Rōpu Āwhina o Tokanui; and ngā pou māna. Table 1 presents the key components of each model.

Table 1.
Main Models of Māori Wellbeing in the Early 90's.

Te Whare Tapa Whā	Te Wheke
Whānau	Whānaungatanga
Wairua	Wairuatanga
Hinengaro	Hinengaro
Tinana	Tinana
	Mana Ake / Mana Mauri
	Hā / taonga tuku iho
	Whatumanawa
Te Rōpu Āwhina o Tokanui	Ngā Pou Mana
Whānau	Whānaungatanga
Wairua	Taonga Tuku Iho
Hinengaro	Te Ao Tūroa
Tinana	Tūrangawaewae
Whenua	
Tikanga	
Māoritanga	
Pākehātanga	
Tangata	

Te Whare Tapa Whā had evolved during discussions with the Māori Women's Welfare League in the early 80s (Durie, 1994). Te Wheke was developed by Rangimarie Rose Pere during the 80s and early 90s (Pere, 1982, 1984, 1987, 1991). Bob Elliot and his colleagues at Te Rōpu Āwhina o Tokanui first presented their eloquent art gallery of life during the mid-80's, and the origins of Ngā Pou Mana

can be traced to the Royal Commission on Social Policy in the late 80s (Royal Commission on Social Policy, 1988; Te Rōpu Āwhina o Tokanui, 1986). However, it was Rose Pere who introduced the powerful notion of waiora as a river of life-giving forces.

With mentorship from a range of people in academic and community settings, it was decided Hōmai te Waiora ki Ahau would simply aim to reflect the common threads and themes that are within these four main models of Māori wellbeing. Hōmai te Waiora ki Ahau, therefore, comprised twelve components: taha whānau; taha tinana; taha wairua; taha hinengaro; taha whatumanawa; taha mauri; taha whenua; taha mana; taha tikanga (this was presented as tikanga Māori and tikanga Pākehā); te ao tawhito; and te ao hou.

In retrospect, I have issues with the way in which these components were presented within the tool. For example, I wonder whether taha tikanga should have been separated into Māori and Pākehā components? Should whenua and tūrangawaewae be presented as two separate components? Should te ao hou have been te ao turoa? Should te ao tawhito have been taonga tuku iho? Notwithstanding the importance of such concerns, this is the way the tool was presented during the pilot study.

The development of Hōmai te Waiora ki Ahau was driven by the desire to use Māori constructs, and involved a move away from conventional scales, that is, the typical 1 to 5 / good-bad continuums. The scale itself was presented as a pathway between Uenuku-a-rangi: the atua, rainbow and almost universal symbol of complete and utter wellbeing, and Te Kore: which among Māori, at least, could reasonably be seen to represent a realm of unrealised potential. Respondents were asked: "To what extent is [each component] a source of waiora for you? Can you mark your place along the pathway between Uenuku and Te Kore?". In addition, this tool contained a thirteenth item which asked respondents to self-rate their overall feelings of waiora. It was envisaged, the scores for each component would be derived by measuring the distance between Te Kore and the respondent's mark along the pathway to

Uenuku. The total score for this measure would be the sum of all components. In psychological parlance, this combination of techniques translated into the equivalent of a self-rated, uni-dimensional, 13-point Likert scale with a concurrent validity check.

A key challenge in the development of this measure was the need for a technique which would give Māori the opportunity to respond even when they felt they had little or no understanding of te reo Māori. For this reason, Hōmai te Waiora ki Ahau is presented as a series of pictures. The artists were Robyn Kahukiwa, Tumohe Clarke, and Elizabeth Anderson. Robyn had been commissioned by Department of Health to depict the components of whare tapa wha in the mid-80s and her pictures were widely disseminated. The illustrations by Tumohe and Elizabeth were drawn specifically for this purpose. They also did some beautiful manaia, or bone carvings, which were given to each participant as a whakaaro for taking part in this research. The illustrations are available at:

www.publichealth.massey.ac.nz/homai/homai.htm or you can see them in the thesis itself (Palmer, 2002). However, in general the pictures aimed to describe each component as a source of waiora and some did this by drawing a contrast between ideal and less than ideal experience. Table 2 briefly summarises key features of the illustrations for each component.

Remembering that this tool was intended for use among ngā wāhine hapū, Hōmai te Waiora ki Ahau was pre-tested on a small sample of ten women, aged 16-65 years. This showed that it was able to be administered, sensitive to individual difference, and Chronbach's α at 0.69 suggested the measure had an acceptable level of internal consistency. A significant correlation was also found between the aggregate and self-rated waiora scores ($r = 0.91$, $p < 0.05$) which provided an indicator of concurrent validity. In a further test of criterion validity the pre-test participants were given a mainstream measure of psychological wellbeing, the Affectometer 2. No correlation was found between the Affectometer 2 and aggregate waiora scores. This provided an indicator of divergent validity. In other words, Hōmai

te Waiora ki Ahau was indeed different from a mainstream measure of psychological wellbeing. Collectively,

such findings suggested it was reasonable to proceed to the pilot study.

Table 2.

Key Features of the Illustrations For Each Component in Hōmai te Waiora ki Aha

Component	Key features of the illustration(s) depicting each component
Whānau	Contrast between ideal and actual experience: support, aroha, understanding and support versus alienation, conflict, misunderstanding, pain.
Tinana	The gift of a fully functioning body, transformation through life-cycles, pursuit of good health at our own pace.
Hinengaro	Mind, thinking, intellect, wisdom, knowledge, foresight, particularly associated with women, who often seem to carry the burden of responsibility.
Wairua	Continual presence, balance between two forces – spiritual/physical, maternal/paternal, good/bad, use of rituals for wairuatanga.
Whenua	Papa-tu-a-nuku, local and global, land and placenta, tūrangawaewae and ahi kā.
Mana	Multiple sources – inherent/inherited/acquired – contextual relevance, ascribed/perceived by others.
Tikanga	Protocols, behaviours, code of conduct, rituals; traditional and modern, doing what is right for the occasion; flexibility; oriented towards the collective or group; capacity to cleanse, renew, separate, whakatapu and noa; often faced with the choice between Māori and Pākehā protocols; emergence of new tikanga and different ways of doing things.
Whatumanawa	Emotional life, all emotions have a place, need for balance.
Mauri	Life force, capacity to move into inanimate objects, connectedness.
Te Ao Tawhito	Personal right; derived from whakapapa; ancestral knowledge; many sources and ways to integrate such knowledge in everyday life.
Te Ao Hou	Promise of opportunity, hope, prosperity; often fraught with hardship and disadvantage.

Pilot study outcomes

Thirty-one ngā wāhine hapū from Hauraki, aged 16-34 years, took part in the pilot study of Hōmai te Waiora ki Ahau. The tool was administered during the 3rd trimester of pregnancy. Thorough analyses of the pilot-study data were conducted (with considerable help from Professor Mary Foster, Department of Psychology, University of Waikato) and I am very keen to learn about the way in which psychometric techniques can help Māori to develop world-class tests and tools.

In general, participants were willing to respond, understood the procedure and the tool was able to be administered. Mean scores ranged from 5 to 10 with standard deviations from 2.39 to 4.07. It is interesting to note that mauri, tikanga Māori, and te ao tawhito displayed the highest means which suggests these

components were perceived to provide the most waiora among women in this sample. In contrast, tikanga Pākehā and te ao hou yielded the lowest means and/or provided the least waiora. A correlation was, once again, present between aggregate and self-rated waiora scores ($r = .49$, $p < 0.05$) and no relationship with Affectometer 2 was evident.

Various indicators suggested this measure was reasonably reliable. The scores, for example, were normally distributed, there was no significant skewness or kurtosis, no disparity between the mean and median and r_{tot} values were less than 7. At 0.65, Chronbach's α was slightly lower than in the pre-test, and would not have improved with the removal of items. Nevertheless, it suggested that the measure was largely comprised of internally consistent items. In addition,

both a one-way ANOVA ($F_{(30,11)} = 9.4559$, $p < .05$) and Hotelling's T-squared ($F_{(11,20)} = 4.3069$, $p < .05$) were significant. This suggested the measure was sensitive to individual difference.

However, the item analysis provided reason for concern. In particular, three items were not in the middle zone, the difference between item mean and median was greater than one on six items, six items were significantly skewed and one item had significant kurtosis. Variability was also low on five items as responses were clustered too closely together. In other words, participants tended to score towards the upper end of the scale and did not utilize the full range of score alternatives.

In summary, the pilot-study outcomes showed evidence of irregular score distribution, borderline robustness and reliability and variance in the distribution of scores was not fully explained. Notwithstanding the need to address such inadequacies, the psychometric properties of Hōmai te Waiora ki Ahau were sufficient to test the role of waiora, as a mediator or predictor of Māori birth outcomes. Such tests provided evidence to suggest that waiora may be a psycho-social resource and mediator of childbirth experience. Among this group of women, significant parametric and/or non-parametric correlations were found between waiora and:

- Prenatal social support, i.e., perceptions on the amount of korero, awhi, tautoko.
- Prenatal cognitive mediators, i.e., the development of control perceptions and positive expectations.
- Obstetric technology, i.e., the use of pethidine and CTG in labour.
- Length of labour.
- The presence of whānau members during labour.

Correlations were also present between specific waiora components, notably whatumanawa, hinengaro, whenua, and mauri, and a range of prenatal and perinatal variables (for example: the adequacy of prenatal obstetric care; the amount of prenatal social support; the use of cognitive mediators, coping strategies, and obstetric technology; perinatal health; and maternal postpartum perceptions). On the basis of

this information, a theoretical model about the role of waiora as a predictor of Māori birth outcomes was proposed. In general, this model suggests that waiora is among the several reciprocal causal relationships that mediate birth outcomes, and that the quality of childbirth experience may have a long-term impact on not only post-partum psychological wellbeing but also the development and use of psycho-social resources during subsequent pregnancies.

Current Challenges and Future Directions

This fledgling attempt to develop a tool for the measurement of psychological wellbeing among Māori has exciting long-term implications. For example, it is clear that Hōmai te Waiora ki Ahau has the capacity to:

- Assist a transformation of consciousness towards psychological constructs and concepts which have relevance for Māori.
- Be used as a measurement tool, health outcome measure, and/or technique for performance review.
- Provide both uni-dimensional and multi-dimensional information which may identify pathways for development and change.
- Within the context of Māori maternity service delivery, promote the development of strategies which facilitate experience of waiora among ngā wāhine hapū.

However, in the short-term there is the need to address the psychometric limitations of this measure. In particular, there is not only the need to improve reliability and develop knowledge about construct validity, but also to take advantage of the paradigms and techniques that are available within both classical and modern psychometric test theory (see: Anastasi & Urbina, 1997; Embretsen & Reise, 2000; Murphy & Davidshofer, 2001).

At the moment, our focus is on the establishment of construct validity. In order to ensure that Hōmai te Waiora ki Ahau is truly valid for use among Māori, it is critical that the content domain, or meanings associated with each component, are acceptable and perceived as relevant. In

addition, we are working towards the establishment of nomological knowledge, or causal networks, which will show whether responses to Hōmai te Waiora ki Ahau are in any way influenced by factors such as age, gender, fluency in te reo Māori, participation in te ao Māori, and/or feelings about Māori identity. Over the next few months, I will be asking a small number of groups to define the content domain for each component in this measure. Once that is achieved, I intend to

survey about 2000 Māori throughout the country, through a range of conventional and electronic mediums, in an effort to gain consensus on the content domain for each component. If that is achieved, there may be the need for new illustrations and the implementation of a larger pilot-study. It is clear that the pathway towards establishment of a world-class tool for psychological measurement is slow, laborious and fraught with challenges. Nā reira, mā ngā huruhuru, te manu ka rere.

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Kia matāra: Negotiating Challenges in Māori Development. Moderator -
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Māori and bicultural positions: Professional development programme for Resource Teachers Learning and Behaviour

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While this paper reports on only two of the four RTLB courses, it attempts to explain the key
principles and intentions of the programme

The Ministry of Education has introduced a new and far-reaching policy initiative, Special Education 2000. One component of this policy is the provision of professional development for approximately 700 Resource Teachers [Learning and Behaviour (RTLB)]. These resource teachers will help schools to meet the needs of students experiencing mild to moderate learning and behavioural difficulties. An important aim of the professional development programme is to prepare RTLB to improve the quality of support to teachers of Māori students in conventional and Māori medium classes. The programme consists of four courses, one introducing key concepts, one focussed on class-wide interventions, one focussed on school and community, and the fourth being a professional practice folio. This paper describes the Māori and bicultural content of the first two courses within the RTLB programme. It assesses the extent to which the programme addresses critical questions (Bishop, 1994; Bishop, 1996) relating to the ownership and control of Māori content included in the first two courses.

As part of the New Zealand Government's Special Education 2000 policy, a new teacher development and support initiative was introduced to assist teachers of students experiencing mild to moderate learning and behavioural difficulties. Our team from Auckland, Waikato, and Victoria, universities was contracted by the New Zealand Specialist Education Service (now Group Special Education) to design and deliver a professional development programme for approximately 700 Resource Teachers Learning and Behaviour (RTLB). We have drawn on several different professional development positions: namely, consultative, collaborative, and reflective

practice, educational-ecological, applied behaviour analysis, and Māori and bicultural. This paper addresses the Māori and bicultural positions, as the other positions are examined separately elsewhere, (Brown, 1998; Macfarlane, 1998; Moore, 1998; Thomson, 1998; Timperley, 1998).

It is abundantly clear from existing research that the greatest ethnic-group representation among students experiencing learning and behavioural difficulties in conventional schools is Māori (Burgess, 1992; Clark, Smith, & Pomare, 1996; Kelly, 1990; Macfarlane, 1998). The rate of suspension and expulsion of Māori students is several times that for non-Māori

students. Only three or four of approximately 100 former Resource Teachers Guidance and Learning (RTGLs) were Māori. Similarly, the percentage of Māori RTLB in training and in schools is disproportionately low.

Therefore, it appeared highly unlikely, unless our programme offered specific training, that the majority of newly appointed RTLB would lack sufficient knowledge and understanding of Māori cultural positions on human development, and on learning and teaching to provide effective support for Māori students. Furthermore, the basis of training for many RTLB was the Mangere Guidance and Learning Unit model (Thomas & Glynn, 1976) dating from the mid-1970s. This model did not address specific structural and cultural issues impacting on the learning and behaviour of Māori students in conventional schools. This is of major concern in relation to our commitments, as education professionals, to the Treaty of Waitangi (Glynn, 1998).

In New Zealand, the Treaty of Waitangi defines the relationship, between Māori and non-Māori, which arises from their status as joint partners in founding the nation in 1840. While many non-Māori New Zealanders have come to regard the Treaty of Waitangi as an expression of principles such as partnership and equity, Māori have long regarded it differently. Māori have regarded the Treaty as a charter for power sharing in the decision making processes of government, for self-determination as an indigenous people, and as a guide to intercultural relations in New Zealand (Durie, 1995). The Treaty now occupies an important position of providing guiding principles for subsequent legislation, government policy, and administrative practices. The Treaty has particular implications for education professionals, (Glynn et al., 1997a; Macfarlane, 1998) as we will outline in this paper.

The most crucial article of the Treaty for educational professionals is Article 2 (a) by which the Crown ceded to the chiefs tino rangatiratanga (self-determination) over their lands, forests and fisheries, and all other taonga (treasures or resources). Durie notes that while the English

equivalent of tino rangatiratanga is contentious, there is considerable agreement that the essential meaning is carried by self-determination. Article 2 (a) implies that the Crown and its agencies must recognise the right of Māori to continue to define, protect, promote and control all of their treasures and resources. Included among those treasures and resources are all those things to do with language, epistemology and pedagogy - what counts as knowledge, and how that knowledge is to be preserved, transmitted, used and evaluated. Hence, Article 2 (a) addresses issues of curriculum development, teaching methods (including assessment and evaluation practices), and the control and conduct of educational research. We believed that the RTLB programme needed to honour all articles of the Treaty of Waitangi, but especially Article 2(a), and that this needed to be reflected in terms of its development and delivery.

In planning the content and delivery of the programme we sought the advice of a wide reference group of Māori educators and kaumātua from the Runanganui of the Specialist Education Service. Our teaching team includes Angus Macfarlane (Te Arawa), Wally Penetito (Tainui), Dick Grace (Ngāti Porou), and Timoti Harris.

Two hui were called, expressly to address Māori concerns about the content and structure of the programme. We were charged in no uncertain terms with the responsibility for ensuring that this programme would not end up as merely another programme with a token Māori content "add-on". Kaumātua expressed the wish that the programme would do justice to Māori positions on learning and teaching, and would respect the wairua (spirituality) of Māori students. Māori elders and educators indicated that the programme offered an important opportunity to "make a difference" for those Māori students experiencing learning and behavioural difficulties. They also made it clear that we should continue to report back to them as the programme progressed.

Two crucial questions, which arose in the context of these hui, have strongly challenged our efforts to protect the integrity, the distinctiveness, and the quality

of Māori knowledge and preferred pedagogy. They have challenged us to avoid capture of these components by non-Māori, whether intentionally or unintentionally (Smith, 1990). The first was whether to begin addressing Māori programme components from a bicultural partnership position, consistent with the Treaty of Waitangi, or whether to begin by introducing non-Māori RTLB to a Māori worldview, consistent with learning something about your Treaty partner in order to respect their position. The second question was concerned with finding an appropriate structure to honour Article 2(a) of the Treaty of Waitangi - whether to devote one of the four courses entirely to Māori cultural values and worldview, or whether to require Māori cultural values and worldview to permeate all four courses.

On the question of where to begin, we decided to start by offering RTLB a small window into the Māori world. We presented workshops providing examples of Māori cultural values, images and metaphors, preferred ways of learning and teaching, statements of cultural identity, and theoretical perspectives on human development and relationships between people and the land. We tried to present RTLB with the understanding that there is a depth of indigenous knowledge deriving from the ancestral inhabitation of Hawaiki and Aotearoa/New Zealand.

The programme began with what was, for many RTLB, a first look into a living and contemporary indigenous language and culture, containing different views and positions on issues facing New Zealanders. This provided a sharp contrast to the images held by some teachers of a pre-colonial Māori world, located in the distant past, but without a distinctive present or future orientation. Only after ensuring that RTLB understood this position did we focus the programme on bicultural issues and relationships. It was a case of first learn who your partner is, learn to respect their identity and their integrity, and learn not to continue to speak and act on their behalf.

On the question of course structure, arguments supporting the first position were in terms of it being easier to “hold together, in one place” Māori conceptions of human development, identity, theories,

metaphors, icons, and teaching and learning practices. Further, this position would make it easier to represent an authentic and holistic view of the Māori world. Māori teaching staff would be able to focus their efforts within one coherent domain, which was under their control.

Arguments supporting the second position were in terms of precluding students from adopting a “tick off and move on” or “been there and done that” approach, whereby once you have completed the compulsory Māori requirement, you “get on with the rest of the course”. It was argued that students would learn more from having to continue to think about Māori concepts, metaphors, icons, and values if they were encountered within every course throughout the programme. Students’ respect for Māori knowledge and culture would grow as a result. This is consistent with the view espoused by Hirini Mead that culture is not something to be put aside while the “real” educational issues are addressed (Mead 1997). Culture is not something that gets in the way of learning at school, and therefore needs to be discounted or be left at home: although this is indeed what happened to Māori language and culture over many years in the New Zealand education system. After lengthy debate among ourselves and with kaumātua and Māori educators we decided to go with the second option. This has proved much more demanding, but also more rewarding in terms of RTLB reflecting their new learning in their professional practice.

Te Ao Māori content in Course 1 (Te Kuhuna)

The first of the four courses, Te Kuhuna: concepts and ideas that underpin the entire RTLB programme. The Te Ao Māori section of the course aims to increase students’ knowledge and understanding of the Māori world, as a contemporary living culture. In order to facilitate this, Macfarlane (1999) outlined various dimensions of Māori culture: historical, functional, aspectual, operational, and psychological. These dimensions highlighted the central importance, and traditional values within the Māori world. They provided RTLB with an appreciation of a Māori holistic worldview, a worldview

that links the past and the present, the sacred and the secular, the physical and the spiritual.

Māori members of the teaching team shared from their own stories and

experiences to bring to life for the RTLB important sets of cultural concepts and their inter-relationships (Table 1).

Table 1.

Important Sets of Cultural Concepts and Their Inter-relationships.

Te Pō / Te Ao	Worlds of Darkness / Light
Te Ao Tawhito / Te Ao Hurihuri	Ancient World / Modern World
Waka/ Iwi / Hapū / Whānau	Canoe / Tribe / Sub -Tribe / Family
Mana atua / Mana whenua / Mana tangata / Mana motuhake	Mana of Gods / Land / Individual / People
Taonga tuku iho / Ngā mahi a ngā tupuna	Legacies / Traditional Practices
Tamariki –Mokopuna / Rangatahi / Pākeke / Kaumātua	Children / Youth / Adults / Elderly
Tuakana / Teina	Older Person / Younger Person
Pōwhiri / Mihimihi	Welcoming Ritual / Recognition Ritual
Karakia / Waiata	Incantation / Song
Pūrākau / Pakiwaitara	Legends / Mythologies
Tāpu / Noa	Sacredness / Purification
Manaaki / Tiaki	Pastorality / Guidance
Tika / Pono / Aroha	Justice / Integrity / Acceptance
āwhina / Tautoko	Help / Support

Learning about these sets of cultural concepts provided RTLB with a brief but powerful glimpse into the Māori world. This experience showed them how important it is to have appropriate cultural knowledge, so that they can appreciate the learning and behavioural difficulties encountered by Māori students in conventional schools. Interventions that ignore, or belittle, these cultural values and perspectives run the risk of doing further harm to Māori students. Interventions to improve learning and behavioural outcomes for Māori students need to take on board the message that “culture counts”.

For the first group of 56 RTLB from the Waikato region, the course focussed on aspects of Tainuitānga and on Kīngitanga in particular. Māori staff emphasised the role of Kīngitanga in the past and the present as a unifying movement within Māoridom. They referred to the central spiritual and cultural importance of Te Arikinui, Te Atairangikahu and the role of poukai in unifying many different Tainui marae. For the remaining 194 RTLB in other regions the focus was on local iwi, their histories and their current concerns.

Timoti Harris presented a session inside the wharenuī in which he discussed

the wealth of meaning underlying the human qualities and values represented by the carved pou, namely, whanaungatanga, manākitanga, aroha (including its painful as well as its joyful connotations), mana, ihi, wehi. RTLB were privileged to see and hear these concepts explained by knowledgeable Māori staff within the safety of the wharenuī. This enabled them to venture briefly into a Māori cultural context, and experience what was for many of them a new and different way of learning and teaching in the field of human development. RTLB students throughout the country have had similar input relating to iwi from their own region from local kaumātua and from Māori staff on the teaching team.

Course 1 also required RTLB to apply their new knowledge and learning. The Te Ao Māori assignment involved gathering and reflecting on information relating to the mana Māori in their schools. This assignment, worth 25% of the course mark, required RTLB to present a report about one school in which they worked and to include information on:

- the proportion of Māori students and Māori staff

- the different iwi represented among the Māori students
- the iwi holding mana whenua status
- Māori names for landscape features around the school
- a pūrākau (story or legend) relating to
- a description of resources for Māori students
- an assessment of the respect for mana Māori in the school

RTLb were also required to compare and contrast their findings with those of other RTLb colleagues and report on the extent to which mana Māori was respected across the four schools.

We were impressed with the quality of the assignments returned. There was evidence of careful and respectful consultation of kaumātua and Māori staff in their schools. There was evidence that kaumātua and Māori staff had been willing to share some beautiful pūrākau relating to mountains, rivers, and tribal ancestors in the greater Waikato region, including some references to both pre- and post-contact events. RTLb obtained some telling comparative information on the proportions of Māori students and staff in their local schools. They identified examples of careful collaboration between schools and their Māori communities over delivery of Te reo Māori programmes. They also identified examples where the language and cultural aspirations of strong and vibrant Māori communities had yet to be addressed in their local schools.

In endeavouring to assess the extent to which mana Māori was evident in schools, RTLb consulted with kaumātua, Māori teachers and Māori support staff, and ensured that these voices and positions were reflected in their assignments. RTLb were able to identify ways in which they could improve their own work in helping schools to meet the learning and behavioural needs of their Māori students. Most importantly, they learned the lesson that "culture counts" when it comes to devising effective ways to improve learning and behavioural outcomes for Māori students.

Bicultural content in Course 1 (Te Kuhuna)

In addition to their introduction to Te Ao Māori in Course 1, RTLb were introduced to an analysis of the Treaty of Waitangi: in terms of the responsibilities of education professionals, particularly those who are non-Māori. This analysis connects Article 1 with partnership responsibilities in terms of issues such as school governance and policy development. It connects Article 2(a) with the rights of Māori to define, protect, and promote their own knowledge, language, culture, and their preferred means of transmission of these. It connects article 3 with the responsibilities of educational professionals for ensuring equity of access and participation in education.

This analysis locates the principle of tino rangatiratanga firmly within the contexts of curriculum and pedagogy. It focuses on the need for majority Treaty partner to step aside and make space to allow the minority treaty partner to exercise greater autonomy over what Māori knowledge should be taught, who should teach it, and how it should be taught.

Workshop exercises explored the analogy between the effects of an imbalance of power and control in intimate personal relationships and the effects of an imbalance of power and control in our Treaty relationships. The same analogy was explored further in terms of strategies for redressing the power imbalance. Redressing this power imbalance is a central element of role of the RTLb and their schools in relation to Māori students, their whānau, and community. RTLb were challenged to take a proactive role in bringing about changes in the learning and behaviour of the more powerful Treaty partner, in order to improve the learning and behaviour of Māori students in conventional schools.

Te Ao Māori content in Course 2 (Te Putanga)

The Te Ao Māori section of Course 2 aimed to broaden and deepen students' knowledge and understanding of the Māori world. Two main themes are explored in this course, Growing Up Māori, and the connections between Māori Language and Māori cultural values.

In Growing Up Māori, classes focussed on the interaction of social, economic, and cultural factors in contemporary whānau and iwi life. Foremost among these factors is whanaungatanga, which was discussed in the context of its implications for cultural identity and for child rearing practices. The course stressed the importance of whanaungatanga for RTLB's understanding of the need for whānau support systems in schools, and for getting assistance in locating appropriate Māori people to approach when trying to assist Māori students. The course also explored Durie's analysis of the very real costs and benefits for Māori of practising whanaungatanga in contemporary New Zealand society (Durie, 1994). Practising whanaungatanga in contemporary New Zealand is not all sweetness and light.

A second major factor covered in Course 2 is the continuing and central position of the marae in defining, practising, and maintaining Māori language and culture (Roa, 1987). Issues discussed included the places of both traditional iwi-based marae, and contemporary urban "nga hau e whā" marae. The course stresses the importance for Māori students and their whānau in having links to their appropriate marae, as well as the importance of schools establishing working links with particular marae in their district.

Course 2 also focussed on the depth of the links between the Māori language and culture. The course presented a number of different whakatauki emphasising the high value Māori place on te reo rangatira. Connections between structural features of the Māori language and corresponding cultural values and practices were illustrated. One of these is the elaborate system of pronouns, which was linked to the complexity of relationships between the speakers and listeners. Another is the different markers of possession, which were linked to Māori positions on owing something and belonging to something. A third is the relatively simple set of time markers which was linked to the oral tradition in which stories and events from the past are given life in the present in the words of the story teller. Finally, the Te Ao Māori content of Course 2 introduced some structural elements of a simple mihi, such

as reference to mana atua, mana whenua, and mana tangata. These elements were linked to understanding differences between Māori and Pākehā definitions and expressions of personal identity, and what is more important in introducing oneself in a Māori context.

Bicultural content in Course 2 (Te Putanga)

The bicultural content of Course 2 introduces three intervention programmes, all aimed at improving the achievement of Māori students.

The first programme is Tatari, Tautoko Tauawhi (Glynn, 1994; Glynn et al., 1993a; Glynn et al., 1993b): a reading tutoring programme derived from the English language Pause Prompt Praise programme (Glynn, McNaughton, Robinsion, & Quinn, 1979; Glynn, 1995), but remodelled for use within Māori learning such as adult-child tutoring or tuakana-teina tutoring (Glynn et al., 1996). RTLB were presented with a summary and demonstration of implementation procedures from both Māori and English programmes. This enabled them to link their learning of Māori language examples of prompting (tautoko), and praising (tauawhi), to learning that was already familiar to many of them from their previous experience in using Pause Prompt Praise.

The second programme Hei Awhina Mātua (Glynn et al., 1997b), is a whānau-based approach to addressing behavioural and learning difficulties experienced by Māori students at home and school. Design and implementation of this programme involved detailed input from kaumātua, kuia, parents, whānau, teachers, and especially students, in identifying positive behaviours, troublesome behaviours, and the contexts in which these occur. The programme includes a video of eleven skits depicting home, school, and community contexts, in which problematic student behaviours occur, together with a workshop manual and course materials. We emphasised the need for RTLB to engage in full consultation with Māori teachers, Specialist Education Service Māori staff, and community members, if they intend to implement this programme effectively.

The third programme is the Hikairo Rationale (Macfarlane, 1997). The Hikairo Rationale is an approach to the management of students who are experiencing behavioural difficulties. It draws on both contemporary theories of human development and traditional Māori concepts and values. The Hikairo Rationale was first trialled at Awhina High School in Rotorua, where Angus Macfarlane was principal. The seven-step rationale is so named because of the way peaceful resolution was reached following the Ngapuhi encounter with Te Arawa on Mokoia Island in 1823. According to Stafford (1967), the Ngāti-Rangiwēwehi chief, Hikairo, displayed such mana that the aggressors, under the illustrious Tai Tokerau chief, Hongi Hika, declared that there would be no more hostility (ibid). On this occasion, assertive dialogue, fundamental assurances, and simple sincerity, brought about a change of attitude in the behaviour of those on both 'sides' of the issue. The Hikairo Rationale is appropriate for working with both Māori and non-Māori students and teachers, even though its guiding values, icons and metaphors come from within a Māori worldview. RTLB were introduced to the seven-step procedure, in the Hiakaro rationale, in the context of a discussion of the different meanings and understandings that specific student and teacher behaviours might have within Māori cultural contexts, and how these differ from meanings and understandings arising in non-Māori cultural contexts.

In Course 2 RTLB are also expected to apply their new knowledge and understanding. One assignment had them collaborating with a teacher in a class in where there were at least several Māori students. They had to seek out examples of Māori-preferred educational principles and practices, such as ako, learning through exposure (modelling), learning within groups, memory and rote learning and story telling (Glynn & Bishop, 1995; Metge, 1983). They had to utilise these examples in forming an assessment of the effectiveness of the classroom learning environment. This is consistent with the TIES II instructional environment assessment procedures (Ysseldyke &

Christenson, 1993). The postgraduate group were asked to produce an action plan to show how these principles and practices might be used to enhance the participation and learning of Māori students. All students were required to relate their findings to the Treaty of Waitangi.

Again, we were impressed with the quality of the assignments returned. The students showed commitment to the provision of culturally appropriate learning opportunities, as is needed if the spirit of the Treaty is to be honoured within conventional classrooms and schools. Such opportunities typically included tuakana-teina (cross-age) peer tutoring, interdependent cooperative group work, direct modelling of new learning, and increased opportunities for group, as well as individual, assessment of learning. Most assignments pointed out examples of such culturally preferred strategies in conventional classrooms. A number of assignments discussed how this type of culturally relevant pedagogy might address the major power imbalances in classrooms between Māori students and majority-culture teachers. In addition, a number of RTLB indicated how the experience of working through this assignment had led them to understand at a much deeper level the need to increase the number of Māori teachers who are strong in their language and culture in conventional schools. In short, they had come to appreciate in terms of their own lived experience, that "culture counts" in enhancing the wellbeing and achievement of Māori students.

Evaluation

To evaluate how effectively the RTLB programme is honouring the Treaty of Waitangi, and how well it is responding to Māori demands for self-determination, we employed an evaluation process based on four critical questions (Bishop, 1994; Bishop, 1996).

1. Initiation: Whose concerns, interests and methods determine the design and conduct of the programme? Traditionally educational programmes have been initiated and participants accessed in ways that are located within Western European cultural concerns, preferences, and practices. With respect to initiation, it is clear that Māori

educators and elders from the Specialist Education Service runanganui (National Council of Elders) have had considerable, and early, input into the design and delivery of this course. Their input was particularly strong in the debate and decision-making around the key questions of where to begin, and whether to adopt a separate or an integrated approach. The teaching team remains accountable to them for the delivery of the Māori material throughout the programme.

2. Benefits: Who will gain from the programme? Traditionally, benefits of many New Zealand educational programmes have been located within non-Māori cultural perspectives. Our reading of the Te Ao Māori assignments in Courses 1 and 2 suggests that not only RTLB themselves, but also that Māori teachers, Māori students, and whānau, are likely to benefit from this course. Content of the assignments completed indicate that delivery of Māori components of the course have increased the understanding and respect of RTLB for Māori language and culture, and their rightful place in conventional schools in Aotearoa-New Zealand. In the remaining two courses, we expect this to translate into further positive outcomes. These outcomes will help ensure that classroom and school learning contexts are both safe and beneficial for Māori students.

3. Legitimacy: Whose life experiences and social reality is depicted in the programme, and with whose voice? Traditionally, programmes have undervalued and belittled Māori knowledge and learning practices (Bishop & Glynn, 1992). They have often imposed positions and practices that deny the legitimacy of a Māori worldview. Māori members of our teaching team went to great lengths to share their own experiences as students, teachers, and teacher educators. They drew on their considerable experience in running programmes for Māori students who were at risk, or who had dropped out of conventional Education. Again, course work assignments completed by RTLB contain stories told to them by tangata whenua, providing them with histories of the district surrounding their schools that were quite different from the histories they

had learned themselves. Their assignments contained the voices of kaiako, kaiāwhina, and kaumātua. These voices identified anxieties and concerns about the need for schools to employ Māori people to uphold the Māori language and culture within their schools.

4. Authority: Whose authority is claimed for programme content and delivery? Traditionally, educators have insisted on interpreting and expressing the meaning of Māori concepts and cultural values in terms that are acceptable within a Western worldview. Within the RTLB programme, responsibility for ensuring the authenticity of Māori cultural content rests firstly with the Māori members of the programme development team. They are accountable to their own iwi, to their Māori professional colleagues, as well as to the Māori reference group described earlier. However, responsibility rests also with non-Māori members of the team, in terms of their Treaty obligation to promote and protect Māori self-determination. Throughout the courses we have tried to emphasise that the responsibility for changing school structures and practices, so as to improve the achievement of Māori students, rests with non-Māori and Māori alike. We have tried to share with RTLB our belief that they have an important role to play in this process.

Conclusion

Working on the RTLB professional development programme, with a teaching team from three universities has been fascinating and very worthwhile. In the present era of competitive market-driven tertiary education, opportunities for cooperation and collaboration are rare. It has been stimulating to be able to draw on the wide range of expertise and experience of Māori and non-Māori across three universities. We know that the programme we have put together charted new ground and posed considerable risks and challenges. However, we also know that the programme we have put together is potentially better than a programme any one university could have achieved on its own.

We would like to conclude with a whakatauki that captures the working

relationship among our team, and among the RTLB and their teacher colleagues. It also signals a positive working relationship between the two peoples of Aotearoa-New Zealand that is consistent with the Treaty signed in 1840. This proverb is a powerful statement about cooperation and inclusion.

*Ehara taku toa i te toa takitahi
Engari taku toa i te toa takitini*

*My strength does not lie in working
alone
Rather, my strength lies in working
with others*

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The experiences of Year 9 and 10 Māori students in mainstream classrooms

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The research project began by investigating influences on Māori student achievement, with a particular focus on how these influences are experienced by Māori students in the classroom: in order to identify means whereby their educational achievement could be improved. The project began with a scoping phase that found, through a process of in-depth interviews, that Māori students were well able to articulate their classroom experiences, and theorise about those experiences. These initial interviews were then expanded into detailed narratives of experience/collaborative stories in the long-term research project, which has been running since July of 2001. One of the major findings from these narratives was that students identified that their relationships with their teacher was fundamental to their learning experiences. In contrast, the teachers' narratives often spoke of students' deficiencies (such as student behaviour, transience, poor home backgrounds, etc.) as being the major barriers to students' progress. This difference in experience has been used by the research team to identify barriers to student achievement and also to identify factors that might support their achievement. The presentation will examine how Māori student voices have contributed to providing possible solutions to advance their educational experience and attainment as Māori students within mainstream classroom settings.

Paper not submitted.

Rangatahi Wahine: Overcoming the odds – preliminary results.

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The purpose of my research was to identify factors that have contributed to the development of resilience in young Māori girls' lives. Incorporated into this was an exploration of their psychosocial competence makeup, to see whether their sense of self, sense of relationship to the world, and ability to negotiate life events, was unique.

Method

Participants

The participants in this research were Māori adolescent girls who were currently attending secondary school. The participants were recruited from a local secondary school in the Bay of Plenty region. This school was selected because they operate a programme within the school that supports Māori students who are succeeding in the academic, sporting, and/or cultural fields. The girls ranged in age from 12-17.

Selection

The girls were selected if they met the following two criteria: Attendance as a student at the chosen local secondary school, and a participant in the Māori Achievers' Programme

The Māori achievers' programme was initiated with the purpose of supporting Māori students who were achieving in college. The criterion for inclusion was initially based on those students who were succeeding academically. However, changes have been made in the current year whereby selection is based on academic principle in addition to sporting, cultural and leadership arenas. Resilience requires that an individual is succeeding despite their adverse environments. Girls from the Māori achievers' programme were used as participants in this research as they fitted the resilience criteria of success.

Procedure

The first step was contacting the Bay of Plenty secondary school to organise a meeting with the principal to discuss the details and aims of my research. This meeting yielded positive outcomes as the principal was really enthusiastic to have the students take part in this research. The principal felt that the information from the research would be very beneficial for the school in terms of knowing what factors are helping Māori girls succeed, thus enabling resources to be directed into appropriate areas of support.

A meeting was also organised with the Whānau Support Group that was attached to the school. The Whānau Support group consists of Māori staff members, parents, and others from the community who meet to address the interests of Māori students. They were very supportive of the research and again felt that the outcomes of the research would be helpful in performing their role within the school.

With permission granted by the school, the next step involved organising hui within the school where I talked to students about the nature of my research. At the hui I talked about the purpose of the research and the student's role if they chose to participate in the research. Parental and participant consent forms were then given to the students to fill out if they wished to participate. Following this I made a list of students who agreed to participate in the research. I then set up times within the school day where they were able to come and fill out the psychosocial competency measures, and write their autobiographical essay.

Measures

Phase One

Phase one of the research involved the girls filling out three scales aimed at

assessing their psychosocial competence. The three scales explored their locus of control, sense of trust and the extent to which they actively planned engagement in life events.

There was no time limit on filling out the questionnaires. This was done to try and avoid the girls feeling as if they were under any kind of pressure. Listed below is a brief description of the measures:

Rotter Locus of Control:

The Rotter Locus of Control is a psychometric tool that differentiates between an individual who feels their life events are directly related to their own behaviour, as opposed to individuals who feel life events are controlled by external forces of which they have no control (Rotter, 1966).

The hypothesis for utilising this tool in the context of this research is that resilient Māori girls will have an internal locus of control.

Rotter Trust Scale:

The Rotter's Interpersonal Trust Scale is a five point rating scale that determines an individual's sense of trust. Interpersonal trust is described as the extent to which an individual or group believes that words, promises, or verbal or written statements from other individuals can be trusted (Rotter, 1967)

The hypothesis for utilising this tool in the context of this research is that resilient Māori girls will be moderately trusting.

Behavioural Attributes of Psychosocial Competence Scale:

A measure that gauges the extent to which an individual can manage their lives and effectively interact with their wider environment (Tyler & Pargament, 1982)

The hypothesis for utilising this tool in the context of this research is that resilient Māori girls "will have an active mastery-oriented planfulness in engaging life events" (Tyler & Pargament, 1982, p.1).

Phase Two

The objective of phase two was to elicit from the girls stories of how they have overcome hardship and adversity. This phase had two parts. First, they were given a risk factor survey to see what sorts of risks existed in these girls' lives. Questions were asked on topics of divorce/separation,

number of children in the family, who was earning in the family, perception of their neighbourhood, and drug and alcohol use in their environment.

Second, an essay question was given to the girls (attached to the risk factor sheet) asking the girls to write about their lives and how they have overcome challenges and obstacles. Challenges and obstacles were terms that seemed appropriate for this age group as opposed to hardship and adversity. The essay question was structured to elicit stories of overcoming hardship and adversity. The following directions, an adapted version of Smokowski, Reynolds, and Bezruczko's (1999) research were given to the students:

Stop for a few minutes and picture yourself in a movie about your life. Naturally the movie describes what is important to you, how you got where you are today, and where your life is heading in the future. The movie might also include your family and friends and why they mean what they do to you. In particular, tell us about challenges and obstacles you have had to overcome and how you did this as part of the family you have grown up with. The movie might also present some of your ideas about your approach to life.

This phase took place in a classroom under the instruction of the researcher. It was part of school policy that the students be supervised and it was felt inappropriate to have a staff member involved in this process. The students were told to take as much time as they felt they needed to complete the task.

Findings and Conclusions

My research identified a number of individual, familial, and external factors that contributed to the educational success and resilience of young Māori girls. It also provided a brief outline of the psychosocial competence configuration within this group. Summarised below are some of the key findings of this research.

The study highlighted that a variety of people were able to make a difference in these girls' lives, especially those within the

extended whānau unit. This is an important point as it gives health workers, educational providers, and those working with young people, a range of resources to be accessed; as opposed to assuming that if the nuclear family environment is not optimal then chances of success for Māori girls', in a setting such as an educational institution, is minimal.

The importance of family connections and support was strongly expressed in the girls' essays. More specifically, it was not the roles of the nuclear family but the roles of the extended family that were of great significance in these girls' lives. The power of the extended whānau to buffer or protect these girls was extraordinary. The most striking finding from this research that stood out from the others was the impact a significant female family member had on enabling the girls to become resilient despite their adverse background. This was usually the Aunt or Nan, or in some cases the older sister. The female family member's strength as a protective factor was their ability to make the girls feel comfortable in their presence, as well as the unconditional love and nurturance they gave them.

There was minimal representation of external support systems as a protective mechanism to overcome hardships and adversities. In the few cases that did identify external support systems, they ranged from school and friends, to counselling and spiritual support.

Outcomes of this study suggest a real need to build and strengthen external support systems which Māori girls are comfortable accessing. To assist this process it is recommended that research be conducted into the types of external support

systems Māori girls feel they would most likely connect with.

This study also showed that there are unique combinations of individual attributes that are characteristic of resilient Māori girls. These include a communication style that is open and honest, a caring and helpful nature, the ability to be self-reflective, a positive approach to life, and a maturity beyond their years. In addition to these attributes, the psychosocial competence results showed the girls to have an active orientation towards engaging in life events.

An important aspect to be noted, regarding resilience, is that these girls can lose their resilient characters at certain times. Although this research did not further explore these cases, it brings an awareness that resiliency can fluctuate depending on the circumstances.

In summary, the results of this research show a promising path for enabling Māori girls to succeed despite backgrounds of hardship and adversity. This research shows the need to emphasise that adverse environments do not have to determine the path in life one is going to take. In stating this, communities and wider society need to offer these girls opportunities for extra support, so that they do believe they are capable of success, in what ever manner each individual defines this. Overcoming the odds is a courageous endeavour. Rising above hardships and adversities requires a strength and determination unlike any other. These girls deserve to be commended for battling on despite the multiple struggles life presented them with. They possessed, as Smokowski et al., (1999) describes, "an internal fire that will not be extinguished" (p.435).

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Tinia mai: Interventions and Treatment. Moderator - Moana Waitoki

Mahi Whakatieke: Increasing exercise compliance with Māori students

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Obesity is a complex health issue that is influenced by many different factors. The US Department of Health and Human Services (2001) defines obesity as having a Body Mass Index (BMI) of 30 or more. Body Mass Index is calculated by dividing weight (kilograms) by height (in metres squared). The Body Mass Index can overestimate fat in people who are very muscular, and it can underestimate fat in people who have lost muscle (US Department of Health and Human Services, 2001). Sorenson (2000) described obesity as a global phenomenon that is rapidly increasing in many populations, and which has threatening implications for public health because of the associated increased risk of Type II diabetes and its cardiovascular complications.

In 1999, 61% of adults in the USA were estimated to be either overweight or obese (US Department of Health and Human Services, 2001). In Aotearoa New Zealand, Māori and Pacific adults have a frighteningly similar incidence (Ministry of Health, 1999). Key results from the 1997 National Nutrition Survey found that nearly six out of ten Māori adults were classed as either overweight or obese, and that obesity was about twice as high in Māori than in Pākehā (Ministry of Health). In the 1996/97 National Health Survey it was found that Māori and Pacific people (sic) were twice as likely to have been diagnosed with diabetes than Pākehā people (Ministry of Health). A key factor, to be taken from the report, was that the most prevalent type of diabetes (accounting for 90% of sufferers) could be prevented by controlling obesity. Controlling obesity could reduce the risk of diabetes by 50-75%, and encouraging more physical activity could

bring about a 30-50% reduction in that risk (Ministry of Health).

Sedentary lifestyle has been suggested as one contributing cause of obesity, as are increases in dietary intake, especially fat intake (Sorenson, 2000). Sedentary lifestyle is defined here, using the Hillary Commission's (1999) definition for sedentary people, as the absence of any participation in any sport or active leisure (e.g., resistance exercise, aerobics, gardening, and walking the dog) in the four weeks before a specified time. This definition also includes the absence of moderate activity that is not covered by sport and active leisure, such as walking for transportation.

In Aotearoa, two out of three people over the age of five are active in their leisure time (Hillary Commission, 2000), which means that they are participating in moderate intensity physical activity for 30 minutes a day, five days a week (Hillary Commission). Internationally speaking, people in Aotearoa have a good record for participation in physical activity, but it is still true that a third of the population are not active enough to be leading a healthy lifestyle (Hillary Commission). With these statistics in mind, it is very important to encourage Māori to adopt healthier eating habits, and to increase the amount or intensity of their physical activity.

When encouraging people to increase their physical activity, there is a widespread problem with people not adhering to structured exercise programmes (e.g., a 50% dropout rate for Americans beginning exercise programmes). There has also been an increase in the prevalence of sedentary lifestyle (leading to an increased probability of developing some diseases). With this in mind, health organisations (e.g., the U.S.

Department of Health and Human Services; and in Aotearoa, Sport and Recreation New Zealand, [previously the Hillary Commission]) have started to look at encouraging people to participate in less intensive, less structured physical activity (i.e., lifestyle activity). The goal of this approach is for those involved to find this type of activity easier and more enjoyable to do, leading to an initial increase in compliance, and in the longer term, adherence to an exercise programme.

The topics of compliance and adherence have only relatively recently been recognised as being an important factor in exercise behaviour. This is evidenced by the change in exercise recommendations by the American College of Sports Medicine in the late 1990's: who previously recommended vigorous activity, and now recommend moderate activity, due to the associated health benefits and the lack of compliance under previous approaches (American College of Sports Medicine, 1998).

Some of the research aimed at increasing exercise compliance has investigated the effectiveness of one type of intervention, such as the use of reinforcement to facilitate and maintain burn-injured patients' physical rehabilitation successfully (Hegel, Ayllon, VanderPlate, & Spiro-Hawkins, 1986). Other research has looked at comparing one intervention with another, like lifestyle activity versus structured exercise programmes; many of these comparisons have shown that lifestyle activity programmes are effective in helping people to lose a significant amount of weight and to maintain that weight loss in the long term (Pratt, 1999; Dunn et. al, 1999; Kohl, Dunn, Marcus & Blair, 1998).

Further research has focused on using a range of interventions in a package-type approach, such as different physical activity programmes, a diet intervention, as well as multiple monitoring methods to successfully decrease and maintain significant weight loss (Andersen et al., 1999). Thus, there are methods that have been shown to aid in increasing exercise compliance.

Although problems associated with maintaining compliance and adherence

have only recently been recognised in an exercise setting, other fields that have established research bases, have proposed methods to increase these factors. These fields are not necessarily exercise-oriented; however, the methods or principles that have been found to be successful with getting subjects to comply might be used successfully with regard to increasing exercise behaviour. It might be that ideas from these areas could be applied to increasing exercise compliance.

One such area, in which behavioural compliance has an established research and literature base, is the cognitive-behavioural orientation of clinical psychology. Most cognitive-behavioural therapies within clinical psychology require clients to continue with therapy outside of the clinical setting and without the psychologist. Clients will generally have homework tasks, which are set by the psychologist, to complete between treatment sessions (e.g., noting the frequency and severity of a problematic behaviour via daily monitoring logs). It follows that if part of a treatment package involves the client doing tasks outside of the clinical setting (i.e., homework tasks), in order for the treatment to be successful, the client must be compliant with the tasks the psychologist sets.

A difficulty with exercise is the lack of compliance, with many people dropping out of exercise programmes. Shelton and Levy (1981) developed a set of propositions designed to increase client compliance in a clinical setting. These eleven propositions have been used successfully to increase compliance across a range of clinical and health settings.

Therefore, the intention of this project was to see if an intervention package based on Shelton and Levy's propositions could increase Māori students' compliance to an exercise programme that used walking. As well as considering Shelton and Levy's (1981) propositions, implementing these with a group of people who are Māori raises its own unique considerations. Within education, both the Ministry of Education and Te Puni Kokiri (no date) have recognised that Western values in an education system are not totally relevant to Māori. This may also be relevant within

research that is almost totally based on Western methods, and research conducted with predominantly Western populations.

This study was to focus on a group of Māori students, and special considerations were made with regard to conducting and presenting the research in accordance with the principles of the Treaty of Waitangi. An appropriate approach was based on the ideas of Herbert and Te Kanawa (1998). Considerations that would satisfy the principles of partnership and participation included a mutual respect for different knowledge bases and having mutually positive outcomes. Considerations that satisfied the principle of protection included a shared whakapapa, and shared concepts and language.

It was hoped that including components that satisfied Shelton and Levy's (1981) set of propositions to increase compliance, and using walking as an exercise that is very flexible and low cost, would serve as an effective intervention to increase a sedentary person's compliance to an exercise programme. In this study, compliance was judged on how regularly, or the frequency at which, exercise was participated in. With these in mind, an intervention package aimed at achieving participant compliance was designed and implemented using a multiple baseline across subjects design.

The four participants in the study were given the pseudonyms Piripi, Mary, Aroha and Kerera. They (except for Aroha) progressed through four phases in the study. The first part was a Baseline phase, which aimed to assess the participants' initial exercise behaviour. It was expected that the participants' participation in any aerobic exercise would be close to zero. This was found to be true for Kerera, Piripi, and Mary. Aroha started walking semi-regularly half way through Baseline when she increased the intensity of the walking she did for transportation. The second phase was labelled Stage 1, participants were given a walking programme that was similar to the type of exercise programme that would be seen in a popular magazine. There was no support provided to keep them doing this programme (apart from the fact they were participating in this study). Thus, based upon exercise compliance

literature, where only half of the participants are still exercising three to six months after starting (Marcus et al., 1998), it was expected that participants would start walking initially, and then as time progressed the frequency of their walks would decrease. Unfortunately due to time constraints the maximum amount of time spent in this stage was approximately 45 days. However, the expected pattern was still found for Kerera and Piripi, they exercised regularly initially, and then less consistently towards the end of the stage, indicating that they were becoming less compliant.

The participants then moved into Stage 2, in which Shelton and Levy's propositions were implemented. It was originally planned that Stage 1 would not include Shelton and Levy's propositions so that a direct comparison could be made between an intervention that used Shelton and Levy's propositions (Stage 2) and an intervention that did not (Stage 1). However, it became apparent that this would be virtually impossible due to Shelton and Levy's propositions being so broad that examples of them being implemented could be found in nearly any intervention ever conducted. It was hypothesised that during Stage 2 participants would walk for exercise regularly (and on most days) throughout this stage compared to their behaviour in Stage 1. This hypothesis was partially met. Piripi and Mary walked regularly throughout Stage 2 although they did not walk as regularly as the researcher had hoped for during the planning of the study, which was for them to walk most days of the week. Kerera walked for exercise intermittently during Stage 2, however there was a 20 day period towards the start of the stage that she was unable to do any exercise due to health complications. Aroha's data cannot be directly compared to those of the other participants, as she did not participate in Stage 1, however Aroha did walk regularly throughout the 44 days that Stage 2 was in effect.

Participants then moved into a Follow Up period, where they received no further intervention except for the continued monitoring of their exercise. It was expected that during this stage participants

would continue to walk regularly for exercise on most days of the week, as was hypothesised for Stage 2. However, these gains were maintained for only Piripi and Aroha who continued to walk regularly throughout the Follow Up. So, in terms of increasing compliance using an intervention package based on Shelton and Levy's propositions, Piripi, Mary and Aroha all walked regularly during that intervention period. These findings are consistent with, although probably not to the same extent as, Andersen et al's., (1999) results, where they were able to increase exercise compliance with obese women using both structured and lifestyle physical activity among other things.

There was a Post Follow Up stage where participants reported the types of physical activity they had been participating in since Follow Up. All participants were doing regular physical activity, the types of activities included, heavy housework, martial arts, walking, and running.

One of the key findings from this project regarded the types of emotion participants experienced throughout the study. They reported feeling more guilt for not exercising as they progressed through the study. Participants in the weekly meetings with the researcher constantly voiced these feelings of guilt, which were generally in reference to an inability to complete all exercise sessions that had been planned for the week. The researcher tried to minimise these negative feelings by saying to those participants who were feeling guilty "any walking is better than nothing". Although feelings of guilt are a negative feeling, they can be positive in that they can promote behavioural action, such as making amends or reparation (Caplovitz-Barrett, 1995) (e.g., making up for a missed exercise session). Given the possible role that guilt can play in initiating exercise behaviour it may have been wiser for the researcher not to have lowered his expectations of his participants with regard to walking. Maintaining their expectation that they should walk most days of the week for 30 minutes may have been one factor that could have helped the participants to achieve more regular walking.

A unique aspect of this research was it being designed to be appropriate for working with a Māori population by implementing the principles of the Treaty of Waitangi. This appears to have been effective in terms of the rapport that was built between the researcher and the participants. The principles of partnership and participation were met by ensuring there were beneficial outcomes for the participants and the researcher. The participants received health benefits and the researcher received data for his project. This provided a situation where each party contributed towards the project as well as gained something from being involved. Evidence that the participants gained skills they could continue to use can be seen in the anecdotal data the participants provided after the Follow Up period. They were all conscious of the amount of physical activity they were participating in, and all had incorporated physical activity into their daily lives. The researcher, being able to link his whakapapa with three of the four participants, satisfied the principle of protection according to Herbert and Te Kanawa (1998). Another example of implementing the principle was the researcher making himself accountable to the participants by giving them a full copy of the written report and the opportunity to have any issues raised.

The aim of the study was to implement an intervention package based on Shelton and Levy's propositions with Māori students to increase their compliance to an exercise programme that used walking. Three out of four participants walked more regularly when the intervention package was implemented, compared to previous stages of the research. Only two participants continued to walk for exercise regularly in Follow Up. This was consistent with previous exercise literature (Marcus et al., 1998) that has found that only 50% of people will still be exercising 3-6 months after starting. However, all participants reported that they had incorporated more regular physical activity into their lifestyles Post Follow Up, and judging by their anecdotal data, they were likely to be meeting or exceeding general health recommendations to accumulate 30 min of moderate intensity physical activity

on most days of the week (U.S. Department of Health and Human Services, 1996). These findings indicate that this multifaceted approach to increasing

exercise compliance holds promise in terms of making changes to achieve a more active lifestyle that will last in the long term.

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The use of Māori mythology in clinical settings: Training issues and needs

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Within therapeutic settings, narrative approaches are increasingly being used as a way of creating new understandings and new stories. This paper discusses the use of purakau as a Māori focused intervention when working with Māori tangata whaiora (clients) and their whānau. This paper will outline the rationale and relevance of using purakau with Māori. However, the emphasis is on the training provided to clinicians in the use of purakau. An outline of the training process is provided. In doing so, issues regarding the use of these taonga (treasures) in clinical psychology will be raised. It will be argued that Māori mythology must have a place in the kete of Māori psychology

The question is asked, what is Māori psychology? Does this exist given that the area of psychology is primarily a Western concept, laden with Western beliefs and values? In offering a perspective on the issue of Māori psychology, Durie (2001) has described how the marae encounter identified “key processes that contributed to a better understanding of Māori thinking, feeling and behaving – a Māori Psychology” (Durie, 2001, p. 69). The same can be said for purakau. The purpose of this presentation is to discuss how purakau can be utilised therapeutically, and the possibilities of utilising purakau in clinical psychology training. It is vital that we continue to discuss and research our own therapeutic models as a way of adding to this growing kete called ‘Māori psychology’.

The use of purakau with clinical settings

The use of Māori purakau and pakiwaitara as a therapeutic medium is not a new process¹ for Māori. However, little

has been written and researched about the use of purakau as a therapeutic technique. Overseas, research into the use of cultural and narrative modes of therapy is just as sparse. Malgady et al., (1990) conducted research into culturally sensitive psychotherapy with Puerto Rican children and adolescents using Puerto Rican folktales in modelling therapy. They used the characters of traditional folktales as ‘therapeutic peer models’. This was based on the idea that such models portrayed the beliefs and values which children could identify with. The stories were read out to the children by their mother and therapists. Group discussions of the characters’ feelings, behaviours, and the morals of the story were conducted. The family was then asked to dramatise the story and resolve the conflict.

This story-telling modality was further developed for Puerto Rican adolescents using biographical stories of heroic Puerto Ricans. Group discussions were then conducted regarding the biographies, focussing on cultural themes and coping strategies. Group members then compared their own experiences with the biographies, and further alternatives to maladaptive behaviours were identified. Both approaches using the story telling modality were aimed at identifying relevant cultural peer models which the adolescents could relate to, identify with and whose coping strategies they could imitate. The results of their research indicated that these cultural interventions produced generally more favourable outcomes than no research. However, were inconsistent findings highlighted the need for further pragmatic research in this area. Despite the mixed

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findings, this type of research assists in exploring culture specific treatment modalities. This type of treatment is not dissimilar to how purakau have been used with Māori.

Traditionally, purakau have been handed down from generation to generation to provide advice and insights to the thoughts, actions, and feelings of our ancestors. In *Mauri Ora: Māori Women's Stories* (Māori Women's Welfare League, 2002) it is written "korero purakau provide us with a way of reviewing and reconnecting our actions of today with the actions of our tupuna".

As stated by Robyn Kahukiwa in her introduction to 'Wahine Toa: Women of Māori Myth':

Myths provide answers in human terms to the way things are in our world. The characters act as we do but on a grand scale. They can be an important guide to philosophy, values and social behaviour; to correct procedures for certain acts. They can show us the results of certain acts and provide pointers towards social order
(Kahukiwa, 2000, p. 10)

In contemporary Māori society knowledge and use of purakau has increased alongside the resurgence of Māori language and identity. We now also have a generation of Māori who have gone through Kōhanga Reo and Kura Kaupapa, who have been well educated on purakau and incorporate the atua into their everyday lives. Within the mental health sector, the advent of Kaupapa Māori Mental Health Services and Iwi health services in New Zealand has resulted in an increasing pool of Māori professionals who are further developing appropriate Māori models of assessment and therapy. The use of purakau is one such method that has the potential to be utilised within both assessment and therapy.

How could purakau be used in Clinical settings?

The challenge for clinicians working with Māori, is in utilising these purakau. Diana Rangihuna, a former colleague at Te Whare Marie (Māori Mental Health

Service) refers to the process she uses of incorporating purakau into therapy as 'Mahi a nga atua'. She will re-tell the stories of the various atua (gods) to tangata whaiora and whānau, and wananga (discuss and debate) with them about the similarities between the atua's trials and tribulations and the reality facing them in the present. Intertwined with this approach is the acknowledgment of te taha wairua, and the belief that as descendants of nga atua we often display characteristics or traits that reflect different atua. Whilst there is no quantitative data to substantiate the effectiveness of this intervention, it has added mana (prestige) because the purakau come from our early ancestors and in re-telling the story we are acknowledging te taha wairua. This type of intervention was initiated by Diana Rangihuna at Te Whare Marie and has continued to be utilised by kaimahi in differing ways.

The process of wananga about the purakau is the essential element when using purakau in assessment and therapy. Areas to be covered in this process would typically include:

- Ensuring the tangata whaiora and whānau become familiar with the stories and each different atua.
- Identifying which particular atua they relate to or are interested in most.
- Re-telling parts of the story (usually concerning the atua they most identify with).
- Identifying and acknowledging the strengths and weaknesses of each atua and the family.
- Being able to identify individual and whānau strengths and weaknesses.
- Identifying alternative solutions/stories.
- Finding balance with the other atua (i.e., Tumatauenga and Rongo).

The most important part of using purakau in therapy involves re-telling the story. The method in which each story is retold is up to each tangata whaiora and whānau, but could include waiata, haka, poetry, drama, sculpting, painting, drawing, story telling, and/or writing.

Providing training on the use of purakau in clinical settings

The training I have provided to both Māori and non-Māori clinicians, on the potential use of purakau when working with Māori tangata whaiora, has been interesting and varied. The rationale for using purakau is always presented and includes the following:

- Re-telling the trials and tribulations of our atua acknowledges te taha wairua.
- The purakau promote Māori identity through acknowledgement of our ancestors. Furthermore, these stories belong to us as Māori. The stories are relevant to us as Māori no matter where we exist along the identity continuum.
- In contrast to Western based treatments, these stories have added 'mana' and are subsequently more meaningful to Māori.
- The purakau provide us with an example of a family coping with grief, change and loss. We are reminded that this family wasn't perfect either.
- The purakau assist us in normalising some of our everyday experiences
- We have a constant reminder of the atua around us at all times. For example, the wind, rain, mist, land, stars, trees, etc.
- We all display traits and characteristics of the different atua
- The purakau can be used to discuss personal similarities and differences, strengths and weaknesses.
- Through using purakau, we can then attempt to look at alternative stories or solutions to problems.

Essentially, if clinicians are to use purakau with tangata whaiora, then they need to go through the same process as tangata whaiora. They need to have their own in-depth understanding and knowledge of the atua. The process needs to tap into te taha wairua if it is to be meaningful for both the clinician and tangata whaiora. Usually the process of te taha wairua can be more fully acknowledged through creative means of re-telling the story.

In clinical training, I will ask each person to identify which atua interests him or her, for whatever reasons that might be. They are then presented with 'case information' (a compilation of readings on

each atua) and are asked to read this information and present it back to the group. This can be done either very creatively (i.e. tu whakaari (drama presentation) or in a more clinical manner (i.e., presenting problems, traits and characteristics, cultural issues, diagnoses, or formulation). The important part of the process is becoming familiar with the stories and being able to talk about these particular atua in a more in-depth manner. The aim is not to "pathologise" the atua: hence the emphasis on identifying strengths and weaknesses. What I have noticed so far with training is that non-psychologists appear to feel more comfortable with re-telling the stories creatively. Their understanding has often taken a far more meaningful and spiritual approach. Psychologists have tended to utilise and feel more comfortable using the case study approach.

The next step is to then ask clinicians to 'step outside their square box' for a moment. I ask them to imagine what it would be like for example, if in clinical psychology DSM IV no longer existed. What would it be like if, in our clinical psychology reports, we referred to the different atua? What would it be like if we were to talk about Tawhirimatea being very influential in a person's life rather than this person has ADHD or conduct disorder? What if we were to talk about Whiro rather than substance abuse disorder? What if we were to acknowledge family separation issues rather than parent-child relational disorder? What instead of offering relaxation therapy or Cognitive Therapy we might offer Rongo or Tane therapy? What would this be like? How much more meaningful could it be for Māori tangata whaiora and Māori psychologists?

The purpose of such questioning is to remind both Māori and non-Māori clinicians that, as Māori, we already have therapeutic mediums within our culture, that can be utilised when working with tangata whaiora.

Training issues

When training clinicians about the potential use of purakau, there are a number of issues that arise:

- Currently within clinical psychology training settings, the majority of students are non-Māori. How appropriate is it for non-Māori to be learning more about the purakau and possibly teaching Māori about their own stories?
- Does the use of Māori therapeutic processes have a place in clinical psychology training settings?
- Should non-Māori be receiving training in this area or does this belong to Māori only?
- The use of purakau needs to be added to the kete of Māori psychology. How does this become an integral part of clinical psychology training?

Whilst there are no clear definite answers, what is paramount is that within

Māori psychology and clinical settings, the use of purakau continues to be utilised in both assessment and therapy. In essence, our tupuna have left us with stories, waiata, and whakatauki that provide us with teachings and perspectives on times long ago. Within contemporary society, we need to make some meaning of these stories and incorporate them into our contemporary lives in a meaningful and productive way. Further symposiums such as this, discussing ideas and research about Māori focused interventions, will only add to this kete of Māori psychology, and indeed assisting in 'making a difference'.

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Taitaia i te ahi mānuka: Pride Upon the Skin. Moderator - Michelle Levy

Living with a Moko

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This paper considers the experiences of people with Ta Moko: permanent facial adornment and how their movement from an ‘unmarked’ identity, to one that attracts invited and uninvited attention, involves a conscious choosing. The decision to join the ever increasing number of contemporary wearers of moko marks a change in one’s life, and how one is seen and responded to. I will discuss the key findings relating to the reactions moko wearers are confronted with as a direct result of their moko. The coping strategies used by moko wearers as they negotiate a “normal” lifestyle will also be raised.

Paper not submitted.

Ta Moko: Culture, body modification, and the psychology of identity

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Patterned skin, permanently coloured; high relief incised and scarified; chiselled features, chiselled, literally, actually...the Pacific arts of permanent body adornment gave the eighteenth century English speaking world a new word, and a new arts practice - tattoo, skin adornment, there, forever.

He Timatanga

This paper outlines the context of Ta Moko in the Māori world, and locates the practice in the Pacific, and in the twenty first century. It describes the resurgence of the practice, and comments on the aims of the Marsen project. The three principal aims are:

1. To complete a comprehensive survey of the chant record and oral history with reference to archaeological, archival and artefactual materials.
2. To examine traditional whakairo carving in relation to Ta Moko.
3. To explore the nature of social relationships and ecologies that are supportive of, or resistant, to contemporary Ta Moko.

Ta Moko is a process unique to the Māori people. The skin was not only punctured to insert pigment, but also cicatrised, with the raising, particularly on the face, of deeply furrowed grooves. Acute pain, and in some instances risk to life, were inevitable.

So why did people do it? What was it for? And later, we will consider, why do they continue to?

Ta moko had many functions: it was worn to fascinate, terrify, seduce, overcome, beguile, by the skin; it was carried to record, imprint, acknowledge, remember, honour, immortalise, in the flesh, in the skin; it was also affected to beautify, transform, enhance, mutate, extend the flesh, the skin, and the soul itself. It was, and still is, about metamorphosis, about change, about crisis,

and about coping too; and for many contemporary wearers, the descendants of those first illustrated chieftains encountered by Cook, painted by Parkinson, Ta moko is a strategy too, a means of encounter, an expression of self.

In all Pacific traditions, tatau/tau was laden with talismanic properties, and perceived as embodying transformative magic. For Māori art makers particularly, in both the traditional and contemporary worlds, this transformative magic engaged and often challenged others. This transcendence is understood by the tohunga ta moko - the traditional skin artists - and also by the proud carriers of that art form, as Netana Rakuraku, one of the very last of the elders with an inscribed face, told Cowan in 1921:

*Taia o moko, hai hoa matenga mou.
Of your moko, you cannot be deprived.
Except by death. It will be your
ornament, and your companion, until
your last day.*

What are the issues concerning Ta Moko, as practice, as art form, as creative expression, as cultural survivor today? We begin at one beginning:

Onamata: Early Origins

Throughout the Pacific, this art begins with myth, and spirit - an august or accidental event, a time of crisis. For Māori, Mataora, whose name means "The Living Face", brought the art up from the underworld, where he was taught by

Uetonga, the father of his wife Niwareka, whom he abused. She fled; he followed, begging forgiveness; they reconciled; he endured the pain and gained the permanent beauty and knowledge of the art of Ta Moko.

The Māori people settled Aotearoa from the islands of the eastern Pacific, coming in successive waves over many centuries. They brought with them the languages, music, belief systems, and technologies of their cultures of origin; they also brought the practice of permanent skin adornment. Tattoo chisels similar to those used in western Polynesia have been found in some of the earliest excavations.

With the new environment came new resources: massive hardwood forests, nephrite and argillite stone, countless new fibre plants, and prolific bird life. A unique culture evolved in the more temperate islands of Aotearoa, demonstrated by a differing form of facial adornment.

William Yate, of the Church Missionary Society, noted this in 1835:

There is a remarkable difference in the tattoo of the New Zealanders, and that of the Navigators', Fiigee or Friendly Islands. In the latter, the skin is just perforated with a small pointed instrument, and the staining matter introduced; so that, in passing the hand over the part that has been tattooed the skin feels smooth, and the surface is fair; whilst in the former, the incision is very deep, and leaves furrows and ridges so uneven, that in some places, when long enough, it would be possible to lay a pin, which would be nearly buried in them.

Yate was but one of many commentators from the period of first Māori-European encounter, addressed in the following section.

Hinatore: Colonial Encounters

Captain James Cook made his historic landfall in 1769, and the islands were never the same again. The first impressions were romantic, the Māori idealised, their body adornment captured in both watercolours and words, as Cook enthuses:

The marks in general are spirals drawn with great nicety..(they)... resemble the foliage of old chased ornaments, convolutions of filigree work

The traveller Bidwill continues almost a century later in 1851:

...I have seen the arms and bodies of the New Zealand women so covered with these powerful blue marks, that they looked as if they had on them a tight fitting chintz dress...

However, with major whaling and sealing operations, the passionate and relentless efforts of Christian missionaries, and the escalating settler incursions on coastal and inland tribal territories, the romance soured quickly, if it ever really occurred. For a few rare Pākehā-Europeans, the romance endured as they chose to assimilate, to live as Māori warriors, and to assume the full face and body markings of the Māori fighting chief. Two such famous personalities were Barnet Burns and John Rutherford, the latter being an especially glamorous figure with work from Hawaii and the Marquesas also adorning his skin.

In 1840, the Treaty of Waitangi was signed between the many (but not all) Māori chiefs, and the British Crown. It is significant that a number of the signatories actually chose to inscribe the document with a small pattern from their facial moko, this subtle glyph effectively conveying their mana, or chiefly authority, to the process. Other legal instruments, particularly land deeds, were similarly authorised. Within a few years of its signing, the settlers breached the treaty, and decades of conflict, aggression, distrust, atrocity, and invasion ensued.

The tattooed face became a powerful symbol of resistance for many Māori, whereas for others it seemed in decline. Writing in 1859, Thomson reflects:

Tattooing is going out of fashion, partly from the influence of the missionaries, who described it as the Devil's art, but chiefly from the example of the settlers.

By the end of the nineteenth century, the scourge of foreign diseases, the extensive land confiscations after the land wars, and the sheer demographic weight of settler numbers, had all reduced the Māori population to 42,113 in 1896, a fraction of its earlier size.

Colonisation, settler greed, racist land and language policies, and the fabrication of a mild and mannerly English environment in the South Seas had dire consequences for the Māori people.

Yet they rallied, and in subtle ways, they resisted. Māori women continued to have their chins inscribed late into the twentieth century so that there has always, been a tattooed Māori face seen upon the marae - the ceremonial courtyards - of this land.

Onaianei: Contemporary Realities

Ta moko - Māori tattoo - manifests pride, celebration, and identity for Māori people now, in the twenty-first century. For many decades, it was regarded as outmoded, unnecessary, somehow barbaric, certainly by colonising Pākehā, and to an increasing degree by urbanised and relocated Māori. Meanwhile, Māori language, culture and lands continued to be threatened by government policy, and the inertia caused by dispossession and the colonial process. Yet these same Māori, urbanized and relocated, still marked their own arms, or thighs, or hands, or ankles, and occasionally, faces. At school, in prisons, at youth camps, on rugby trips, it was something that Māori simply did: the inscribing of the skin. Through this text, stories of defiance and survival were recorded, emerging emphatically with the reappearance of the tattooed face, and patterned hips. The marking of this dynamic resurgence occurred in the late 1980's. Many of the leading figures, including Laurie te Rangikaihoro Nicholas and Toi Gordon Hatfield, were trained in classical Whakairo (Māori wood sculpture) with which it has a discernible graphic and technical relationship.

This relationship is not a coincidence. As Hatfield once remarked to the writer:

We never stopped doing Ta Moko. We were just hitting our chisels into wood

instead of skin. Therefore, the tradition never stopped.

Amster Reedy reinforces this sense of continuity. A well known tribal leader, and one of the first national figures to assume the adornment of raperape, puoro and pakipaki, the extensive lower body work now beneath his impeccable business suit, he comments in Mana Magazine:

It's a powerful statement, because it's there forever. Once you've done it, you've made the commitment. What more appropriate way to commit yourself to tikanga Māori than to get a moko?

In addition, while many Māori are patterning their bodies so that they may choose when and how their moko may be visible and admired, others are literally taking it on the face, and presenting this visage or power and pride to an often alarmed and anxious world.

Over the last ten years, the face of Māori protest in the popular press and news media has been the karu tiwhana, the face inscribed. One of the country's most celebrated and charismatic protest leaders, a veteran of over three decades of land campaigns, parliamentary resistance, and Treaty claims, Tame Wairere Iti, reflects on the art:

The thing for me is to let the image of moko speak for itself... the revival of moko for many of us is really exercising our rangatiratanga - our fundamental right to exist

Rangatiratanga also infers the right to control, to own, to have authority; and with Ta moko, that authority is ironically and openly being undermined by the burgeoning appropriation of Māori tattoo design as a fashion accessory, a fetish item, and a global commodity. Curvilinear Māori rafter and Ta Moko patterns have appealed to the European gaze for over two centuries. Currently a number of Anglo-American entertainers and at least one African American, as well as a famous British rock star, flaunt dazzling Māori design as part of their image. One of these

men has a kauae moko, a gendered chin design worn only by women.

In more than one instance, the work itself was that of a Māori dermatographic artist. This remains a hotly contentious issue, with some arguing that what Māori do for each other, with each other, is Ta Moko, as it inscribes narratives and infers genealogy, and has spiritual significance; and what Pākehā and non-Māori have and do, or what they wear even if done by a Māori practitioner, is something else. It is not Ta moko, but another form, categorised by some as "Kirituhi", which means painted skin.

A further question often raised concerns gender roles, and the sex of the practitioner. Recent ethnography and oral history assert that men exclusively practised whakairo and ta moko: that they were arts forbidden to women. Yet the chant record contradicts this, and as recently as the 1930's women were working as ta moko artists. At the time of writing, there is only one outstanding independent Māori female Ta Moko practitioner, Christine Harvey of Rekohu. She began with a rotary machine

she made as a thirteen year old from her parents' stereo turntable. Her work attests to her talent, and to her commitment. Is her work, done by a woman, Ta Moko or Kirituhi? Who decides? Even as these words take shape, this debate runs on.

Ta Moko is the process of inscribing, of marking the skin, of placing the narrative; Moko is the outcome, the finished work, the textured story, the pictorial memories permanently engraved. For Māori, subjecting the body to such trauma is more than the recognition of adulthood, and self, it is the proclamation of that self as belonging - to a particular descent line, family, or kinship network; to a special and unique group, to a community. It is about being Māori in today's world, and creating a visibility that will never ever fade into the tomorrow anticipated by the proverb:

*Ma wai e kawa taku kauae ki tawhiti?
Who will wear my chin tattoo in the
future?
Who will remember me?*

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Cultural tattoos: meanings, descriptors, and attributions

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Body piercing and tattoo/ta moko were initially seen to be practiced by sailors, criminals, specific cultural groups (e.g., Māori), or sub-cultural groups (e.g., bikers, gang members, adolescents). In recent times, these practices have become part of mainstream popular culture, and are enjoyed by a wide range of people. In this study, we set out to explore patterns of body modifying behaviour engaged in, or commented on, by a sample of university students. We invited undergraduate psychology students from two courses to complete an 'online' questionnaire. Students logged on to a web site, were presented with an information sheet, and invited to respond. In this paper, we present the reasons why people in this sample decided to obtain a tattoo and the meanings they ascribe to their modifications. We will also consider the observations that people make of those who have culturally inspired tattoos.

To date, we know of no recent public attitude surveys conducted within New Zealand concerned with tattoos or body modifying behaviours. In this study we set out to explore patterns of body modifying behaviour engaged in or commented on by a sample of university students in anticipation of a survey of a more diverse and larger sample at some later time.

There were 24 men and 111 women in the sample¹. In total, there were 137 respondents². Just over one fifth (n=30, 22%) of the sample were under the age of 20 years. Fifty six percent (n=77, 56%) were aged between 21 and 30 years old. The remainder of the sample (n=30, 22%) were over the age of 30 years. The sample contained 30 respondents who identified in some way as Māori. The majority identified as Pākehā, European, New

Zealander, or Kiwi³. Thirty-five of 136 respondents (26%) had a tattoo, and 48 of 134 respondents (36%) anticipated future tattoos.

Procedure

We invited undergraduate psychology students from one 2nd year, and one 1st year course to complete an 'online' questionnaire. Students logged on to a web site, were presented with an information sheet, and invited to respond to the questionnaire.

The online questionnaire contained 64 items and surveyed students' behaviours and attitudes towards tattoos and body piercings. They included questions focussed around the following themes.

- Why get tattooed/pierced
- What tattoos/piercings mean
- Having tattoos/piercings removed
- Getting more tattoos/piercings and why
- Opinions about different types of tattoos/piercings

¹ We suspect that this figure is slightly inaccurate due to web based technical problems. However, on examining the enrolments of men and women in the courses surveyed, the proportion of men to women suggests that the inaccuracy is only slight.

² Respondents could choose not to answer questions they did not want to.

³ Participants were invited to describe their ethnicity as they wished to.

In this paper, we present and discuss the reasons why respondents decided to obtain a tattoo, and the attributions that respondents made of cultural tattoos. Wearers' motivations for obtaining a tattoo were acquired by simply asking wearers why they had become so. To gain an appreciation of what respondents thought about cultural tattoos we asked them to complete the following statement.

I think that cultural tattoos are “.....” because “.....”.

By using the above statements, we invited participants to create a picture in their own minds of what a 'cultural tattoo'. We assumed that all respondents would be able to do this and that most would focus on Māori moko, in particular, facial tattoos – especially given the exposure of moko in mainstream media, and the increasing visibility of moko wearers across a variety of settings.

As all of the data collected in this part of the study was qualitative, content analysis procedures were applied to the data and thematic areas identified. These were in turn used as a framework for coding data.

Results

Tattoos – Motivations

People are motivated to mark their skin for a variety of reasons. We asked those in this sample who were tattooed (n=34) their reasons for doing so. We identified seven related emergent social identity themes. Although possibly an over-simplification of the data, the identification of themes is helpful to building an increased understanding of motivations and meanings. The themes identified are listed in Table 1 along with the number and percentage of wearers who made mention of each theme in their responses.

Identity expression

That is, a personalised marking, an expression of oneself, a mark to identify my body – captures the idea of skin marking as an extension of ones personal self.

I have always wanted a tattoo. For me it is a personalised marking of who I am

I got all 3 tattoos to symbolise achievements, or certain events which happened in my life. They are an expression of self...

So some body can tell that it's my body.

Table 1.
Why Get Tattooed?

	n=34	%
Identity	11	32%
Desire-design	9	26%
Event	5	15%
Group association	4	12%
Significant other	4	12%
Youth	3	9%
Image	2	6%

Desire Design

Expressions of desire can take many forms. Desire may be something as simple as admiration, liking, wanting, or longing. It may be motivated by the appeal of a design type and form, the symbolic representation, or, simply personal choice.

Liked the design, a birthday present

I like the look of them and really wanted to have one.

Event

Life events and achievements were viewed as times to mark, symbolise, and remember. Involvements in sporting groups, obtaining an educational degree, or the death or departure of a significant other, are examples.

I got all 3 tattoos to symbolise achievements...

Both of my tattoos represent a special event or time in my life.

Part One was to celebrate the Year 2000 and to reflect my involvement in waka ama. Part Two was to acknowledge the educational path I had just completed.

Group Association

Whom one associates with, or the social groups that one is a member of can create a context of expectation, or pressure. As the quotes below illustrate, prisons and gangs are social settings where marking the skin is not simply an expectation, but an integral statement of belonging.

I got my tattoos while I was in goal and it was a mark to acknowledge that I had been there. My tattoos are known as boob-tatts and they are so styled, i.e., skulls, knives, symbols...

To be part of the gang. This was expected.

Significant Other

Related to associating with some group or belonging to a particular social context, is one's relatedness to some significant other. Some of these wearers marked their skins to symbolise a relationship with some other. These might be family members, children, or friends.

I have always admired them. My Nana passed away 6 years ago, and I have a deep sense of loss for her as she was one of my main carers when my parents were at work. My Nana took me to her homeland when I was 5. Waking in the morning at 5 to attend morning service (Cook Islands) I smelt Frangapanis (flower) they remind me of Nana. So I decided to get a tattoo of a Frangapani - it has significance for me.

Youth

What people have done in their youth and adolescent years may be perceived quite differently when they are older. This category tends to deal with reflections that some participants had when looking back to a younger age when they had marked their skins. For many, they conclude a regretful position.

I was under the influence and very young

I was VERY young when I got my tattoo and I think it was mainly an attention

thing, not that I'd flash people but I knew how I thought, at the time, that people with tattoos were cool, so I thought that others may think the same for me. It wasn't a very good reason at all!

Image

The character or personality of an individual as perceived by others is something that is in continuous negotiation through social interaction. For some participants, their skin art was an attempt to portray a particular image.

To rebel, to look tough

Was young and thought it would be cool to create and make my own design and have it somewhere on my body

I think that cultural tattoos are...

I think that cultural tattoos are "....." because ".....".

Attributions

All participants, wearers and non-wearers, were invited to make an attribution about cultural tattoos, and further, to provide an explanation of their attribution. Overall, the majority of participants (n=138) provided positive attributions with only 17% of participants providing negative. We felt that the attributions fell across seven thematic areas. The response rates for each of these themes appear in Table 2. Given that participants were invited to offer at least 'one word' attributions, the most popular have been presented according to thematic area in Table 3. These themes and sub-themes are not elaborated further as their meanings are somewhat obvious.

Explaining the attributions

Further information about what the attributions actually mean can be derived from the written explanations that participants gave after the "because" part of the statement that they were asked to complete. In Table 4 we report the major themes arising from responses that participants made (n=125). Overall, their explanations focussed on cultural tattoos

reflecting group belonging (87%), pride and confidence (39%), and a mark of identity either personal or social (36%). A small number (7%) of respondents highlighted the extent to which cultural tattoos may negatively position a wearer and attract unwanted attention and discrimination.

Table 2.

Themes - I Think Cultural Tattoos Are?

	n=138	%*
Appealing	51	37%
Group identified	41	30%
Shows allegiance	38	28%
Assert their identity	30	22%
Negatively described	17	12%
Exhibiting themselves	9	7%
Here	7	5%

*Some responses have been coded into more than one theme.

Summary

The results suggest that becoming tattooed is mainly an expression of personal identity that is often related to social or cultural group membership and belonging. Attributions of cultural tattoos were focussed on appeal and group association factors. Although cultural tattoos were attributed negative descriptors, these seemed out-weighted by positive descriptors. The attributions made of cultural tattoos were rationalised by reference to group belonging, pride, and identity. The findings of this preliminary study suggest that a public survey of attitudes about cultural tattoos is likely to reveal positive responses to the resurgence of moko as an art form, and to contemporary day wearers.

Table 3.

Sub-themes – I Think Cultural Tattoos Are?

Appealing	Group identified	Shows allegiance
Interesting	Proud	Very determined
Awesome	Traditional	Brave
Fine	Culturally expressive	Confident
Great	Culturally aware	Loyal
Living works of art	Honourable	Determined
Cool	Respectful to their culture	Committed
Here		
Negatively described	Assert identity	Exhibiting themselves
Wrong to do so	Expressing themselves	Making a statement
Lost	Being unique	Showing off
Stereotyped	Are different	Provocative
Scary	Are individuals	Displaying themselves
	Are special	
	Are normal	

Table 4.

Cultural Tattoos: Explaining the Attribution.

	n=125	%
...they reflect group belonging	87	70%
...they display pride	39	31%
...they reflect an identity	36	29%
...they make a statement	18	14%
...they look great	13	10%
...they have negative consequences	9	7%

*Some responses are coded more than once.

He Taonga te Ta Moko ki Tauranga Moana
A survey of attitudes, opinions, whakāro noa iho, towards ta
moko during the Tauranga Moana, Tauranga Tangata
Festival (Labour Weekend 2002)

Puawai Cairns M.A. (Hons.)

Ngāti Ranginui, Ngai te Rangi, Ngāti Pukenga

Tena koutou,

Ka nui te mihi atu ki a koutou katoa kua tae mai ki konei. Mihi atu ki nga kaikaranga o tenei hui, tena koutou. Ka nui te mihi atu ki nga kaiako, nga tauira o te Whare Wananga o Waikato, a nga tauira katoa i tautoko i tenei kaupapa. A, he mihi aroha hoki ki te hau kainga, nga tangata whenua o Tauranga Moana.

Tena koutou, tena koutou, kia ora ano tatou katoa.

Ta Moko is Māori body adornment; the scarification of the skin, and the insertion of colour - Māori tattoo (Ngahuia Te Awekotuku & Linda Waimarie Nikora).

During Labour Weekend (26 – 28 October 2002) in Tauranga, a celebration called the Tauranga Moana, Tauranga Tangata Festival was held. The festival represented the artists, kapa haka, lectures, sports, and personalities of Tauranga Moana. It was during this festival that a ta moko survey was conducted, with the support of the lead ta moko artist there, with the aim to canvass opinions and attitudes towards ta moko. The basis of the survey was to broadly examine the extent to which ta moko has become a form of inscribed identity for Māori. This is a first stage in a wider research project to examine Māori attitudes towards ta moko, but it happens that this initial step was taken in the author's own rohe.

Under scrutiny, the increasingly popular presence of ta moko within different forms of media reveals a wide and often contradictory number of discourses that, according to each representation, alter and stretch the meaning of the moko. It is quite straightforward to state that within New Zealand, the moko has almost always been viewed with varying degrees of derision, intimidation, or as an oddity of the by-gone era of pre-European Māori. Through its synonymity with fearsome Māori warriors, gang culture, the resurgence of Māori activism in the last twenty to twenty-five years, and the extraordinary popularity of the images from the *Once Were Warriors* film and novel, moko has acquired a reputation as a symbol of Māori alienation and disaffection.

The gathering popularity of its image, so imbued with densely packed meanings and associations (positive and pejorative,

political and prejudicial), has been apparent to any media watcher. Indeed, the research for my own MA thesis, which focuses on the representation of ta moko in mainstream media, found that ta moko was slowly becoming subsumed as an icon of New Zealand difference on a global stage of increasing sameness and cross-cultural consumerism. Examples of this could be seen in various NZ 'exports', such as offshore tourist advertising, fashion lines, and films (e.g., *Utu*, and *Once Were Warriors*). Yet, while ta moko was being garnered as an image of "Kiwiana" and "New Zealand-ness" for the benefit of offshore audiences, it was still an icon of intimidation and aggression to the mainstream domestic gaze, conditioned through news images, documentaries, and films to fear it. The gaze upon moko has always been one of wonderment, fear, repulsion and an almost fetishlike

fascination. It follows that much research on ta moko has come from this same perspective: that of the outsider looking upon an exotic specimen, sometimes biological in its dissection, sometimes fanciful, sometimes burlesque.

Nevertheless, much has been made by Pākehā researchers about ta moko as a dying art of a dying race. However, there are resounding gaps in research into ta moko, especially when it is considered that scarcely have Māori perspectives been documented. It is due to this dearth of insight, lack of critical analysis of existing research, and the lack of Māori voice in the field of ta moko research that has motivated me to begin researching Māori opinions and perspectives of this re-emerging art form. The first of several excursions to form part of a wider research project, this initial survey canvassed opinions towards ta moko at a ra whakangahau called the Tauranga Moana, Tauranga Tangata Festival and was held on Labour Weekend 2002 in Tauranga.



Tauranga Statistics: A summary

- Overall population of Tauranga is approximately 90,906
 - 16.1% of the Tauranga population identify themselves as Māori
 - The median age of Māori people in the Tauranga District is 21.3, compared with 21.9 for all Māori in New Zealand
 - 3 iwi (Ngai te Rangi, Ngāti Ranginui, Ngāti Pukenga)
 - One of the fastest growing cities in New Zealand
- (Statistics NZ, 2001) Tauranga Moana,

Tauranga Tangata Festival Brief

The Tauranga Moana, Tauranga Tangata Festival was held over a 3-day period in Tauranga, Labour Weekend 2002. The organisers sent a brief describing it thus:

Tauranga Moana Tauranga Tangata is a festival to showcase Tauranga Māori talent, ability and achievement. This festival is about bringing our Marae, Hapu, and Iwi back together to celebrate as Tangata Whenua. We want to achieve this in the best and most positive manner.

Tauranga Moana Tauranga Tangata is also intended to create an opportunity for the whole community within the Western Bay of Plenty to celebrate with us (Festival Panui, 13 September 2002).

The Festival was held in Tauranga City, as central as a festival could possibly be in Tauranga, and proved very successful, with high participation rates evident as I circulated amongst the festivalgoers. After enquiring to Jack Thatcher, one of the organiser's regarding the kaupapa of the festival, we briefly discussed the intention behind the festival. Due to the eloquence of his reply, I include his entire statement:

You are right it is about celebrating our identity, being proud of who we are and where we come from that makes us unique. This can be viewed from, as I see it, two levels - the local level of defining our place here in the Tauranga Community, and in the global view of the place of Māori in the world at large, one reflects on the other.

Our kaupapa was about inclusion, of inviting all communities within Tauranga Moana to enjoy our Māori heritage, history, art, culture, skill, achievement, language, talents, and most importantly our growing pride in these things. To me, we achieved all of the goals we set ourselves in terms of providing the opportunities to participate with us.

Our festival will grow from here into something fantastic! (Personal communication, 18 November 2002)

Broadly then, the festival aimed itself as a celebration of identity, and an invitation to all to join the celebration. Therefore, it seemed highly appropriate, that the survey be utilised to seek opinions about ta moko and its own contribution to the construction of identity at this festival. I approached the organisers with a request

to leave a survey to be filled out on the ta moko table. After being referred to the chief ta moko artist, who agreed and offered his table, I drafted the survey form and prepared for the festival.

He Taonga Te Ta Moko Survey: A Brief.

The questionnaire was composed of a series of 11 questions. Most questions asked for a yes / no responses (ae / kao), while two asked for a qualitative response.

The following questions were asked:

1. What age group do you belong to?
2. What ethnic group(s) do you mostly identify with?
3. Gender?
4. Do you have any ta moko / tattoos?
5. Do you intend to get a ta moko / tattoo in the future?
6. Do you think there's a difference between ta moko and tattoo? (required qualitative response)
7. What made you want to get a ta moko / tattoo?
8. Does your ta moko / tattoo have a particular meaning? (required qualitative response)
9. Are you involved in or perform i, a kapa haka group?
10. Do you think your design is traditional or contemporary?
11. I think ta moko wearers should...

The survey was left on the ta moko table (see Figure 1) during the three days and gathered 40 responses. Copies of Information Sheets were left, as well as a mailing list if respondents or observers were interested in knowing more.



Figure 1. Survey table and return box.

The respondents were anonymous, but some asked for clarification from myself as they filled it in or added their own commentary about the succinctness of the questions.

Summary of responses

Demographics

As can be seen in Table 1, demographically, the respondents were a widely varied sample group, and there was an equal ratio of male to female participants. Due to the nature of the Tauranga Moana Festival, and thus the high level of Māori participation in the festival itself, I believe it was inevitable to have a sample group primarily composed of those who identified as Māori.

The two largest age-groups to respond to the survey were 26-30s and 41 upwards. Originally, while devising the objectives for this survey, I had intended to focus primarily on rangatahi between the approximate ages of 16 – 25, the two smaller groups. However given the responses and enthusiasm from the older of the groups, this approach has had to be happily reviewed.

Table 1.

Demographics.

What ethnic group do you identify with?	<i>n</i>	%
Māori	28	70.0%
European	4	10.0%
Māori / European	4	10.0%
Māori / Fijian	1	2.5%
Cook Island Māori	1	2.5%
Polynesian	1	2.5%
no response	1	2.5%
Gender	<i>n</i>	%
Tane	20	50.0%
Wahine	20	50.0%
Age	<i>n</i>	%
17-20	3	7.5%
21-25	6	15.0%
26-30	10	25.0%
31-35	4	10.0%
36-40	6	15.0%
41-upward	9	22.5%
no response	2	5.0%

Ta Moko – present and intentions

When asked if they had ta moko or tattoos, 60% of the respondents confirmed that they had (see Table 2). It was a deliberate decision that no definitions or a distinction was made between ta moko and tattoo at this point.

A staggering 80% answered yes to the question if they intended to get a tattoo / ta moko in the future (see Table 3). However, this must be taken in context as the survey was located on a ta moko artist's table where people are most likely either waiting or considering getting work done themselves. In any case, the results should be considered as coming from a captured sample.

Table 2.
Do You Have Any Ta Moko / Tattoos?

Response	n	%
Ae	24	60.0%
Kao	16	40.0%

Table 3.
Do You Intend to Get a Ta Moko / Tattoo in the Future?

Response	n	%
Ae	32	80.0%
Kao	5	12.5%
no response	3	7.5%

Ta Moko – differences

One of the chief objectives of this survey was to establish whether there was a general perception of a distinction between ta moko and tattoo (see Table 4). Without supplying a fixed definition of either, 90% answered that they believed there was a difference between the two.

Table 4.
Do You Think There's a Difference Between Ta Moko and Tattoo?

Response	n	%
Ae	36	90.0%
Kao	2	5.0%
no response	2	5.0%

Ta Moko – motivation and meaning

Several themes emerged from the responses to these questions. The motivations behind gaining a moko / tattoo varied widely; however, 42.5% responded

that it was motivated by a need to reflect identity (iwi / hapu / whānau / individual) (see Table 5). The aesthetics of the design also played a major part in the choice to get a moko / tattoo.

Of those that were able to answer the question “Does your ta moko / tattoo have a particular meaning?” (see Table 6), 42.5% confirmed that they believed it conveyed or bore some meaning.

Table 5.
(If You Have a Ta Moko / Tattoo) What Made You Want to Get it? You Can Tick More Than One Box.

Response	n	%
Liked the look or design	8	20.0%
Trendy	2	5.0%
Identity (iwi, hapu, whānau, individual)	17	42.5%
Political statement	6	15.0%
Asked by whānau	1	2.5%
Can't decide on a reason	0	0.0%
To remember an event	6	15.0%
Other (please describe)	1	2.5%
no response	12	30.0%

Table 6.
(If You Have a Ta Moko / Tattoo) Does Your Ta Moko Have a Particular Meaning? Tell us About it

Response	n	%
Ae	17	42.5%
Kao	8	20.0%
no response	15	37.5%

Ta Moko – wider influences

To establish preliminary information on whether the resurgence of moko can be attributed to the popularity of kapa haka, the question was asked whether the participant was involved or performed in a kapa haka group (see Table 7). However, 65% stated that they were not involved.

Table 7.
Are You Involved or Perform in a Kapa Haka Group?

Response	n	%
Ae	11	27.5%
Kao	26	65.0%
no response	3	7.5%

Ta Moko – divergences

When asked if their moko / tattoo was contemporary or traditional (without supplying a definition for either), the responses were evenly divided for those that answered the question (see Table 8).

Table 8.

(If You Have a Ta Moko / Tattoo) Do You Think Your Design is Traditional or Contemporary?

Response	n	%
Traditional	13	32.5%
Contemporary	13	32.5%
no response	22	55.0%

Ta Moko – personal regulations

In order to establish the various self-imposed regulations that a wearer, a potential wearer, or people in general place on the wearing of moko, the questions in Table 9 were asked.

- 62.5% stated compellingly that maumoko (moko wearers) should seek advice first before taking on moko.
- 52.5% stated that the maumoko should show knowledge of te reo and tikanga, while 27.5% stated that this was not a necessity.
- 40% stated that the maumoko should only be Māori, while very close behind, 32.5% stated that this was not a strict requirement.

Table 9.

I Think Ta Moko Wearers Should

Response	n	%
Have sought permission from their whānau first		
Ae	25	62.5%
Kao	9	22.5%
no response	6	15.0%
Know te reo me ona tikanga		
Ae	21	52.5%
Kao	11	27.5%
no response	8	20.0%
Only be Māori		
Ae	16	40.0%
Kao	13	32.5%
no response	11	27.5%

To establish the expected behaviours of maumoko, various questions were asked to assess the respondents' own perceptions of the obligations of maumoko (see Table 10). Fifty-five percent believed that maumoko should remain drug-free. When asked if maumoko should be smoke free, a less assertive response was given, where 42.5% stated that this should be the case. Finally, when asked whether they thought maumoko should be alcohol free, the results were less definitive with a 37.5% responding yes and 35% replying no.

What can be gathered from the responses to these three questions is that personal and socially appropriate behaviours are considered important requirements for maumoko. The consumption or use of drugs and cigarettes are, as suggested by the results, considered unacceptable. Surprisingly, alcohol is considered less unseemly compared to the other two.

While there was some confusion regarding the final question regarding independence and self-sufficiency, the responses to this question were evenly divided between affirmative (37.5%) and negative (35%).

Table 10.

I Think Ta Moko Wearers Should

Response	n	%
Be drug-free		
Ae	22	55.0%
Kao	10	25.0%
no response	8	20.0%
Be smoke-free		
Ae	17	42.5%
Kao	12	30.0%
no response	11	27.5%
Be alcohol-free		
Ae	12	30.0%
Kao	15	37.5%
no response	13	32.5%
Be independent and self-sufficient		
Ae	15	37.5%
Kao	14	35.0%
no response	11	27.5%

Emergent Qualitative Themes

There were several themes that arose from the qualitative responses given by the participants. The two questions that required written answers were:

Do you think there's a difference between ta moko and tattoo? What do you think that difference is?

(If you have a ta moko / tattoo) Does your ta moko have a particular meaning? Tell us about it

Please note that many of the responses have been categorised in more than one theme, due to multivalent replies from the participants.

Question 1. Major Themes.

The major themes that could be discerned from the responses to Question 1, [Do you think there's a difference between ta moko and tattoo? Do you think that difference is?], are as follows:

Social Grouping Identity vs. Individual

Many of the responses considered moko as a specific sign or emblem of social grouping, of either tribal or cultural identities. For the most part, the respondents identified these social groupings as 'Māori-centric'.

Ta moko should portray whakapapa, iwi / hapu / whānau links wherever possible.

Ta moko links to identity as tangata whenua, it's more than decoration. It's the beauty of Māori art instead of a rebellious statement - as tattoos traditionally have been.

A tattoo could be or mean anything whereas a moko signify signifies you as a Māori. It has background, roots, history.

Whakapapa versus decorative

Closely related to the previous, this theme also featured in a number of the responses. Moko and Ta Moko were identified as a specific sign of whakapapa or genealogical links, identified as marks

with an inherent sense of deep spiritual and/or cultural meanings that transcend the apparent notion of the meaningless tattooing. Significant here is the perception that tattoo has no invested meaning and merely decorative, whereas moko is imbued with meanings and significances:

Ta moko has a whakapapa to it. Tattoo is just a picture has no meaning

My tamoko is my personal life and my whānau. Tattoo is a decoration

Cultural Māori vs Cultural Pākehā

Another emerging theme was that of culture to distinguish between moko and tattoo. As a cultural icon, for these respondents, moko was fixed as an irrefutable sign of Māori and the Māori world, whereas tattoo was associated with the European world:

I assume ta moko is specific to Māori culture. Everywhere I've traveled the designs are specific to that culture.

Ta Moko is if you believe in Māori and can speak the reo. Tattoo is the Pākehā way.

Te Ao Māori vs a mark.

Restriction versus lack of restraint

An interesting distinction that the respondents made between moko and tattoo was that of restriction. Ta moko is considered to have a set of regulations that the wearer should abide by, while tattoo is unrestrained:

I think that a moko is a design that is put on your chin and a tattoo goes anywhere else

Ta Moko - nga mahi atahua no nga tupuna <koha>. Tattoo - anything goes.

Ta moko - special, restricted, whānau-hapu related. Tattoo - art form not restricted in nature. For me = less significance to family

Question 2. Major Themes.

The major themes that could be discerned from the responses to Question 2 ,[(If you have a ta moko / tattoo) Does your ta moko have a particular meaning? Tell us about it], are as follows:

Personal Life Story

For many, the tattoo / moko represented a life story with deeply personal associations and events:

taku ora

*traveling, on a yacht, across an ocean
and a peace [?] symbol, protection,
love*

my life voyage + my kid's

Iwi/hapu identity

Connected to the above, tattoo/moko was considered a sign of specific iwi/hapu identity that tied the wearer to tribal links:

*Being of Tainui/Maniapoto Design
pertaining to our Tupuna Whare*

Pirirakau People (hapu)

Whakapapa

Whakapapa / Māori identity

Also related to the last point, in a less specific context than the tribal identification, is the association the wearer's tattoo/moko had to whakapapa or cultural identity. Rather than marking the wearer as particular to an iwi or hapu, the tattoo/moko bore general Māori significance:

Whakapapa, cultural identity

*He korero whanui mo te whakapapa o
te ao Māori*

Māori tangata Whenua Tuturu

*Ko te mana Māori motuhake e kore, e
ngaro*

Whānau

The deeply personal meanings of the tattoo/moko were especially prevalent here when regarding the associations the tattoo/moko had with whānau or family members. One offered story in particular (refer to the final point) highlights the beauty of the decisions behind the tattoo/moko for some:

symbolises my eldest son

*The Marquesan Turtle represents a
change in one life - passing from one
state to another. Two Marquesan
warriors to represent my 2 sons - these
designs are linked by traditional tike
designs.*

*It tells of my husband who has passed
over and my tane today and how the
two worlds are linked through me. It
tells of my tupuna and my tamariki and
how the circle of life are linked.*

Conclusions

This survey was an introduction to an (up until now) unexplored avenue of research in the field of moko and tattoo. The complexities in the blurred natures of moko and tattoo, the various imposed regulations on wearers of moko, and the persistent deviant stigma attached to tattoo and, by association, ta moko further contribute to the difficulties in distinguishing between the two. The results of this survey highlighted the wider debates regarding identity, and the construction thereof, through the presence of moko/tattoo on the body of a wearer. The distinction between contemporary and traditional moko will resonate for as long as the practice of ta moko continues, thrives, and develops, and the practice of tattooing develops alongside.

Tinia mai: Interventions and Treatment. Moderator - Moana Waitoki

Te Aka Roa o Te Oranga, the far reaching vines of wellness: The development of a framework to evaluate alcohol and drug treatment for Māori

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Background to Project

The impact of alcohol and other drug problems for Māori is well documented. Substance use has been implicated in a range of physical and mental health problems, and a variety of negative social statistics such as high rates of imprisonment (Simpson et al, 1999; Te Puni Kōkiri, 1996). While the mechanisms of impact and the exact relationship with substance use have yet to be clearly established, it has been widely suggested that providing culturally relevant treatment is likely to contribute to health gain for Māori (Durie 1999, Huriwai, Robertson, Armstrong, Kingi, & Huata, 2001).

A number of Māori health conceptual frameworks, within which treatment is provided, have been adapted to address alcohol and other drug problems. These include, Te Tapa Wha, Te Wheke, and Poutama Powhiri (summarised in Durie, 1999). Information has also been presented on the preferences of Māori clients (Huriwai, Sellman, Sullivan, & Potiki, 1998, Huriwai, Sellman, Sullivan, & Potiki, 2000) and potentially important constructs in treatment (e.g., Huriwai et al., 2001, Robertson, Huriwai, Potiki, Friend, & Durie, 2002). Additionally, data have been published in relation to the perceived specific needs of Māori undertaking alcohol

and other drug treatment (Robertson et al., 2001). However, to date there has been little systematic documentation of treatment practices, and limited operationalisation of Māori health frameworks. The evaluation of the outcomes of alcohol and other drug treatments is an area in which there is a paucity of documentation, in terms of methods and frameworks for evaluation, and actual data. The development of Hua Oranga (Kingi & Durie, 2000) is beginning to address the lack of frameworks, but further work is needed, especially with a specific focus on alcohol and other drugs.

Initial Development

Te Aka Roa O Te Oranga (TAROTO) was developed from a range of projects undertaken by the National Addiction Centre. Specific work on the framework being supported by an ALAC facilitated consultation hui with key stakeholders in the Māori alcohol and other drug field. Given the dearth of knowledge in this area, a developmental evaluation (Ovretviet, 1998) was identified as the most appropriate initial step for building a programme of research. This approach has the advantage of flexibility, responsiveness to treatment providers' needs, and requiring relatively little additional resource to implement. Further, rather than promoting

a de-contextualised evaluation of narrowly specified treatment modalities, it facilitates a primary focus on individual clients and whānau.

A number of key principles have guided the development and implementation of TAROTO, including:

- The ongoing accountability and input from key Māori stakeholders
- The adherence to kaupapa Māori research principles (e.g., Smith, 1999), in methodological approaches privilege indigenous experiences, and in that it conceptualises mātauranga Māori alongside western knowledge and paradigms
- The maintenance of tino rangatiratanga of the pilot sites
- A focus on contributing to the development of the Māori alcohol and other drug workforce
- An explicit focus on ensuring the research process is of clear benefit to all involved.

Methodology

The TARATO evaluation framework embraces a holistic perspective: developed to examine the interaction between the client, whānau, practitioner, and service/organisation. The aim of the framework is to clarify the complex relationships and interactions between stakeholders within the context of treatment. It will also help to elucidate the strengths and weaknesses of individual services. Within this framework, a range of indicators and outcomes of “successful treatment” will be explored.

The five components/questionnaires that make up the framework (Figure 1) consist of 10-13 dimensions, each containing questions that highlight specific characteristics of the component. These have been conceptualised and defined to identify the standard practice within a particular service (Systemic and Tikanga Questionnaires), as well as the experience and expectations of tangata whaiora, whānau, and kai mahi. For example, in terms of a specific dimension, the Tikanga questionnaire aims to clarify how tikanga is promoted, integrated, and supported within a service. It focuses on specific issues related to Kaumātua and Kuia involvement,

relationships with mana whenua, a service’s involvement with Māori groups, service policies and resourcing for tikanga, models for integration of tikanga within the service, and cultural programming strategies. A key point is that the aim is not to define tikanga, but rather, to identify how it is supported within a service.

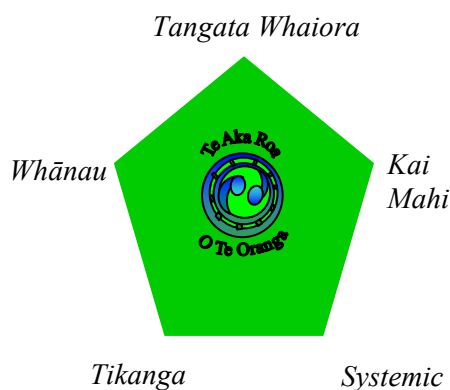


Figure 1. The key components of the TAROTO framework.

Dimensions within the other components cover a range of areas, and to allow for comparison, some occur in several, or all, of the questionnaires. The focus is on areas such as beliefs and values, diagnosis, contact with Māori groups, experience of being Māori, treatment history and socio-political context, as well as issues related to the physical environment. The focus of the questionnaires is on the services received by the tangata whaiora. This will allow the TAROTO framework to be applied in both Māori and non-Māori services. A key aim is for the TAROTO framework to facilitate assessment of how, in practical day-to-day terms, culturally responsive interventions are provided (or not provided) for Māori. Among other things, this will contribute to clarification of the operational procedures required for the implementation of effective interventions.

Participants in the TAROTO pilot evaluation process are identified in Figure 2. Tangata whaiora are systematically selected (i.e., consecutive referrals in a given time period) and approached by their case manager to fill out

a questionnaire. Those agreeing to take part nominate whānau to fill out the whānau questionnaire. All staff at the site are requested to participate and complete a questionnaire. The site group and site manager fill out the tikanga and systemic questionnaires, co-opting additional people to assist as appropriate. The administrative person plays a key role in collecting questionnaires, giving out koha for participation and tracking responses.

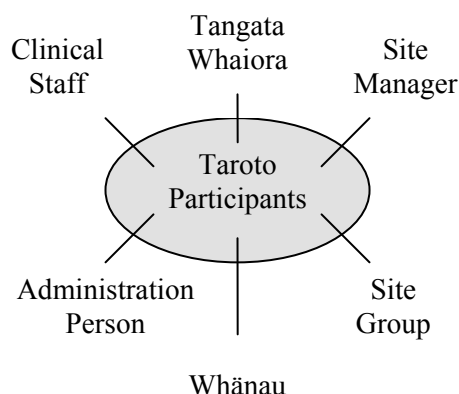


Figure 2. Pilot site participants.

Progress to Date

Thus far, the five questionnaires making up the TAROTO framework have been developed, and the pilot process has been started. Two sites have been identified, and the individuals involved engaged to assess and provide feedback on the instruments. Initial piloting has confirmed the value of several of the questionnaires, but has also raised issues, that have led to considerable refinement of the whānau and tangata whaiora questionnaires.

A number of lessons were learned in the initial stages of the pilot. These will inform the next phase, for example:

- A short time frame for completion and return of questionnaires appears to be optimal in terms of increased response rate
- A short questionnaire, with tick box options, along with a relatively small space for comment seems to be preferred and most likely to contribute to higher response rate
- Participants were more likely to respond to quantitative questions than

qualitatively focused questions that required relatively long, written, answers

- Investigative team members' and participating clinicians' workloads need to be realistically assessed to ensure completion of tasks
- Regular and easily accessed support for pilot sites is optimal
- Randomised selection of participants, while desirable, is not necessarily achievable.

A number of assumptions have also been challenged by the results of the initial pilot, including:

- That all Māori clients, whānau, and staff prefer open-ended questions, which allow significant amounts of writing and reject tick box options.
- That tangata whaiora, whānau, and staff will readily articulate the complex array of factors that affect their functioning.

The next step is to fully implement the pilot at one of the sites and apply the lessons learned. Following the pilot, and further tool and training package refinement, we are aiming to apply the framework nationally at a number of other treatment services. The framework will be applied at a number of sites to ensure coverage of the range of venues and conditions in which Māori access treatment: for example, in terms of geographical location, treatments used (including kaupapa Māori and 'mainstream') and institutional location (e.g., District Health Board versus non-Government organisations).

As well as, multi-site application testing the applicability and usefulness of the framework across a range of venues, it will also contribute significantly to the development of the knowledge base in this area. It will enable more systematic descriptions, and comparisons, of the full range of alcohol and other drug services accessed by Māori in New Zealand. The data gathered from this process will help to identify key areas in need of further focused investigation, and provide a solid basis for such research. It will also contribute to service development through the construction of a self-audit tool for services, and potentially, guidelines for best practice.

Anticipated Long Term Outcomes

The current project is the first phase of a broader project that will make a significant contribution to improvements in Māori health via further developing effective treatments of alcohol and other drug related problems. This contribution will occur through several pathways (see Figure 3):

- The documentation of practices and processes of Māori responsive alcohol and other drug treatment
- Providing guidelines for operationalising Māori health frameworks
- Establishing a validated tool for the self-evaluation of services that provide treatment for Māori with alcohol and other drug related problems
- Contributing to the development of the Māori alcohol and other drug treatment and research workforce
- Contributing to the development of guidelines for training
- Contributing to the knowledge base relating to alcohol and other drug treatment

for Māori, including treatment outcome data

- The substantiation of core elements of treatment for Māori, and a basis for research that identifies individual treatment needs as well as more controlled experimental evaluation of Māori focused alcohol and other drug treatment
- Guidance for policy development related to alcohol and other drug problems in the Māori community
- Building upon the knowledge base required to increase the participation of our whānau and community in research and treatment development.

In summary, TAROTO represents a crucial step in the construction of a solid foundation, for Māori alcohol and other drug treatment and research development, which simultaneously maintains the integrity of Māori kaupapa, and the requirements of systematic scientific investigation.

Tāroto Kaupapa – Māori Health Gain via Alcohol and other Drug Treatment

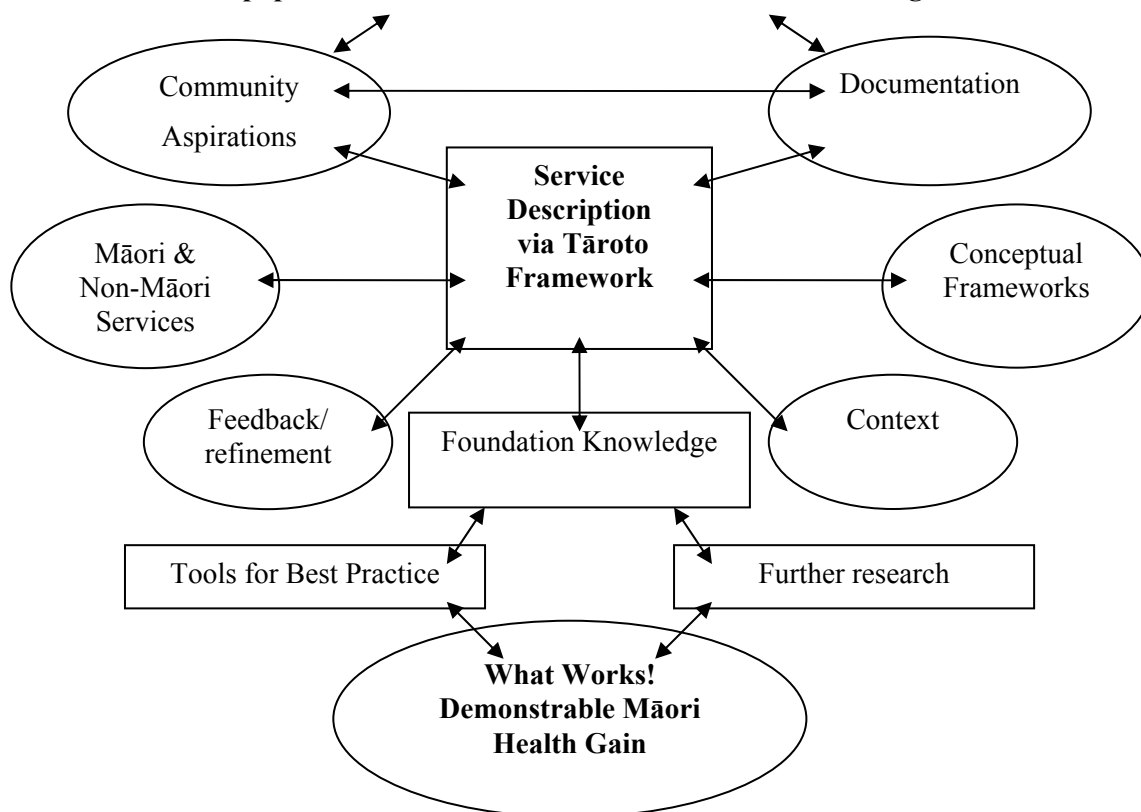


Figure 3. The big picture: Project context.

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Bizarre thoughts, magical ideations, and voices from the unconscious:

Exploring issues of anomalous experience

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This project was initially concerned with the clinical interpretations of ‘bizarre’ or ‘magical’ ideations (i.e., statements considered to have little or no validity in our predominant western culture). The first study explored clinical assessment issues of who determines the validity of expressed beliefs and what kinds of criteria such decisions are based on in the mental health field. The present study examined a particular type of magical ideation, an auditory phenomenon involving claims that forward spoken conversation contains hidden backwards speech embedded in the vocal sounds. Thirty-two participants were invited to listen to various audio samples of the alleged phenomenon and provide interpretations of what was heard. Participants were assigned to four groups, each differing in the level of pre-emptive information. A comparative measure revealed that priming and suggestion could not be dismissed as alternative explanations of the reported effects. Clinical and social implications will be discussed.

Our inquiry began with this question:
What criteria distinguish an authentic spiritual experience from mental illness?

Historically, the line between spiritual experience (e.g., some forms of religious phenomena) and psychosis is vague (Sanderson, Vandenberg, & Paese, 1999). The resultant effect being that such experiences were regarded by some (for instance Sigmund Freud and Albert Ellis) as irrational, delusional and antithetical to mental health, whereas others had insisted on the salience of spiritual experiences as a major and integral aspect of mental health and self-actualisation (for instance Carl Jung and Abraham Maslow).

Despite the impact of religion on the form and content of mental illness, mainstream psychiatry has tended to ignore, pathologies, or dismiss, such experiences to the fringe of accepted practice with such labels as ‘existential’ or ‘cultural’ (Turbott, 1996). Religion centres on existential issues that can have profound psychological importance, but conflicting religious beliefs and experiences can be both a reflection of psychological distress as well as a cause (Exline, Yali, & Sanderson, 2000).

Conceptual, Diagnostic, and Assessment Issues

Concepts of spirituality in Aotearoa are diverse and show enormous variation. Indigenous Māori spiritual concepts (Irwin, 1984) may be largely misunderstood by health practitioners in general, and mental health professionals in particular (Turbott, 1996). Krawitz and Watson (1997) offer the following perspective on the current professional situation: “When a Pākehā health professional sees a Māori patient, it has, in the past, been too easy to ascribe psychological, rather than social or cultural, explanations to the presentation” (p. 475).

Recent psychiatric literature and contemporary sociopolitical developments suggest a need to reconsider the place of religion and spirituality in mainstream psychiatry (Turbott, 1996). The current Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) provides guidelines for discriminating normal and abnormal behaviour, but little guidance is given regarding religious experiences and spirituality. These are generally ignored, with somewhat vague reference given to

‘certain cultural contexts’ (American Psychiatric Association, 1994). The reliance on ‘cultural contexts’, for the determination of abnormality, is particularly problematic in a multicultural society where beliefs and practices vary widely among different religions, denominations, geographic locations, and ethnic subcultures (Sanderson et al., 1999).

The DSM-IV raises issues of:

- Who determines whether the experience is culturally congruent?
- What assessment criteria should be used in making the determination?
- What aspects or dimensions of the experience are important in making these kinds of decisions?

Such issues are problematic for mental health professionals who must decide the mental status of individuals reporting ideation and behaviour motivated by spiritual concerns (Sanderson et al., 1999). Furthermore, mental health professionals in Aotearoa continually face challenging clinical situations that involve magical ideations and ‘bizarre’ thinking, and thus, they need to be aware of the range of belief systems within mental health services (Caldwell & Jorm, 2000).

Magical Ideation

Historically, ‘bizarre’ ideations have been linked to spiritual experience as well as to mental illness (Eckblad & Chapman, 1983). They may also derive from, and include superstitiousness, clairvoyance, telepathy (American Psychiatric Association, 1980), beliefs in magical influences, the new age, and the paranormal (Roe, 1999). ‘Magical Ideation’ may be defined as: “The belief in what Western culture would consider invalid causation, such as superstitiousness, clairvoyance, telepathy, and so on” (Lindsay & Powell, 1994, p.335). In other words, a belief in forms of causation that by conventional standards is insupportable.

However, it is interesting that magical ideations have been found to be prominent characteristics of people considered to be at risk for the later development of schizophrenia (Eckblad & Chapman, 1983), and may be related to or manifest as visual

and auditory hallucinations (Chadwick & Birchwood, 1994; Close & Garety, 1998).

Magical Ideation Assessment

Eckblad and Chapman (1983) developed a scale of magical ideation as an indicator of ‘psychosis proneness’, which focused on the unconventional beliefs that were defined above. The instrument is a 30-item, self-response questionnaire designed to measure the magical ideations judged to be characteristic of schizotypal disorders, and it is considered a general measure of proneness to psychosis (Chapman, Chapman, Kwapil, Eckblad, & Zinser, 1994).

The aim of the initial study was to examine how mental health professionals and primary caregivers make judgements and assessments pertaining to the authenticity and mental health of tangata whaiora, where ‘magical ideation’ is a component of their diagnosis. Examples of magical ideation were presented on the Magical Ideation Scale, as developed by Eckblad and Chapman (1983). Some Māori spiritual concepts were included because tangata whaiora are overly represented in the New Zealand mental health system, and like any spiritual notion, Māori spiritual ideas can be expressed like magical ideation-type assumptions.

The Initial Study

The participants involved in the initial study were three groups of mental health professionals (i.e., seven clinical psychology trainees, three mental health support workers from a community-based mental health-care agency, and five mental health professionals such as registered registered nurses and cultural facilitators). Almost all of the participants were Māori, and most of them shared a deep awareness and understanding of Māoridom, in an experiential sense, and were brought to the field through a desire to serve the needs of Māori.

A modified version of the Magical Ideation Scale (MIS) was used. All of the items inquired about the subjects’ interpretations of their personal experiences, rather than belief in the theoretical possibility of magical forms of

causation. Some of these experiences (e.g., superstitiousness, clairvoyance, telepathy, “others can feel my feelings”, etc.) may enjoy subcultural support; other items tap beliefs that receive little or no subcultural support, such as secret messages in others’ behaviour or in the arrangement of objects (Eckblad & Chapman, 1983). Higher ratings would indicate that the subject may perceive the expression of such statements from another as indicative of mental health problems. Many supplementary items were devised to reflect culturally (and subculturally) supported ideas in New Zealand.

The questionnaire was administered to the three groups, and upon completion of the questionnaire, the participants in each focus group were engaged in discussions where they were asked to comment on the issues arising from the questionnaire items. The participants in this study made a number of astute observations concerning the relationship of magical ideation type experiences and the current mental health system in New Zealand. They also made recommendations concerning the improvement of service delivery. These included:

- The importance of examining reported strange experiences in the context in which they occurred
- Group collaboration with appropriate persons recognised within the community as having the necessary expertise to provide informed perspective on such issues. The need for information-gathering is central to the clinical interview process (Matthews, 1997), and the inclusion of information of such pervasive constructs as dimensions of spirituality may well be significant knowledge to accumulate
- The consideration for New Zealand-specific diagnostic instruments – not just using the normed data of foreign-based instruments – but psychometric measures to reflect New Zealand’s unique psychological needs
- Rethinking aspects of mental illness, as some participants regarded that some anomalous experiences may not actually be indicative of mental illness, but rather possession of positive talents – even if distressing.

The participants identified the necessity for acquiring knowledge of cultural ‘norms’, and utilising that information in the assessment process. This view supports the Ministry of Health (1995) guidelines. A point of interest that arose from this investigation concerned the ‘positive’ aspects of psychosis, and that such experiences may be sanctioned in Māori lore, but may be misconstrued as a lesser phenomenon with potentially detrimental consequences. Although ‘bizarre’ ideations have been linked to mental illness (Eckblad & Chapman, 1983), current trends in popular beliefs may also tend to normalise previously unaccepted ideas. If this is so, how will such social changes affect conceptions of magical ideation and psychosis?

An experiment

In order to investigate the effects of a contemporary magical ideation we decided to test the little-known but interesting controversy that exists concerning claims that backward messages are hidden unintentionally in all human speech, and that the messages can be understood by recording normal speech and playing it in reverse (Newbrook & Curtain, 1998). The aim of this experiment was to investigate the effects of this phenomenon using signal detection methods to observe listener’s perceptions of famous and suspect ‘reverse speech’ samples. The manipulation of suggestibility and priming variables were the focus of this investigation to examine the potential role they may play in reverse speech perception.

The participants in this study were 32 undergraduate students attending a psychology course at a tertiary institution. The experiment utilised a between-groups design, as outlined by Kazdin (1980), where participants were randomly assigned to four groups of eight. Each group was exposed to a different set of procedures. Seven short recordings of alleged reverse speech sequences were selected from the ‘Reverse Speech’ website and transferred onto analogue tape. The recordings were selected as they were generally regarded as examples supporting popular theories and claims of reverse speech (Oates, 1991; 1996). Examples of the recordings:

JFK assassination radio broadcast

Suspect reversal: "He's shot bad, hold it, try and look up".

Alternative reversal: "She's not bad, mould it, fly and look out".

O.J. Simpson Trial

Suspect reversal: "I fear the dead wife".

Alternative reversal: "I feel the lead pipe"

Neil Armstrong's Moon landing broadcast

Suspect reversal: "Man will space walk".

Alternative reversal: "Bats hit cave walls".

After each participant had been invited into the laboratory, they were exposed to one of each of four conditions that differed in terms of the amount of information given prior to each trial. For instance, the 'suggestion' condition invited participants to listen for 'words or phrases' that may be in the stimulus, the primed conditions involved either the popular interpretation, or a phonemically equivalent alternative as a prompt. A control group were provided with no prompts or leads whatsoever.

Analyses were conducted to test for significant differences between the control, suggestion, and each primed group. A one-way ANOVA revealed significant differences between groups, $F(3,28) = 6.2$, $p < 0.05$, and a Tukey's post hoc test was conducted to examine where these differences were. The largest differences occurred between the Control and Primed (suspect) groups ($p < 0.05$), as well as between the Suggestion and Primed (suspect) groups ($p < 0.05$). No significant difference was found between the two primed conditions ($p > 0.05$).

Figure 1 shows that participants in all test conditions had "heard something", or interpreted meaning in the target stimuli. The results show that the more information that is delivered prior to exposure to the stimuli, the more likely that participants were to hear apparent perceptions in the target stimuli. Furthermore, the two primed conditions yielded the highest means over the four conditions, these findings also

imply that the participants were perceiving what they were instructed to perceive.

The data in Figure 2 clarify the distinguishing effects of suggestion and priming. The Suggestion group reported hearing some 'meaningful' words and phrases after exposure to the stimuli on multiple trials, whereas the Control group made no claims. Both Priming groups more frequently reported hearing each phrase within the target stimulus on fewer exposures. The primed phrase was normally reported to have been present in the target stimuli within the first exposure.

The findings of this investigation indicate that the perceptual effects of reverse speech may be the result of priming and suggestibility. In other words, perception of reverse speech may say more about the listener than it does about the speaker. Consequently, the outcomes of this study do not support the theory of 'speech complementarity' - that human speech has two distinctive functions and modes (Oates, 1996).

Conclusions

In conclusion, the issues raised by these studies sparked thoughtful and concerned commentary from the participants. As can be seen, the discussion went somewhat beyond the original question of comparing spiritual experiences with magical ideations, and how we can separate beliefs that might be judged as "magical" and inappropriate (and thus having possible diagnostic implications), from those that are "magical" but fall within the conventional belief structures of a given group or culture. Various criteria that were relevant to this judgement were suggested, such as considering context, and the acceptability of the beliefs in cultures with strong spiritual values. Caution should be exercised in the use of a US-derived magical ideation scale for research on individuals prone to develop schizophrenia in Aotearoa/New Zealand.

Nevertheless, given the above discussions and laboratory-derived experiment, the notion that conventional spiritual beliefs cannot be separated from unusual thinking patterns of people with, or prone to develop, schizophrenia was not supported.

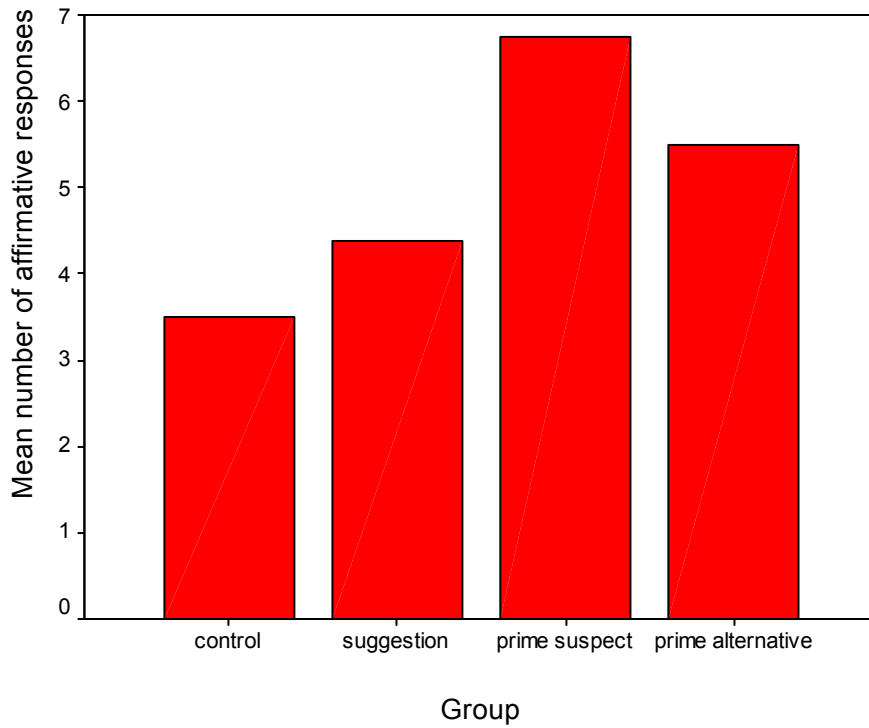


Figure 1. Mean affirmative responses for control, suggestion, and primed groups.

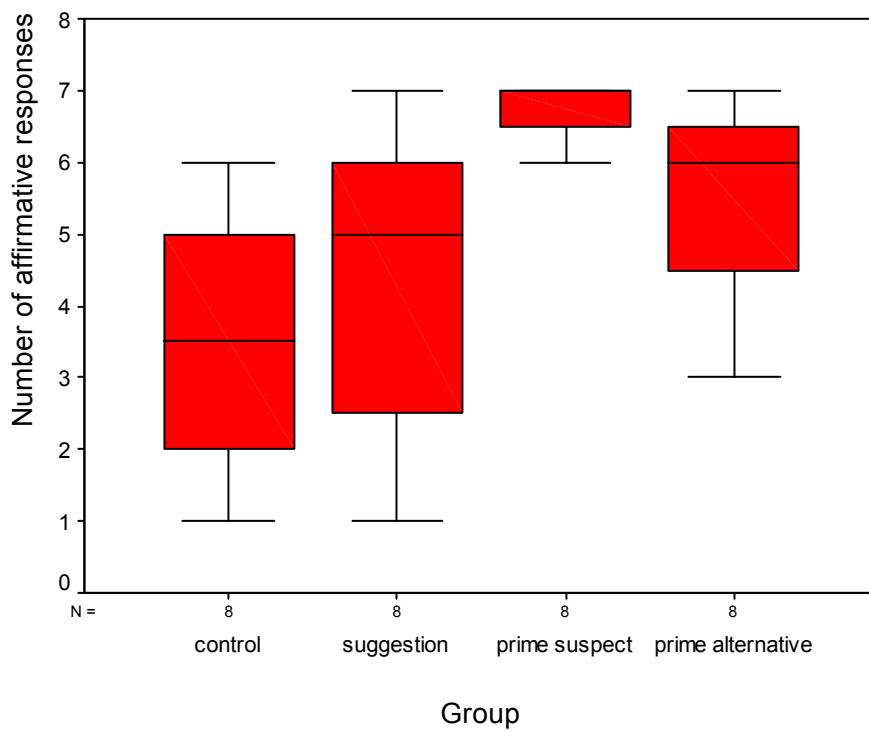


Figure 2. Distribution of affirmative responses for control, suggestion, and primed groups.

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Kia matāra: Negotiating Challenges in Māori Development. Moderator -
Bridgette Masters

A collaborative approach to improving youth mental health.

Debbie Waireka Tuhi Goodwin

Manager, Whai Marama Youth Connex: a youth mental health advocacy service in the Waikato region.

Nga Taiohi Whai Marama / Youth Connex was developed collaboratively by three organisations: Health Waikato Mental Health, Te Runanga o Kirikiriroa, and Linkage. These organisations had a vision of creating greater integration and improved pathways between youth and mental health services, as well as providing a service explicitly based on youth-friendly principles. The key aims of Whai Marama Youth Connex are to improve youth's access to services and contribute to the development of a youth service-provider network. To fulfil this we aim to provide a range of services, integrated pathways and capacity building on several levels, the client level, the provider level and the funder level. Debbie Goodwin (Tuhoe) was employed as the Manager of the service and has a key role in developing the organisation, planning and shaping its services, and employing and managing its' staff. She will give an overview of how the service is developing in partnership and biculturally, how youth-friendly principles are enacted, and what some of the key issues have been in its early stages.

Kei te mihi nui ki a koutou katoa

Ko Mataatua te waka, Taiarahia te maunga, Ohinemateroa te awa, Ko Te Mahurehure te Hapu, Te Rewarewa te marae.

My presentation today covers my journey developing a new organisation over the last seven months under the umbrella of "partnership" in the area of early intervention in youth mental health. I am also going to discuss some ideas around collaboration, given that the service is about working together in partnerships of many kinds.

As the Manager of Whai Marama Youth Connex, I have a key role in developing and shaping the organisation and its services, employing and managing its staff and facilitating relationships on many levels, including working with the Whai Marama Youth Connex Steering Group, and forming good relationships with other mental health service providers, youth service providers, and key community stakeholders. This project is about working towards integration between a wide range of people and organisations within the

mental health sector, the youth sector, the community, and government sectors.

The History

In its initial stages Nga Taiohi Whai Marama / Youth Connex was initially labelled "Team Y: the integrated youth mental health project". Three established community and government organisations, Health Waikato Mental Health, Te Runanga o Kirikiriroa, and Linkage, developed the idea for it collaboratively. These organisations submitted a proposal to the District Health Board with a vision of creating greater integration and improved pathways between youth mental health services, as well as providing a service explicitly based on youth-friendly principles.

Before my involvement, an implementation plan was developed in consultation with a range of people who work with youth. This plan provided the

value base, vision, mission, and targeted services that were to be provided over a phased implementation process. One of the points about collaboration is that, contrary to the belief that collaboration will be quicker, practical experience shows that it initially takes longer. The planning phases of this service took approximately nine months; the implementation phase took almost a year from the employment of the Manager to a point of service delivery and service consolidation.

The Development Process

Following are some key processes and structures that were developed to give validation to the desired principles of being youth friendly, and involving youth participation, integration, and partnership.

Shared Governance role with youth

One of the first developments to take place was youth inclusion on the governance structure. This provided oversight for the employees of the service and accountability for the funders.

A steering group was set up and included key representatives from the three partnering organisations and three youth representatives from the community. The desired ideal was a 50 / 50 split between youth and adults, and a 50 / 50 split for Māori and non-Māori.

Youth represented as workers / employees

Secondly, there was the recruitment of youth as employees of the service. Given that the agreed definition of youth was 12 – 25, five young people under 23 were employed in the service, out of nine employees.

Youth represented at the service level

A youth participation / consultation group was developed over the first few months with the aim of training and providing young people with skills: enabling them to have input into the projects and service delivery of the organisation. Again, a key point in this process was the lengthy time it took to develop a core group of participants who had a commitment to the kaupapa. Providing incentives and transport assistance has enabled this group to be

maintained and grow. A problem encountered in this process was the difficulty in getting a wide range of young people to feel comfortable in a group of people who are quite different from themselves. An alternative strategy is being developed, where groups of similar young people (generally grouped on the grounds of ethnicity) are supported both as separate entities and as a collective.

Development of youth friendly models

Another key area of development for the service has been facilitating the formation of our service delivery models to align with the values and principles of youth-friendliness. The staff have been able to shape models which they consider to be “youth-friendly” ways of working. Such principles include youth accessibility, appropriateness of the service for youth, affordability, and dealing with confidentiality issues. Therefore, delivery is free, transport is provided, and choice about environment is given. An 0800 freephone number is provided, service information is printed in a youth-friendly format, and assessment processes are delivered in a way that is both holistic and youth-friendly.

Developments of service delivery have included the implementation of a simple assessment called the CHEADS assessment, and the use of strengths-based collection of background information. CHEADS, is a developmental framework, and is an acronym for Culture, Home, Education, Activities, Drugs and Alcohol, Sex, Suicide. It takes into account a holistic and developmental view of the young person which looks at both risk and protective factors.

Our model of service delivery places emphasis on the context as well as the content, because the context and environment of the “interview” or “assessment” is extremely important to young people. There was much discussion among the staff about providing the right environments, ways to develop rapport, the use of Māori processes such as when and how to include mihi, and a lead worker role to maintain continuity for the young person.

A key barrier has been the physical locality and clinical-feel of the offices. To

address this, a youth space has been established and plans to move closer to the central city are in the pipeline.

Paradigms in development processes

It is often difficult to change people's existing paradigms. Mathews (verbal presentation, Beyond the Rhetoric in Early Intervention Conference, Adelaide, March 2003) has developed what he terms a transformational paradigm, which is a tool for changing processes and ultimately gaining effective outcomes from "programmes" through transforming people's way of viewing the world and its various "problems," and through reflexive practise.

The staff's paradigms about young people, and how to work with them, were essential to the development of services that would ultimately provide both structures and processes in working with youth that were positive, strengths-based, and relevant to young people. It was helpful that most of the staff were free from preconceived ways of working within existing mainstream mental health frameworks. Much of the training and capacity building work with other organisations is about changing paradigms and frameworks people have about working with young people.

Development of a Bicultural Service

The service has had key inputs from Māori, the Manager being Māori and five of the eight other staff are also Māori. Given that Māori live biculturally, and span both Western-European and Māori worlds, a model of a bicultural service is being developed. However, we are not solely a by-Māori for-Māori service, as we are aiming to deliver appropriate services to Māori and non-Māori, and we are able to use our staff to provide both a Māori kaupapa and a general kaupapa for youth and whānau.

Organisational Contributions – some positive outcomes of collaboration and partnership.

One of the interesting elements of the project has been the experience of partnership between three health organisations. The structures and supports

each have brought to bear on the project, and the contributions each have made, have greatly aided its successful implementation.

Te Runanga o Kirikiriroa: At present, the project operates from Te Runanga o Kirikiriroa's offices in Higgins Rd., Hamilton. Te Runanga is an urban iwi authority for matā waka and Pacific peoples. Its aim is to support the development of Māori and Pacific people within Hamilton city. It is also a health provider and has a range of health contracts.

Te Runanga o Kirikiriroa supports the project by providing an environment and organisational culture which is kaupapa Māori, supporting with powhiri, mihi, karakia, kaumātua, mentorship, and help during crisis support. It also provides financial support services, human resource infrastructure, reception services, policy and service development support, and other practical support to staff.

Linkage: Linkage has a base in the centre of Hamilton. They provide referral and brokerage services to all people who access them. Linkage contributes a model in referral and brokerage that Whai Marama Youth Connex has adapted. It has provided the project with mentors, experience in service provision, and data capture systems (for example, referral, and other client forms, which have been adapted to Whai Marama's services delivery model). It also provided the key vision for the website and database developments, with the aim of improving information about services through the medium of the internet.

Health Waikato Mental Health: This is part of the District Health Board services, which provide core mental health services to the Waikato population, including hospital-based services; community adult mental health; drug and alcohol; maternal mental health; and child, adolescent and older person's services. Contributions from this organisation include a range of support services including financial management and human resource infrastructure, managerial training, supervision, and in particular, networks with other mental health services within Health Waikato.

Although the present rhetoric around "collaboration", "partnerships", and "working together", is prolific, there is

actually little research which that can inform on how effective collaboration works. Future evaluation of this service is planned to provide information about how collaborative ventures such as this work, and what the negatives and positives are.

Collaboration and power dynamics

When I think about collaboration, I think about the marae. A Marae is where “working together” really happens. A marae could not exist without people who work together. Some definitions of collaboration include the following....

- Collaboration involves partnerships where people work co-operatively towards shared goals.

Collaboration is:

- Shared authority and responsibility for, and management of, the work
- Joint investment of resources, e.g., time, work, funding, materials
- Shared liability or risk taking and accountability for the partnered project
- Collaboration on common causes
- Mutual benefits (Pomeroy, 2000).

Notions such as collaboration, integration, partnerships, and the like, need to be defined explicitly as there are many different meanings for these words. For example, for some people, collaboration can have negative connotations; due to the use of the term collaborator in wars, and the fact that sometimes collaboration has worked against Māori. Similarly, the meaning of “partnership” can have many

forms when using a term such as “in the name of partnership”. Because of the range of collaborations and partnerships occurring, including the Government-driven policies about integration and partnership, it is essential that each partner or stakeholder comes to an agreed understanding of the meaning of the words used in that specific context.

Research suggests that agencies, client groups, and communities do not benefit equally from the emergence of integrated and/or co-ordinated activity, and that powerful agencies tend to dictate both the open and hidden agendas on which multi-agency business is conducted (Blagg, 2000). Powerful agencies are often in a position to influence agendas and even the composition of community forums. One suggestion is that government agencies and service providers need to be aware of their power and modify their behaviour to minimise this.

Summary

The project is still at the early stages of establishing a service with a youth-specific orientation in the Mental Health field, through integrative and partnership approaches. There are many lessons to be learnt in the future about collaboration, but there is definitely anecdotal evidence that collaboration between various agencies can contribute to greater accessibility and improved service delivery for young people.

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Taku Manawa: Patterns of alternative health care practices in Aotearoa/New Zealand.

Laura Whangapirita, Ngāti Porou

University of Waikato

I te wa ka taea e te whānau ki te tiaki e o ratou ake hauora, kua whakapakari ake te whānau, kia mahi tahi i te taha i o ratou ake hapu iwi.

Where whānau can manage our own health, the whānau is strengthened, as is whānau ability to participate in our own communities.

(Ministry of Health, 2001, p. 10)

Currently, there are an increased number of Māori people seeking alternative solutions to their health needs. The use of Rongoa Māori is not just an alternative health practice, but also a traditional one, making the practice far more significant than one that simply meets health needs.

This thesis extends the work by Segina Te Ahuahu and me during the summer of 2001/2 where we collected qualitative data about patterns of rongoa rākau use among Māori in Ruatoria and Rotorua (rural and urban areas respectively). In that study we found that, both people who reside in rural and urban communities have limited financial resources, and limited access to mainstream medical facilities. They rely upon alternative medical interventions as a first, or complementary, response to illness prevention or to ill health and injury. Using this work, I developed a conceptual framework that formed the basis for my thesis. While my own experience as Māori attests to the relevance and significance of these health practices, little documentation regarding the use of both alternative therapies and Rongoa Māori, in the context of Aotearoa/New Zealand, exists. Due to this, I felt it important that I advance this work in an attempt to gather knowledge regarding these health-care practices.

Herbal medicine is currently undergoing a resurgence in many developed countries (Fraser, 1995). Nearly half of all medicines currently prescribed are derived from species of the plant kingdom (Dobelis, 1986). According to the World Health

Organisation, 80% of the world's population use herbal medicines in one form or another (Fraser, 1995). The resurgence in herbalism has been a worldwide movement. Indigenous people from around the world (including Māori) are now re-considering the economic value of traditional healing methods. In Aotearoa, there has also been a renewed interest across the health professions, which in general, have become more aware of Māori models of health, wellness, and healing (Durie, 2001), and of alternative therapies such as homeopathy, acupuncture, and reflexology. People described as 'ordinary' or services described as 'mainstream' are now actively engaging in these practices (Clarke, 2001).

Promoters of alternative medicine believe that these approaches to healing are safe, natural, and through experience do work. In certain countries, alternative medical practices such as acupuncture, homeopathy, and reflexology are the most widely used methods of health care. However, many practitioners of modern conventional medicine believe these practices are unorthodox and unproven (Blackman, 2002). Thus, literature relevant to Rongoa Māori, like the traditions of many non-Western peoples, tends to dismiss such practices as unscientific, quaint, and superstitious (Voyce, 1989). Traditional, complementary, herbal, and alternative medicine attracts the full spectrum of reactions, from enthusiasm to uninformed scepticism. Despite this, the

use of traditional medicine remains widespread in developing countries and the use of complementary and alternative medicine is increasing rapidly in developed countries (World Health Organisation, 2002).

In Aotearoa, there is an increasing existence of integrated health services. Acknowledgement of cultural values is occurring, and service providers are gradually moving towards servicing the consumer's rather than an institution's needs. The importance of culture to Māori well-being is being recognised with the establishment of Kaupapa Māori programmes and Māori health services (Durie, 2001). With the establishment of these services, people now have alternatives available in their health care. Given the convergence of mainstream medicine with traditional and alternative healing practices, the value of this research resides in knowing more about the place of alternative therapy with particular reference to Rongoa Māori as a health care practice indigenous to the Aotearoa/New Zealand context. However, for the purpose of this paper I will only be presenting the data relevant to the current use of alternative therapies.

Methodology

Students enrolled in two undergraduate psychology courses at the University of Waikato constituted the population from which the sample in this study was drawn. The researcher invited students in one course to participate in the study. While students did not have to complete the questionnaire as part of their course work, they were required to at least familiarise themselves with the content of the questionnaire so that they could engage in required online tutorial discussions about alternative therapies. For the other course, a 1% course credit was an incentive. To gain this credit students completed the questionnaire as well as a one-page commentary about the research process. This commentary was used only as a learning exercise and was not included in the data set for this study.

The people who participated in this study were all undergraduate students of psychology at the University of Waikato. In total, there were 106 respondents to the

online questionnaire. Of the respondents, 32 replied that they were female and four male, with 71 respondents' providing no response to the gender question. Almost half (43) of the respondents were aged less than 20 years old, 12 were in their twenties, and nine were mature students over 30 years old. Forty-three respondents provided no response to the age question. Given the high rate of participants not responding to these questions, the researcher can only presume that the respondents had concerns with providing personal information.

Findings

With respect to the current use of alternative therapies, the findings indicate that respondents' families facilitated initial exposure to alternative therapies. The data also show that many respondents continue to be reliant on these networks. For the majority of respondents, these relationships were important for facilitating access to the relevant resources. Issues such as knowledge-base limitations, time constraints, and cost concerns were identified as barriers to respondents' use of alternative therapies.

Similar factors were also evident in data pertaining to medical pluralism. Respondents admitted to being more reliant on Western therapies simply because they were more familiar with this form of health care. While some people used alternative therapies as their main health care method, Western therapies were utilised more frequently and with more confidence. Although alternative therapies were more popular as a preventative health care measure, Western therapies were generally utilised more frequently.

Alternative therapies were used by this sample to achieve increased chances of better health through more holistic, non-intrusive, and natural health care practices. Respondents identified that various barriers such as knowledge limitations, accessibility issues, time constraints, and cost concerns had influenced their use of alternative therapies. Accordingly, these barriers were also highlighted as deterrents to the attendance of workshops relating to alternative therapy use, as well as workshops on ritual procedures associated

with such therapies. It is important to note that themes similar to those found in the current use section were also common in both the future use and Rongoa Māori data.

Conclusion

This thesis sought to gain information pertaining to the use of alternative therapies within the context of Aotearoa/New Zealand. Although this study is a continuation of a preliminary investigation entitled *Urban/Rural Patterns of Rongoa Rakau Use Amongst Māori*, I feel that it has only begun the initial stages of what is needed in this area. This research has contributed to increasing the current level of knowledge regarding this field of research. It has provided a basis of knowledge from which future researchers can work. However, implementation of the recommendations for further research might also encourage improved safety, efficacy, status, access, affordability, and knowledge

of alternative and traditional therapies and relevant services.

Overall, alternative therapies (Rongoa Māori inclusive) are a health care method that is experiencing a current resurgence due to its holistic, natural, and non-intrusive approach. Nevertheless, for most people, access and knowledge limitations are having an impact on their patterns of use. This research suggests that if access to these therapies, and knowledge about services, increases, so too would the levels of competency and the patterns of traditional and alternative therapy use.

*I leave you to dream the dream that I
and many friends have treasured
through the years, that worthwhile
elements of the old Māori culture, the
things that belong to this beautiful
land, may be preserved for the New
Zealand Nation (Sir Apirana Ngata,
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Place attachment and traditional place: An examination of the relationships Māori have with place and its contribution to wellbeing – a work in progress.

Lani Teddy

Attachments to place are increasingly regarded as fundamental to a secure self-concept and the subsequent attainment of psychological wellbeing. Examinations of the relationships Māori have with land and the wider environment inherently involve an examination of the activities that maintain the connection and the functions of the relationship. Models brought together from a number of disciplines will be explored and expanded in an attempt to identify how places become salient to self-concept and wellbeing for Māori; specifically the dimensions of continuity, distinctiveness, attachment, familiarity, and symbolism. These dimensions will be applied to Ngai Te Ahi, a hapu of Ngāti Ranginui from Tauranga, and their attachment to Hairini Marae, a place all members of Ngai Te Ahi have in common. Such an exploration will further the cultural dimension of place attachment, and provide a current description of the relationship between the land, identity, and wellbeing, for Māori. Preliminary results will be presented.

Paper not submitted.

Kia mau: Recruitment and Retention. Moderator - Moana Waitoki

The intergenerational perpetuation of achievement messages in whānau

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The current research is an open exploration of achievement messages that are carried from generation to generation in whānau, in relation to the mainstream education system of Aotearoa. Participant groups comprised of two to three generations within each whānau. A maximum of eight whānau will be asked to participate. A series of continuous conversations will be held with each member of the whānau, reminiscent of the narrative approach, but most recently described as a methodology that allows for ensuring that data is collected in its fullest form. Differing views about achievement and how it is negotiated within whānau will be explored; along with issues on what, and who, within whānau are the most predominant indicators of achievement views. Detracting from an ethnocentric view of scholastic ability (a common marker for achievement) is done through abandoning mainstream ideals. This research favours an open exploration approach allowing for differing values about what constitutes achievement, and what context achievement is based in. Outcomes of the research are intended to show patterns within whānau and among Māori on the mainstream school system, and how this system has contributed to achievement messages. The positive or negative nature of the contribution from mainstream education is highly important and relevant to further research goals, including the ability to use outcomes to suggest social change in education provision for Māori.

The initial conceptual framework for this research was an attempt at an adaptation of North American Model formed by Duran and Duran (1995): Intergenerational Post Colonial Stress Disorder (IPCSD). Utilising this model and adapting it to suit Māori education in Aotearoa was problematic, because of the various reasons that this model would have attributed any differences in Māori experiences of education to. In order to explain the difficulties with the model, I will give a brief outline of its elements and then explain the implications of using IPCSD with this particular research focus.

Intergenerational Post Colonial Stress Disorder

IPCSD attempts to explain the destructive behaviour patterns that are practiced and replicated through the generations in indigenous families. Domestic violence is the behaviour that this

model was created to explain, but it is the historical and generational way in which behaviour is described that attracted me to this model as a possible framework for describing Māori and education.

In its simplest form, IPCSD describes historical events that have caused trauma in the lives of indigenous peoples from generation to generation. Duran and Duran (1995) point to the loss of land, language, and culture as markers of initial trauma for the indigenous group, which is described as a holocaust type event such as that suffered by the Jewish population during the Second World War. This thesis research was attempting to pinpoint the loss of land, language, and culture in Aotearoa through different acts, policy, and initiatives in education. From this traumatic loss, indigenous peoples are left to not only deal with the cultural impact, but also to make sense of the oppression that they have suffered. The model explains how (unlike

Jewish peoples) making sense of oppression is complicated by the lack (or non-existence) of recognition from the rest of society that the historical acts of oppression were unnecessary, hurtful, or oppressive at all, or that the events ever took place. From here, indigenous peoples look at themselves as the cause of the trauma that they have and are suffering. The message that the indigenous people are responsible somehow for their loss and ongoing deprivation is then passed down from generation to generation, through behaviour and beliefs that become a part of family life. In short, society sends the message that indigenous trauma is isolated from oppression, and that the anger, or other emotion(s), that exists due to the trauma has no place to be resolved in society. Therefore, it stays in the indigenous community and the family.

Thus, my interest in this model was because of its attempt to explain how Māori may hold views that they themselves are responsible for their failures in the mainstream education system of Aotearoa. Without marked recognition from the rest of society about the failings of the system itself in providing for Māori, where then do Māori look for explanations of low Māori retention rates and academic pass rates?

How the Conceptual Framework Fits with Māori and Education

IPCSO was eventually abandoned as the sole conceptual basis for the research for two main reasons. Firstly, it is a model of disorder, which would succeed in pathologising the experiences of Māori. Attributing the complex reasons that Māori have for their current participation and achievement rates to some type of disorder gives little respect to the diversity that exists within the Māori population. For example, if children are taught that knowledge of whakapapa, iwi, or other cultural concepts, outweigh the importance of knowledge from mainstream schooling, under the analysis of the IPCSD model this would be measured as a failure to achieve, and attributed to the generational disorder described by IPCSD.

Secondly, and perhaps more importantly, an analysis based on this conceptual framework assumes the

superiority of mainstream knowledge. This is assumed almost by default where achievement in mainstream schooling is a reference point from which to measure whānau encouragement, commitment, and the level at which they would value mainstream education for the absolute good of their children. Initially, no conceptual space was given to explain, describe and explore the myriads of forms of knowledge that Māori may value.

The conceptual framework that has developed from this initial focus more readily allows for values and perspectives that are not largely included in mainstream schooling.

An Open Exploration Approach

The conceptual framework that now forms the basis of the research and the method of gathering information differs markedly from what has been described above. There is now no 'hypothesis like' framework to work from, where the researcher poses a question that necessitates interpretation of behaviour in line with a model or theory. What has emerged is an open exploration approach that is better able to deal with the complexities that may exist in whānau dialogue on education.

Some of the issues that are becoming clear in the literature on Māori and education help to clarify the need for open exploration as a methodology. Research that has been conducted on indigenous peoples and education indicates the need to analyse participation and performance with a more positive 'cultural fit' view. Considering participation and performance as a product of both appropriate provision of schooling and the ability of whānau to identify the shortfalls of the system is important in the construction and analysis of indigenous education research. For example, Schwabb (1999) found that a major consideration for Aboriginal parents in having their children participate in mainstream schooling was the degree to which they felt their child's investment in the 'white' school system would pay off with respect to future benefits such as employment. If the schooling was only to produce either a feeling of failing (in mainstream knowledge) or an assimilated child, then the degree to which this type of

education was valued lessened considerably.

There is also a need to explore the possible existence of commitment to mainstream education by whānau. Although some research suggests that, for many whānau, mainstream education is a default option (McKinley, 2000), there is evidence that shows that whānau do invest time and effort in succeeding in some academic sense. The aim of this thesis is not to push for higher recognition of cultural and alternate values of knowledge alone. There is also a need to recognise the ability of Māori to achieve academically and succeed at a high level.

The Importance of Context

The reasons behind the messages that may exist in whānau on mainstream education also need to be given context. There is a danger of conducting research about attitudes on education, where the attitudes are presented in isolation from events and experiences that have occurred and have served to shape these attitudes. Much research and literature describes the history of the mainstream education system in Aotearoa and the impact it has had on Māori from generation to generation. Appreciating the sometimes devastating experiences of earlier generations is essential in understanding the views that they may hold on mainstream schooling. For example, the language that is used in schooling and education is seen to reflect the cultural dominance that is suffered by Māori (Gadd, 1984). It is described as a:

...language of tests. The Tosca and the PAT tests sort out how well educable you are in the system... [and]... you will have spent maybe 10 years at school all the time being told openly or silently by your teachers that your language means that you and your family and your culture and your

community are not up to the education offered by the school (Gadd, 1984, p34).

The questions included in the information gathering method provide for recounting educational experiences that may be similar to those found in previous research, and those experiences are used to explain, and give some justification for, views held about schooling.

Conclusion

In the process of this thesis, forming a research question that does not necessitate an ethnocentric analysis has been a major challenge. The intricate way in which perspectives and societal norms interact to produce unbalanced accounts and attributions has been the main lesson learned as a researcher. From here, the goal of the thesis is to produce a research paper that respects Māori and bicultural perspectives, and allows for this diversity. The changing dynamics within psychological research, towards true indigenous research investigation, must not only allow for exploring indigenous concepts, but must seek to do so by employing methodologies and perspectives that are in themselves more in line with indigeneity.

I truly hope that this thesis teaches those who read it about the historical and generational effects of mainstream schooling on Māori whānau. There is something to be learnt from the attributions that society makes about the participation and performance of Māori in mainstream high schools, that cannot be captured by exploring either statistics or educational strategies that attempt to integrate te ao Māori. Whānau messages, in the context of the impact of mono-cultural schooling, must be explained and explored openly, and without overvaluing academic achievement.

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Poster Abstracts

Stigma and discrimination: Bicultural narratives of recovery from disabling mental health illness.

Hilary Lapsley*, Linda Waimarie Nikora†, & Rose Black‡

**Mental Health Commission, †The Māori & Psychology Research Unit, University of Waikato,*

‡University of Waikato.

In 1999, the 'Narratives' research team set about recruiting and recording the journeys of 40 people (20 Māori and 20 non-Māori) who had recovered from a disabling mental health illness. We were interested in documenting journeys into and out of a mental health illness, in hearing of the changes made and challenges overcome. One such challenge was the need for participants to make sense of themselves and their worlds within the context of persistent stigmatisation and discrimination from partners, family/whānau, friends, employers, the medical and mental health sector, and society at large. This poster presents the voices of our participants and their experiences.

Cultural Competency Training in Aotearoa. Can Multicultural Competency Training be Developed and Measured in a Bi-Cultural Context?

Moana Waitoki,

University of Waikato

The purpose of this work-in-progress is to determine whether international studies on multicultural competency training can be applied in a bicultural New-Zealand/Aotearoa context. A training programme will be developed from the international literature on multicultural competency training with particular emphasis on the Treaty of Waitangi in New Zealand. The study will deal specifically with ethnicity with components of multiculturalism (i.e., gender and age). Core domains to be included in the programme are awareness of bi-cultural issues, sensitivity to diversity, increasing awareness of biases and stereotypes, increasing cultural-clinical knowledge, and cultural-clinical skills and developing critical analysis skills when dealing with cultural issues in assessment, treatment and supervision. The programme will be used to develop culturally appropriate skills for health professionals working with Māori and non-Māori in a clinical setting, and clinical psychology students. A cultural competency measure will be developed (based on the Cross Counselling Awareness Scale CCAS and the Multicultural Counselling Inventory - MCI) and administered pre and post to obtain psychometric data for further use in Aotearoa.

Integration of Māori research methodologies with standard behavioural methodology: The example of precision teaching methods to attain behavioural fluency.

Margaret H. Williams

University of Waikato

This poster describes my masters thesis study where two experiments were completed to test whether Precision Teaching methods could help students attain behaviour fluency in statistical terms; to test whether application of Māori Research Methodologies could help recruit a higher proportion of Māori participants; and to identify which of individual and/or collective settings apply more appropriately for Māori to gain fluency in statistics. To answer these queries, thirty-six introductory psychology students participated in one of three interventions - one-on-one intervention, group intervention and/or waiting list intervention, then completed evaluation forms describing the research experience. The findings were similar for both experiments in that students gained fluency in statistical terms by means of Precision Teaching methods; Māori participation was high which suggested the Research Methodologies were appropriate to recruit and for the retention of Māori participants; and neither one-on-one learning or group learning proved detrimental towards attaining fluency in statistics. The evaluations suggested that the group method might be more preferred by the participants and the data suggests this is not detrimental to their learning.

Conceptualising a Kaupapa Māori Evaluation Methodology.

Bridgette Masters

The Māori & Psychology Research Unit, University of Waikato

The intention of this research is not to describe kaupapa Māori research, but to use it as a point of reference for the beginning of the exploration into the development of a Kaupapa Māori Evaluation model and its relevance to a range of groups. There are numerous publications regarding kaupapa Māori research, however specific methods pertaining to evaluation research are in early stages of development. With the number of stakeholders involved in evaluations of health promotion programmes in any community, there is scope for conflict and tensions. A suggested issue lies with reporting and accountability measures that do not fit well with between the different interest groups. By conducting interviews with people from a range of perspectives, it is expected that commonalities, variances, and conflicts shall be identified with regard to Kaupapa Māori Evaluation within an Aotearoa context.

Mental Health Research and Development Strategy.

Michelle Levy

The Māori & Psychology Research Unit, University of Waikato

The New Zealand Mental Health Research and Development Strategy (MHRDS) is funded by the Ministry of Health, administered by the Health Research Council of New Zealand, and supported by the Mental Health Commission. The overall objective of the MHRDS is to use research and development to identify ways that will improve the planning and delivery of mental health services in New Zealand, and is consistent with the Treaty of Waitangi and with the needs of consumers, family, whānau, and other stakeholders. Michelle Levy from the Māori and Psychology Research Unit (Waikato University) has been contracted to provide Māori Health Research and Policy Advisor in Mental Health to the MHRDS. This poster outlines some of key projects currently being conducted under the Mental Health Research and Development Strategy.

How adolescents define emotional conflict between their parents.

Rosina Pattison

University of Victoria

This study investigated how adolescents define emotional conflict (EC) between their parents. Previous research (Crawford, 2001) has found that adolescent's well-being is affected most negatively by parental emotional conflict when compared with physical and verbal conflict. What is unknown is what adolescents perceive or experience when parents are in emotional conflict (Cummings & Davis, 1994). In this study young people were interviewed in order to elicit their views and experiences of parental emotional conflict. The participants were 27 first year Psychology students, aged between 17-21 years old. The ethnicity of the group consisted of 11 Māori, 6 Pacific Nation, and 10 Pākehā students. From interviews three main categories were identified; maintenance of conflict, change in behaviour and change in relationship. Three conclusions emerged. Firstly, adolescents are able to recognise EC between parents as separate from verbal and physical conflict. Secondly, adolescents are themselves emotionally affected by EC between parents, and consequently they use both negative and positive coping strategies. Thirdly, adolescents are negatively affected if they do not witness reconciliation between their parents or see salient cues that the conflict has been resolved.

Presenters' Biographical Details (in alphabetical order).

Clive Banks

Ngāti Porou, Senior Clinical Psychologist, Te Whare Marie, Porirua Hospital

Simon Bennett

Ko Ngongotaha te maunga

Ko Rotorua te roto

Ko Te Arawa te waka

Ko Te Arawa te iwi

Ko Ngāti Whakaue te hapu

Ko Tame te Kapua te tangata

Ko Simon Bennett toku ingoa.

Currently working 0.8 as a Clinical Psychologist @ Te Whare Marie - Māori Mental Health Service in Wellington and 0.2 @ Massey University - Wellington as a Lecturer/Clinical Psych

Matthew Butterworth

Matthew is of Te Arawa and Ngāti Porou descent. He is in his sixth year of university and is completing his Master of Social Science and Post Graduate Diploma in Clinical Psychology. Matthew's research interests include healthy lifestyle change, sports psychology, and behaviour change.

Puawai Cairns

Hails from Tauranga (Ngāti Ranginui, Ngai te Rangi, Ngāti Pukenga). Education Advisor at Te Wananga o Aotearoa. MA (Hons), currently enrolled as a PhD candidate at Waikato University.

Lisa Cherrington,

Ngāti Hine, Ngapuhi, MA (Hons), Dip Clin Psych. Kaupapa Māori Teaching Clinician, School of Psychology, University of Victoria.

Lisa is a registered clinical psychologist working as the Kaupapa Māori Teaching Clinician in the Clinical Psychology Diploma Programme at Victoria University. Lisa began working in Corrections and since then has worked in Māori Mental Health Services both in Palmerston North and Wellington. Her specific research areas are in Māori mental health, working with Māori tamariki, rangatahi and their whānau and further developing Māori models of therapy.

Maynard Gilgen

Presently works as a registered psychologist for Capital and Coast District Health Board, Specialist Māori Mental Health Service, Te Whare Marie in their Child, Adolescent and Family Service. Is an expectant father with a rapidly expanding wife. Loves mau-rakau, his work, golf, go ju ryu, his "psycho" cat named cougar and his wife, Mamari, and pending son, Te Rangihua.

Dr Marewa Glover

Dr Marewa Glover (Ngāti Hine, Ngāti Manu, Nga Puhi Nui Tonu) graduated from the Community Psychology course at the University of Waikato in 1995. Her internship year was spent with the Public Health Commission. Her work there led to Marewa taking a position with Te Hotu Manawa Māori as National Co-ordinator Māori Smokefree, the first fulltime Māori position dedicated to reducing Māori smoking. Through this work Marewa identified serious gaps in Māori tobacco control, which prompted her to undertake a PhD in the topic. Marewa is currently a Health Research Council Hohua Tutengaehe Postdoctoral Fellow at University of Auckland where she is looking at the attitudes of Māori pregnant women who smoke towards smoking cessation. Marewa is also Chair of the newly formed Tobacco Control Research Steering Group, Vice-Chair of Apārangi Tautoko Auahi Kore the Māori Smokefree Coalition, a Member of the Health Research Council Māori Health Committee, an advisor to GlaxoSmithKline New Zealand and Research Advisor to ASH.

Paul Hirini

Clinical Co-ordinator (Ngāti Huia ki Poroutawhao me Muaupoko)

Paul is a Clinical Psychologist and has clinical experience in adult community mental health, child and family and addiction work. He lectured for three years in the School of Psychology at Massey University and more recently has worked as a senior researcher in Te Rau Hinengaro: The National Survey of Mental Health and Well Being, as a consultant researcher in the Regional Health Needs Assessment Project, National Trainer for the New Zealand Mental Health Casemix and Classifications Outcome Study (NZ-CAOS).

Rolinda Karapu

Ngāti Awa, Ngāti Pukeko, Tuhoe. BSocSc, BSocScHons

Rolinda is currently enrolled in the Master of Applied Psychology programme at the University of Waikato. Her experience in the field of research has included; research project coordination, interviewing (both individual and focus groups), transcribing, data analysis (qualitative and quantitative) and report writing. Research projects that Rolinda has been involved in have included Mental Health Narratives Project Quit Cessation Project Cultural Edge Project Parents' Safety Rules and Children's compliance research project and Assessing Māori Cultural Competencies in the Selection Process.

Keri Lawson-Te Aho

Ngāti Kahungunu ki Wairoa, Rangitane, Ngai Tahu. MSocSci (Psychology), John McLeod Scholar, Fulbright Scholar, PhD candidate.

Keri has a background of 26 years in the health sector. She completed her Masters degree at Waikato University and from there worked and lived in the United States as a Fulbright scholar. Her Fulbright research focused on indigenous youth identity and suicide prevention. She was recognised for her contribution to Māori health in 1998 by being awarded a prestigious John McLeod scholarship. She has worked for a number of iwi including Ngai Tahu and Rangitane. Keri established her own small consultancy in 1994. Keri married into Te Ati Haunui a Paparangi and is the mother of two young children.

Angus MacFarlane

Angus MacFarlane affiliates to the Te Arawa confederation of tribes of the central Bay of Plenty, and is an experienced educator and practitioner. He has held senior positions in schools and is coordinator of the Māori-bicultural section of the National Resource Teachers Learning and Behaviour (RTLb) professional development training. He has been employed as an advisor for Group Special Education, Ministry of Education. Angus Macfarlane's consultative and advisory skills are regularly sought by schools and educational organisations throughout New Zealand and overseas. He has presented papers on cultural psychology in several countries, including Australia, Israel, Thailand, and the United States. Angus is a senior lecturer at the University of Waikato where he coordinates teaching and research in the Master of Special Education programme.

Leona Manna

Ko wai ahau?
Te taha toku whaea
Ko Pipitarawai te maunga
Ko Mangatukarewa te awa
Ko Patangaroa te papa kainga
Ko Te Ati Awa te iwi
No Wharekauri ahau
Te taha toku papa
No Italian ia
Ko Leona Manna taku ingoa

Where did I come from to get here? I have always held an interest in the well-being of tamariki, and this was reinforced with the birth of my younger sister when I was 9 and then my younger brother when I was 11. I believe part of my unshakable drive in this area came from my observation of them growing and realising their need to be protected as tamariki. When I first entered Victoria University in Wellington, I had no clear direction to go in. However, by the end of my first year, I had decided to move into the Education and Psychology fields. Although it took me some time to complete an undergraduate degree, I managed this with a BA in Education, having also completed 300 level Psychology papers. I went on to Massey University in Palmerston North and have since completed through them my BA Hons and MPhil in Psychology and recently (2001) was successful at completing the Post-Graduate Diploma in Clinical Psychology (PGDipClinPsy). It was at the commencement of my graduate studies that I moved towards mental health and after entering the PGDipClinPsy program, I was fortunate to have a placement in a Kaupapa Māori Mental Health Service. I then went on to the unique perspective of doing my intern with a CAFS Kaupapa Māori Service, and this provided me with valuable insights into the way Māori heal. I am continuing to provide supportive treatment modalities for Māori, which in a non-judgmental world are of course adaptable to all peoples. No reira, Tena Koutou, Tena Koutou, Tena Tatou Katoa.

Bridgette Masters

Te Rarawa, Ngai te Rangi. MSocSci PGDipPsych(Com)

Bridgette is an Assistant Lecturer-Kaupapa Māori & Community Psychology, in the Māori and Psychology Research Unit of the Psychology Department, at the University of Waikato. She is also enrolled in PhD research focusing on Kaupapa Māori evaluation methods. Bridgette was a self-employed contract researcher and Evaluation Trainer. She has worked in a range of settings and has research interests in the areas of Health Promotion, Māori and Iwi Development, Community Action, Health Promotion and Kaupapa Māori methodologies.

Kirsty Maxwell-Crawford

Programme Co-ordinator (Ngai Tai me Tapuika)

Kirsty has a Bachelor of Arts degree in Education and Psychology and Bachelor of Arts Honours degree focused in Industrial and Organisational Psychology from Victoria University. Kirsty is experienced in the development and implementation of Social Science research projects (New Zealand Employment Service) and, previous to Te Rau Matatini, co-ordinated the Māori mental health workforce development training support programme Te Rau Puawai.

Kiri Merritt

Ngāti Raukawa, Ngāti Kauwhata, Rangitane. Kiri has a B.Soc.Sci in Psychology and Education. Aged 23, Kiri is currently completing her Masters and the post-graduate diploma in clinical psychology.

Rachael Mitai-Ngatai

Ngāti Maniapoto

Rachel is a RTLB in Rotorua and has been on study leave this year completing Masters in Education at Waikato University. She has been involved in a Ministry of Education funded research project, led by Professor Russell Bishop, titled the Experiences of Year 9 and 10 Māori Students in Mainstream Settings.

Laurie Morrison

Laurie Morrison, is of Te Arawa descent and has hapu affiliations to Ngāti Whakaue and Ngāti Pukeko. She was awarded a postgraduate scholarship from the Health Research Council to undertake a three-year research study. The aims of the study are to identify the impacts of new forms of gambling, such as poker machines, casinos, and internet betting for Māori women and their whānau.

Linda Waimarie Nikora

Waimarie is a Lecturer in Kaupapa Māori Psychology and Director of the Māori and Psychology Research Unit. She was first appointed to a teaching post at the University of Waikato in 1989. Her areas of teaching and research are in community, social and cross-cultural psychology, with a specific interest in Māori people, and how psychology may assist in our self-determination.

Stephanie Palmer

PhD, Post-Doctoral Research Fellow, Te Pumanawa Hauora, Massey University.

Suzanne Pitama

Ngāti Kahungunu, National Centre for Treatment Development (Alcohol, Drugs & Addiction), Lecturer/Registered Psychologist.

Paul Robertson

Ngai Tahu/Kati Mamoe/Waitaha, National Centre for Treatment Development (Alcohol, Drugs & Addiction), Lecturer/Clinical Psychologist.

Kim Southey

Ngāti Porou

Kim is a Masters' student who is currently completing her 2nd year of the Community psychology postgraduate diploma programme. Kim has worked with the Māori and Psychology Research Unit (MPRU) as a project manager and is currently helping to complete the first publication of the MPRU newsletter. Kim's thesis is supported by the MPRU and by the New Zealand Psychological Society through being awarded the society's President's scholarship. Previous research completed by this student includes an evaluation of Whakahou violence education workshops, an analysis of education policies for Māori in primary school education, and an exploration of support networks for Māori female high school students with the aim of preventing suicide (Health Research Council of New Zealand Summer Studentship Award). Kim hopes to work in education research after completing her thesis.

Armon Tamatea

Armon descends from Rongowhākāta and Te Aitanga A Māhaki, and is currently an intern clinical psychologist with Adult Mental Health Services, Hamilton.

Professor Ngahuia Te Awekotuku

Ngahuia has worked as a museum curator and Art History lecturer for the last twenty years or so, focussing on Māori and Pacific Art, and the arts of other indigenous peoples. She also has interests in women's and gender issues, particularly in sexualities, performance, and ritual. Based in the Māori & Psychology Research Unit, she is current working on a Marsden Funded research project titled: Ta Moko: Body modification, culture and the psychology of identity.

Lani Teddy

Lani is presently working on her thesis, which explores the feelings and connections that people of a particular hapu have with their hapu homeland and marae

Keri Thompson

Ko Waikato rātou Ko Ngāti Haua, Ngāti Maniapoto, Te Atiawa ōku iwi. Keri completes her BSocSci this year. As a research assistant for FASS and MPRU her involvement revolved around contacting and maintaining contact with first year Māori students within the Faculty of Arts and Social Sciences department in the University of Waikato. Her interests include whānau based community support for Premature and Special Care babies and Māori participation within the community at all levels.

Sarah-Jane Tiakiwai

Waikato, Te Rarawa

Research Fellow in School of Education, University of Waikato.

Sarah-Jane completed her PhD on Māori participation in higher education this year. She is currently involved in a Ministry of Education funded research project, led by Professor Russell Bishop, titled the Experiences of Year 9 and 10 Māori Students in Mainstream Settings.

Mariella Moana Trynes

Mariella Trynes is currently enrolled in the second year of the clinical psychology programme at the University of Waikato. Mariella is originally from the Hokianga, and did her undergraduate and postgraduate (Masters) at Massey University in Palmerston North. In 1999 Mariella was offered a job as a social worker at Hauora Waikato a Kaupapa Māori Mental Health Service here in the Waikato, where she worked for two years before being returning to her studies. Mariella's previous research experience includes; completion of a Masters Degree at Massey University, a summer studentship as a clinical psychology research lab assistant, and also as a Kaupapa Māori Tutor for a third year research paper within the department of psychology.

Moana Waitoki

Ngāti Paeahi, Ngāti Mahanga MSocSc(Hons) PGDipPsych(Clin) assistant lecturer clinical psychology. PhD candidate.

Moana teaches in the post-graduate diploma in clinical psychology programme and works part-time as a psychologist in the area of mental health. Moana is a member of the Psychologist's Board and the National Standing Committee on Bicultural Issues. Her particular interest is in cultural competency training with an emphasis on biculturalism.

Laura Whangapirita

Ngāti Porou

Kia Ora. I am a psychology graduate student at the University of Waikato. This year I am completing my final honours paper, while also conducting my thesis on Patterns of alternative health care practices in Aotearoa/New Zealand: A Health Research Council sponsored project. My field of interest is Kaupapa Māori focused research being raised in Tikitiki and Ruatoria on the East Coast of the North island I appreciate having an academic forum that exercises the values that I was raised with, thus, allowing me to practice them in my chosen field. While I also enjoy all areas of research, it is this research that has allowed me to express my interests in a way that I feel assists Māori. Acknowledging that I have only begun my career as a Māori researcher I look forward to the future and to continuing my contribution to Kaupapa Māori research.

Margaret Williams

Margaret is of Te Arawa, Mātātua, Te Aupouri, Tauranga Moana, and Tainui descent. She is currently completing a Postgraduate Diploma in Clinical Psychology at the University of Waikato. Margaret completed a thesis based on a behavioural learning intervention that integrated Māori methodologies to recruit and support Māori first and second year psychology students. In addition, Margaret has been a part of a number of research projects under the Māori and Psychology Research Unit and external research groups.

Paul Stanley

M.A., B.A., Cert. Adult Tchg, Pouturuki, Te Whare Wananga O Awanuiarangi.

Davina Vaughn

Davina Vaughn BA Ngāti Paeahi, Ngāti Mahanga. No Hauraki.

She works as a Breast Screening Awareness Educator for the Waikato District Health Board and does research part-time.

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