

# PSYCHOLOGY

## Aotearoa





**New Zealand  
Psychological Society**  
*Rōpū Mātai Hinengaro o Aotearoa*

Kia ora and welcome to *Psychology Aotearoa* the official twice yearly publication of the New Zealand Psychological Society. *Psychology Aotearoa* aims to inform members about current practice issues, discuss social and political issues of importance to psychologists, celebrate the achievements of members, provide a forum for bicultural issues and highlight research and new ideas relevant to psychology. It also aims to encourage contributions from students, hear the views of members and connect members with their peers.

Being part of *Psychology Aotearoa*

We welcome your contributions to *Psychology Aotearoa*. We are looking for submissions related to psychology which readers will find stimulating and can engage with. This can include items on practice and education issues, social and political issues impacting on psychology, bicultural issues, research in psychology, historical perspectives, theoretical and philosophical issues, kaupapa Māori and Pasifika psychology, book reviews, ethical issues and student issues.

For more information on making submissions to “*Psychology Aotearoa*” – go to <https://www.psychology.org.nz/members/professional-resources/psychology-aotearoa>

The New Zealand Psychological Society is the premier professional association for psychologists in Aotearoa New Zealand. Established as a stand-alone incorporated society in 1967, it now has over 2500 members and subscribers. The Society provides representation, services and support for its New Zealand and overseas members.

*Psychology Aotearoa* is the Society’s member-only periodical published twice a year. It contains articles and feature sections on topics of general interest to psychologists including the teaching, training and practice of psychology in Aotearoa New Zealand, research and new developments in psychology, application of psychology to current and social and political issues.

Co-Editors: Diane Bellamy, Fiona Howard & Veronica Pitt  
Emails: [diane@positivepsychologysouth.co.nz](mailto:diane@positivepsychologysouth.co.nz); [executivedirector@psychology.org.nz](mailto:executivedirector@psychology.org.nz)

Production: Heike Albrecht

The New Zealand Psychological Society  
PO Box 10536, Wellington Box Lobby  
Wellington 6011

Tel: 04 473 4884

Email: [office@psychology.org.nz](mailto:office@psychology.org.nz)

New Zealand Psychological Society website  
[www.psychology.org.nz](http://www.psychology.org.nz)

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ISSN 1179-397X (Online)

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Annalisa Strauss-Hughes



Ririwai Fox



Nathan Brooks



Carrie Clifford



Dougal Sutherland



Bridgette Masters-Awatere



Kia ora ra koutou katoa

Tuatahi me mihi ki ngā tāngata kua wehe ki te po me te whānau e noho mokemoke ana. He mihi hoki ki ngā tāngata katoa ki Tāmaki makaurau – ko koutou te arai ki te whenua, a ko koutou e hāpai ana i te kaupapa – he taumaha.

Aotearoa New Zealand has been in COVID-19 lockdown since late August, with Tāmaki-Makaurau carrying the burden of being the gateway to the country – and also the heavy lifters to offer protection to the rest of us. While we are all carrying loads, please take the time to send respect and love to those in Tāmaki and their families who live in other places. Self-care, or relational-care is important even as we are saturated with information about wellbeing, immunisation rates and lock-down breaches. The smallest gesture towards looking after you and your family will make a difference and sometimes that little circuit breaker is all we need. Even if it lasts briefly – it is a needed break. At the Society's conference AGM we were honoured to award Fellowships to Professor Angus Macfarlane, Fiona Howard, Dr Rose Black, and an Honorary Fellowship to AProf Carla Houkamau. The Karahipi Tumuaki went to Ririwai Fox, the Social Justice Scholarship to Charlotte Bremer, the Dame Marie Clay Award to Dr Sonja Macfarlane and the Early Career Award to Dr. Roxanne Heffernan.

We welcome a new executive member, Kris Fernando and hope that she finds the role fulfilling and challenging. A special farewell to Fiona Howard, who many of you will know. Fiona's contribution to the Society has been selfless and valuable. Nei rā te mihi Fiona.

### Speaking of COVID

The COVID-19 environment has prompted dissent between communities, in families and in workplaces. The Ministry of Health has mandated that health

professionals under the HPCA Act 2003 be immunised by mid-November. There is no compromise in this matter and undoubtedly some psychologists will have their views. We are legally mandated to follow Ministerial guidelines and while some may decry the lack of choice, as psychologists we know that we do have a choice – and the public we serve should have confidence that they are protected.

The public and private discourses about vaccination safety, DHB targets, vulnerable peoples and communities provide very real indicators of inequities in our country. The wealthiest DHB catchment areas have the highest rates of vaccinations while the roll-out to districts with a high deprivation index have the lowest rates of vaccination. In the past few weeks Māori communities are now able to directly access their people, and are funded to do so, when that has not been the case previously this year. The push to drive up vaccination rates is important, but it is equally important to do this in a mana-enhancing manner. We cannot vaccinate our way out of health inequities. We need income and food security, access to health care, safe environments and healthy homes. We also need freedom from racism and oppression, and equity in educational achievement. During last year's lockdown, many of our students did not return to school as their parents were essential workers – they stayed home to work, or to look after family. The impact on their educational attainment will be felt for generations.

In March last year, several Māori health professionals in New Zealand established an expert advisory group to coordinate a national Māori response, and to provide expert, public health advice (Urutā, 2020). Despite intense lobbying by the group, who were deeply concerned that Māori would be disproportionately affected, they were not included in the government's pandemic working party consultations and have not been included in the vaccine rollout. Communities should not have to crowdfund for a van to implement a vaccination roll-out, yet this happened in the Tai Rāwhiti, under the leadership of researcher and activist, Tina Ngata.

A multigenerational, systemic approach is needed for Indigenous peoples to survive the COVID-19 pandemic. As Professor Pāparangi Reid commented last year, We are still operating under the fallacy that one size fits all. A national programme, while necessary, will exacerbate health inequities. While things are being done for the general population, they don't have an equity lens, which is essential from the beginning. Professor Pāparangi Reid. (March, Uruta, 2020).

The Government's shift away from the elimination strategy to a traffic light system is deeply concerning. Given well established research evidence, this approach will exacerbate vulnerabilities for Māori and Pacific people and those living in precarious employment and housing situations. The issues are complex and historical. The Waitangi Tribunal's Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry into primary health care funding found significant systemic inequities existed for Māori.

*"the Crown's numerous Treaty breaches have resulted in extensive prejudice. The indisputable fact that the Crown funds the primary health care system inadequately is a key reason for the extent of inequity that Māori continue to suffer. While the health system cannot be accountable for all of the social determinants of health, it has available to it some of the strongest levers to effect change".* Waitangi Tribunal, 2019; 2021).

Evidence provided to the Waitangi Tribunal for the 2019 report, from the Director General of health is worrying in our current climate, Dr Bloomfield, stated in his evidence that the primary health framework "has not sufficiently ensured good health outcomes for Māori nor enabled effective Māori participation" (p.19).

The Government has also adopted the Waitangi Tribunal's recommendation for a standalone Māori Health Authority. The details are still being worked through and I am hoping for good things. However recently, the Waitangi Tribunal released a prepublication of the second stage report where questions regarding tinorangatiratanga were asked. Who will have ultimate authority to determine the health model, Māori, or the Government? Tied to this is the very public narrative that the MHA is evidence that New Zealand is heading towards a separatist state. I was asked this question and my reply was that Māori have lived in a separatist state for over two centuries. An equity-based approach is needed for the vaccine roll-out and solutions for dealing with the spread of COVID and the potential loss of lives. Māori history shows that we do not have the same privileges as the majority group, and while some may believe that a Māori Health Authority confers entitlement that is divisive, our health statistics and high mortality rates are avoidable when an equitable system is provided.

### **Speaking of wellbeing**

At the online annual conference, we were blessed to have a stunning line-up of presenters. Students, seasoned researchers, lecturers and guests all provided a gift to those of us who were lucky enough to participate.

The Society office staff have also made some of these presentations available online. There is something special about the chat function – sometimes it can be a source of stress, and at other times a real joy. The conversation flowed and people were quite happy to post their thoughts in real-time.

Māori language week is in September, and it is also Mahuru Māori. Recently the Broadcasting Standards Authority have said that they will no longer accept complaints about the use of Māori language on broadcast platforms. This is significant, but also quite sad. There is always an upsurge in complaints about te reo Māori when, for one-week, it is used everyday on television. These complaints also happen after every conference. In all our post conference surveys there is a criticism of te reo Māori usage. The chat function on the conference platform allowed for these complaints to be made visible, or they were sent to individuals. Please note, that zoom chats are always able to be read by the administrator (good to know!). One complaint was the singing of Māori songs – and a person asked, 'why are the songs all in Māori', and 'don't they know we can't understand Māori?'. First, the songs were not all in Māori. They were in English, Māori and Hawaiian. Second, te reo Māori used to be written as 'te reo Māori me ona tikanga'. This is the correct way to view Māori language. The full title has dropped away, but the intention is Māori language and its protocols. This means that when there is a whakatau at the conference, the tikanga is to sing a waiata to confirm what has been said and to offer a koha to the speaker and the host. Same for a poroporoaki – greetings, acknowledgements – waiata. Third, it is concerning that some psychologists find it difficult to sit with discomfort. The status of te reo Māori me ona tikanga is incredibly precarious and in these spaces it is important to normalise language use. Matua Ted Glynn's book *Living the Treaty* is a good place to start addressing some of the tensions that exist in a Treaty relationship. A special mention to Treaty allies who organised the bicultural issues online meeting (Meredith Blampied and the Canterbury Branch). Ultimately, we are in a Treaty relationship as psychologists (Code of Ethics, HPCA and all that).

### **Speaking of books**

I highly recommend that latest keynotes book. Having been part of the first edition, and now this one, I can't help but feel a sense of wairua working in this book. Thanks heaps to Heike for pushing it over the line. The book is compelling because it is a record of history that is typically viewed as unimportant. We all listen to keynote speakers but we don't always know what they

are thinking behind their korero (other than stress probably). There is a legacy in the keynotes book that is tied to the social and political climate of the time. Professor Linda Tuhiwai Smith features in both books – she has 20+ years between each keynote – yet, she could be saying the same thing. It's not hard to see why when in July academics from the University of Auckland (two from psychology) wrote a disparaging letter about matauranga Māori not being a legitimate science. For the many of you who actively challenge those assumptions, thank you. I would love to see science taught from a non-western perspective - Muslim, Pacific, Asian, or Native American. That will happen when we open our hearts to differences and fully respect the worldviews of others.

### About the psychology workforce

A special thank you to the group of clinical students who wrote to the Minister of Health asking to extend the EFTEs for student allowance. The process showed the importance of collaboration across the professional organisations and while the Minister said no, the process is not over. Thank you to Taylor-Jane Cox, Irie Schimanski, Carrie Clifford, Georgina Guthrie and Elizabeth McLean for leading this work for psychology students.

### One step at a time

It is an understatement to say that the past two years have been difficult. However, we are still moving forwards together. The contributions in this collection are examples that we still want to help, that we still have something to share, or that we will take strength from reading the contents. While we are likely to face more adversity as COVID becomes endemic to Aotearoa New Zealand,

it is important to practice compassion and lead by example. Psychology has a lot to offer in this conversation about vaccine hesitancy and conspiracy theories – how you do that is your choice, but bear in mind that we have a privileged position and we need to use that position wisely.

No reira, e te whanau noho ora mai – kia haumaru te noho.

Dr Waikaremoana Waitoki

Te Roopu Urutā. (2020). National Māori Pandemic Group. <https://www.uruta.Māori.nz/>

Waitangi Tribunal. (2019a). *Hauora: Report on stage one of the health services and outcomes Kaupapa inquiry* (WAI 2575). [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_152801817/Hauora%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf)

Waitangi Tribunal. (2021b). *He pāharakeke, he rito whakakikīnga whāruarua: Oranga Tāmariki urgent inquiry* (WAI 2915). [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_171027305/He%20Paharakeke%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_171027305/He%20Paharakeke%20W.pdf)

Waitangi Tribunal. (2021c). *Hauora: Report on stage one of the health services and outcomes Kaupapa inquiry* (Pre-publication version) (WAI 2575).

## Kua Tū, Kua Oho

Bicultural Keynote Addresses  
to the New Zealand Psychological Society  
Rāpū Mātai Hinengaro o Aotearoa 2010–2017



W. Waitoki  
J. Le Grice  
R. Nairn  
R. Black  
P. Pehi

### Kua Tu, Kua Oho: Bicultural Keynote addresses

NZPsS Members	\$40.50
Non-Members	\$54.00
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 or contact the membership administrator: [membership@psychology.org.nz](mailto:membership@psychology.org.nz)



Tena koutou,

Haere mai from the 'bridge' between the outgoing editor of Fiona Howard and the incoming editor – Michele Blick. We are indebted to Fiona for her mahi and years of work on this member's publication and pleased that she received recognition as a Fellow of the Society at this year's Society AGM. Fiona continues to be active in putting this edition together and running supervision and other PD ahead. Michele is likely well known to many Society members, she was a proactive student rep on the Executive from 2015-2017 and served on the Institute of Educational and Developmental Psychology as Chair, Treasurer and Member from 2017-2020. Michele's professional background includes being a Registered Educational Psychologist, Registered Teacher and trained RTLB as well as an accredited facilitator of Cool Kids Anxiety Programme. Her energy and passion for psychology are known within professional circles.

Now to introducing and reflecting on this edition which tries to focus attention on the Society's three day annual virtual conference held from 5th to 7th of September; what a fabulous pivot our National Office did from the intended Auckland face to face conference to a varied and interesting virtual platform. Our thanks particularly to Heike Albrecht and Veronica Pitt who demonstrate conference 'pivot' as possibly a new dance routine! I tried to attend all sessions which one cannot do at the time with streams running simultaneously; yet recordings remain available for participants. Following our inspiring President's piece, we bring you updated news of interest from Veronica, our Executive Director; she also includes appreciation for our outgoing staff members, Rosie and Julianne and some news about these roles ahead. Veronica has included interesting information about three recent Life Members – lovely for me to read further about Jan Marsh whom I met at our conference in Nelson some years ago. Celebrating

the life of well-known Member Tony Taylor, who many of you have encountered over the years. Within the Point of View section, Dougal Sutherland provides a real perspective of what it is like to be called upon by the media to explain difficult things to the public as a psychologist. Seeing and hearing Dougal's practical and approachable psychological perspective on TV news and other programmes makes me proud of my profession – great work Dougal!

We have quite a smorgasbord of articles under the Practice, Research and Education section from a conference keynote address by Susan Clayton and the fabulously titled "Go hard, go early..." piece by Dr. Otilie Stolte and good summaries by John Eatwell of the Organisational Stream and Brian Dixon on the Climate Change Stream, among others. Dryden Badenoch's intriguingly titled Schrodinger's Tsunami about the demographics of dementia expanded my limited knowledge of this area in psychology. This learning for me continued with Nathan Brooks' focus on the challenge confronting us professionals with self-harming clients – useful for all practitioners.

Bicultural topics are interwoven here and include conference keynotes such as Dr. Bridgette Masters-Awatare's address and the celebration of the 30 year anniversary of NSCBI (National Standing Committee of Bicultural Issues) - this is looked at with pride across history by Raymond Nairn, a Society-wise statesman. Bringing bicultural focus to non-Māori, Rebecca Graham illustrates what has been happening in the NSCBI Tauīwi caucus space. These are important learnings for us all to honour and respect our Treaty obligations and show genuine interest to reflect sincere bicultural competencies expected from our code of practice. My own 'slumbering' has been gradually awoken in this area these past few years and a long yet fascinating journey ahead awaits me.

In the next section focusing on student research and experiences, we have two 2020 scholarship winners presenting their work and the section concludes with this year's conference poster winner Andre Mason. Fiona Howard and I judged this year's student snippets and posters; students and supervisors please keep conference presentations in mind in future; apart from the possibility of winning a prize it is good practice for conference research and presenting skills with an encouraging audience. This section also reflects the Society's strategic plan of encouraging and supporting current and future Māori psychologists with the inclusion of Māori graduate student hopes article and the thoughtful review by Carrie Clifford, the Society's

first Tauria Māori rep role on the Executive; this role will be continuing as announced this year. Katie Harrison's musings as a student rep on the Executive are a warm authentic addition to this section.

Our one-on-one interview this edition is with the humble yet knowledgeable Dr. Rose Black who has been involved at Executive, Branch, Community Psychology and Interest Group levels for many years in our Society. Although I have met Rose a number of times, I learned more interesting aspects about her work and values in this brief interview.

We hope to turn the spotlight on different Society and Institutes in turn, in each edition. This section starts in the North Island with an Auckland Regional Branch perspective, and then heads southwards to the somewhat cheeky perspective from the Deep South (I can say this as the outgoing Chair of the Branch and the author). The Institute under the spotlight gaze in this edition is the Institute of Clinical Psychology by new Chair, Kirsty Dempster-Rivett whom I was delighted to meet at the Chairs and Institute Hui in Wellington earlier this year when travel to regions was possible.

Our edition concludes with two book reviews; the first book is something I am looking forward to obtaining and reading ahead by the Society's past President Kerry Gibson reviewed by Kirsty Ross. The second review deals with Supportive Supervision, a brand new book about preventing burnout in our supervisees written by Derek Milnes and Rob Reiser, the former whom you may have met at supervision training here in Aotearoa many years ago. It has been reviewed by the Society's 'go to' person for supervision PD – Fiona Howard. Alas we were unable to include the Living the Treaty book by Ted Glynn that was launched at our conference in this edition due to deadline realities. We look forward to including a review of this important book in a future edition.

Finally, the editing team have pondered the misnomer title of 'Journal' for this format to Members. It is not an academic nor blind peer-reviewed journal certainly – yet feels one step up from a 'news magazine'. We may ask for your suggestions -perhaps just "Psych Aotearoa" will suffice...? Watch for changes ahead in your May 2022 edition.

Make a cup of coffee or tea (or pour yourself a lockdown beverage of choice) and enjoy your Member's Journal as I will call this edition at this stage. We are staying with the electronic version for now -yet please contribute your opinions about the format ahead in a survey sent by National Office. If you would like a hard (paper) copy

of this edition, please contact National Office to arrange black and white hard copy to be posted to you.

Noho Ora Mai – look after yourself and in the spirit of relational resilience – let us look after each other during these 'interesting times'. Nga mihi nui to all contributors and readers- Diane Bellamy.



## New Life Members

Each year the Executive congratulates NZPsS members who have completed 30 years of continuous membership of the Society. Our warm congratulations and thanks to our members who have reached this milestone this year. Steve Berry, Jan Marsh and Kathleen Orr have written about their career in psychology....

### Jan Marsh



In 1969 I was about to leave school and do something with languages, which I seemed to have a knack for, when the local psychologist gave a talk at assembly. I was stunned. Imagine being able to understand how people tick!

I went to Canterbury University and majored in psychology. I was accepted for the clinical course under the direction of Bill Black and Ralph Unger, with placements at Sunnyside, Templeton and, memorably, at Student Health with Anne Ballin.

I found work in Nelson for my intern year, alongside Anthony Page and David Carter, and with Dr Kay Bradford at the Community Clinic for children and families. These were exciting, eye-opening years, but also very stressful at a time when supervision was for factory workers and self-care meant brushing your hair and cleaning your teeth before leaving the house.

In 1976 I passed my oral exam for the Diploma and set off the next

year to backpack through SE Asia and India to England: another very formative and enlightening time. I was away for over three years and returned with my husband and two children in 1980.

I've been fortunate to work in a variety of settings: a few months in York, UK; at the Rehabilitation League in Auckland; in the newly bicultural context of Child Protection in Hauraki District; in the Mental Health Service, both inpatient and outpatient, in Nelson; and in private practice where I worked on contract to the Family Court and ACC, took referrals from GPs and saw the occasional self-funding client. I've found the different settings enriching and I've learned a lot from colleagues and clients over the many years, especially from the clients.

I've seen my children off to university, on their own travels and into their own careers. Now I'm a grandparent and it seems as though the time has gone by in a flash. After 40 years as a psychologist and a period of deliberation, I retired in 2016 but I've maintained my Psych Society membership because I've been a psychologist my whole adult life and it's part of my identity.

Throughout that time there were periods when I felt burdened by the responsibility of fronting up to people's pain on a daily basis, never quite knowing what would happen in the working day, but I never ceased to feel that it was a great privilege to have my clients trust me and let me share in the intimate workings of their lives. I always had faith that my informed and caring attention was of value to whoever I saw each day.

I've written a book about managing depression which sums up most of what I know. I recently recorded it, to create an audio-

book that will reach more people.

It's been a worthwhile career, one which I feel proud of. I strongly support the call for more psychologists to be trained – with our combination of science and compassion, we are useful people in a variety of settings.

### Kathy Orr



Thank you to the members and Executive for bestowing me with life membership of the NZ Psychological Society.

I began my training at Waikato University and then moved to Massey, Palmerston North for my Masters and Diploma in Clinical Psychology. My practical career commenced in the disability area (Kimberley Hospital and Training School, Levin) and since then I have worked in the community, among people who are the most vulnerable in our society, children and young people, people with disabilities and the elderly. Looking back now, I can only hope that some of these people's lives have been enhanced by their sharing with me. I now recognise the importance of extraordinary listening and sharing between people to form a mutually respectful dialogue, a space of the 'between', where the client's needs and views are primary and authentically heard and respected. My psychology career has been assisted by amazing mentors who have shared their wisdom. In

terms of mentors, people such as Jean Blizard (my first supervisor at Kimberley Hospital and Training School, Levin), Vic Soeterik, Geoff Ruthe, Fay Foreman, Dianne Cameron, Tanya Breen, Bev Burns and Sarah Calvert are to name a few. People including my parents and siblings and families along with friends who have provided support and guidance along with love have all been important. Many of the children/ young people I have met have provided sage thoughts to their parents and other adults who have been in dispute about care arrangements. I have also had the advantage of having academic mentors, especially Beryl Hesketh who assisted me years ago with my Master's and Diploma in Clinical Psychology; and more recently Liz Smythe and Annette Dickinson who supervised my recently completed Doctor of Health Sciences thesis entitled "Children and young person's encounters with the Family Court: a hermeneutic phenomenological study."

I think that to share in people's lives, challenges, change and moving forwards must be one of the most privileged careers one can undertake. Within my family court world, to be involved with children/ young people and their parents has become a passion. How can this family work more functionally so the travails of the parents are not imposed on the next generation? What changes can I as a psychologist, with specialist knowledge of people suggest, to improve my client's world and experiences? These questions are all answered from my biases and prejudices which it is important to recognise and think about. To me I am learning more about the art of psychology, rather than being constrained into the scientist-practitioner model.

Overall, my journey within psychology has been challenging, illuminating, and highly rewarding over the last forty years. I am proud to be a member of this profession and the New Zealand Psychological Society.

### Steve Berry



I completed about two thirds of my clinical psychology internship at Rotorua Hospital Psychiatric Unit and then went back to Hamilton to finish with the Department of Corrections Psychological Services in 1991. I really enjoyed the work and the people and stayed with Corrections for the next 21 years. My first management role was Principal Psychologist Waikato/Bay of Plenty and I added the Auckland region to my responsibilities in 1999. A big change came in 2000 when I was appointed Psychological Services Regional Manager (Southern,) which entailed me returning to Christchurch (my *turangawaewae*) and assuming responsibility for Psychological Services delivered in Wellington and the South Island. An organisational restructure resulted in my appointment as National Manager Special Treatment Units. Now this was a great job. I was responsible for the oversight and construction/development of residential treatment programmes for prisoners, with about 50 Psychological Services staff reporting to me. Although there was officially

no clinical component to the role, my psychological training was put to good use as we designed and developed assessment protocols and programmes, delivered treatment, and even got to do some research. We proved psychological treatment does work and has an important role in contributing to community safety. I was then appointed Southern Regional Manager Rehabilitation and Reintegration Services but, after a year in this role, I decided I wanted to lead an organisation and was appointed Chief Executive of Saint John of God Hauora Trust. The Trust is a Christchurch/Wellington based charity with 330 staff providing youth services and residential clinical care for people with serious physical and neurological disabilities (motor neuron, Huntington's, TBI etc). I also loved this job, in particular organisational development and performance aspects and serving people who were inspirational as they lived and died with disabilities. After eight years I realised I had achieved everything I had set out to do as CEO and it was now time to leave and work in my busy private practice, SB Consultants. I set up SB Consultants in 1994 and our team of contractors and employees have provided services throughout New Zealand ever since. Despite diverting from clinical practice into management, I was never willing to cease practising as a Clinical Psychologist and Neuropsychologist and kept my registration and membership of NZPsS active. In my management roles I was always able to negotiate having some time to continue my private practice work and I've been full-time for about a year now and loving it!

# Obituary - Tony Taylor

By Marc Wilson

Emeritus Professor Tony Taylor, one of the most colourful characters of New Zealand psychology, passed away on Friday 23rd of July, 2021.



For the last thirty years terrified students at Victoria University mainly knew Tony as the white-haired bloke who might spontaneously address them in French in the lifts, or ask beautifully-worded but occasionally inscrutable questions after seminars. Many Members of the NZPsS will have known Tony and even those who may have never met him, but who attended the annual conference, will have wondered who that beret-wearing bloke was.

Well, let me tell you...

Tony Taylor was born in London and, in spite of spending the vast majority of his life in New Zealand, was always a cockney. He completed his MA from the University of New Zealand, and subsequently his PhD at Vic. In the early 1960s, after several years as a part-time teacher and ad hoc student counsellor, Tony was appointed to a lectureship at Vic. Even after his appointment he continued working as the student counsellor for the University and was instrumental in the establishment of a formal counselling service at VUW, and influenced the establishment of similar services throughout the country.

In 1970 he was appointed Professor of clinical psychology – the first appointment of the kind in the British Commonwealth. He published his work in the very first volume of what is now the New Zealand Journal of Psychology, and his CV listed literally hundreds of articles, chapters and reports. While Tony had already been a loud voice in the NZPsS, he was also the fourth President of the Society (from 1971 to 1972). Until his retirement circa 1991 (also the same year I started studying psychology at VUW) he occupied

a variety of academic roles, including as Chair of the Department. He directly influenced the development of the Department, but also did so indirectly through his (slightly) younger colleagues – people like Frank Walkey and Richard Siegert.

Tony was a vocal advocate for reform in many areas. For example, for twenty years he was active in the Homosexual Law Reform Society. In 1987, Jules Older wrote an article about Tony for the Listener in which he notes (along with a long, long list of Tony's research interests) that while researching the significance and consequences of tattoos among "Borstal girls" and prison inmates, Tony also raised money to import tattoo removal equipment to New Zealand to help folks get a new start.

In retirement he continued to be highly productive, putting junior colleagues to shame. He regularly came into the University, doing research for his next article or chapter, or to catch up with colleagues and would often swing by my office to give me his second-hand copies of the PBS Psychologist. "And," he would ask, "if you have a moment can you help me with the photocopier?" Twenty minutes later, I'd realise I was still standing there, photocopying away, while Tony had disappeared for a yarn.

With so many interests, it's hard to pick one to showcase, but I think his Erebus work is a good place to start. Taylor, with psychiatrist Alan Frazer, debriefed the responders involved in the recovery and identification of those lost on Mount Erebus in 1979. Their report, summarised at [nzhistory.govt.nz](http://nzhistory.govt.nz), identified that these responders became, themselves, victims of the disaster. I remember Tony telling me that a commanding officer told him "Of course the boys are fine, and if they aren't they don't deserve to be in this man's army!" One wonders why they didn't disclose their distress?

Tony was always a showman and happy to be the centre of attention, and he had an opinion on most things. I shan't rewrite history by pretending his time in academia was peaceful - if he thought he was right (which was a lot of the time) he could be exceptionally combative. He could be fiercely loyal, and a resourceful enemy! He impressed and exasperated the young academics who came after him, and was known for turning a five-minute speech into fifteen or twenty (eloquent) minutes, valiantly fending off any and all attempts to keep him to time. For that reason it feels rather ironic, and a little sad, that it is left to the rest of us to have the last word.

## NZPsS Staffing Changes

Veronica Pitt



The national office for NZPsS has been undergoing some staffing changes recently.

Since the last *Psychology Aotearoa* we have farewelled Rosie Doole and are about to farewell Julianne Khor. We are advertising for people to fill those roles and will shortly be advertising for a new part-time role of Communications and Advocacy.

**Rosie Doole** was the inaugural Engagement and Support Officer, stepping into the newly created role in December 2018. In the nearly three years she was in the role Rosie developed it into a strong support system for the Institutes and Branches across the country. Rosie did an amazing job in networking with the chairs and committees of these groups, supporting them with their meetings and events. With the major disruption of Covid-19 Rosie was very active in supporting groups to move their activities and events online. A huge thank you

to her for establishing this role and providing such valuable support to our volunteers.

**Julianne Khor** has been in the role of Finance Administrator since April 2019, and has been instrumental in digitising many of our processes – which proved its worth when lockdowns hit! Julianne has been a conscientious and thorough administrator ensuring all tasks are monitored and dealt with appropriately. She is the friendly voice on the end of the phone for those calling into the office or sending general enquiries and has interacted with many of our members and the public. Julianne has been a fantastic part of the team in the office and has willingly helped out with many different activities. She finishes up at the end of November and will be very much missed by us all.

We are therefore recruiting for new people to fill these roles and have taken the opportunity to adjust the composition of the office staffing slightly.

We have adjusted the Engagement and Support role from 30 hours down to 20 hours – this role will focus solely on supporting the branches, institutes and NSCBI to undertake their activities. The role will be involved in helping support those groups to manage their events, meetings and committees. It is likely that this role will work flexible hours to be available to support late afternoon/evening events.

The Administrator role will remain much the same with minor changes to reflect the current focus and the title has been updated to ‘Office and Finance Administrator’.

We are also developing a small roughly 10 hour per week role to focus on Communications and Advocacy. This role will be focussed on supporting our submissions and communications with government, as well as assisting in increasing our visibility both with the public and various Ministries. Ideally this person will have a psychology background.

Keep an eye on *Connections* – our monthly newsletter – for announcements as we welcome new people to these roles!

# Psychology and the Media: Reflections and Encouragements

**Dougal Sutherland, Clinical Psychologist**

**Victoria University of Wellington and Umbrella Wellbeing**



Dougal is a registered Clinical Psychologist with 20 years' experience working with children, teens, families, adults, and organisations. He is an Associate at Umbrella Health, providing workshops on Wellbeing, Resilience, and Mental Health Awareness to the government and corporate sector. This work takes him to speaking engagements around the country as well as internationally. In his role as Clinical Practice Manager at Victoria University of Wellington Dougal oversees the running of the Victoria Psychology Clinic which helps train clinical psychology students. He continues to actively see clients and also teaches in Victoria's Clinical Psychology Training Programme. Prior to taking up his role at Victoria University Dougal worked in the public health system as both a clinician and manager.

Dougal has a passion for helping bring psychology into the public arena and is a regular media contributor having appeared on TV, in print, and in digital media.

"How do you know what questions they're going to ask?" "Do you get paid for media appearances?" "Oh, I could never do that..." These are the most frequent comments other psychologists make when they discover I speak to the media on psychology topics. My responses: "Because I've written the questions for them"; "No, and you really don't want your media commentators being paid!" and "I think you probably could." This article is an effort to summarise learnings from my interactions with the media and share with others in the hope it will encourage more psychologists to make comments to journalists.

My journey to media commentary began when I joined Victoria University of Wellington in a teaching role within the Clinical Psychology Training programme. Very quickly I became aware that the media regularly made requests to our department for comments about psychology and these requests often went unanswered. I was also aware of the strong public interest in all things psychology. Working for a university brings with it some privileges and advantages (e.g., freedom to express my opinion without constraints by my employer, ready access to the psychological literature, having a marketing and communications team at the end of the phone) and I felt a sense of duty to put forward evidence-based information to the public. There was also a synergy with my work at Umbrella Wellbeing, who provide mental health and resilience training to workplaces, as this regularly brought me into direct contact with groups from the general public and highlighted the need

to clearly and succinctly communicate psychological concepts.

I have been making comments to the media for the past three or four years, with a noticeable, even exponential, increase since the first nation-wide COVID lockdown. I have reflected on this experience to try and distil my key learnings.

## 1. Get some media training

I have had the opportunity to work with the Science Media Centre whose aim is to promote accurate, evidence-based reporting on science. They were extremely helpful in understanding how to talk to the media and have also coordinated press releases during COVID-19. This means they give you a heads-up about an upcoming issue, give you time to compile your thoughts and reduce them to writing, then send these comments out to the media on your behalf.

## 2. Be available

Your availability may be partially determined by your workplace. I'm fortunate enough to have a role where there is often flexibility in my day to allow me to respond to media requests. My availability means that media are more likely to return for comments in the future, which allows for the opportunity to practice and to conquer nerves and anxiety.

## 3. Give yourself time

Typically, the media will give you some time to comment on an issue. Sometimes it's a few hours, sometimes a few days. I use this time to compile my thoughts, return to

the psychological literature (e.g., read some recent review articles or meta-analyses), and (over)prepare. You should always ask what a journalist's timeframe is and work out whether that gives you enough time to comment. For radio and TV interviews they typically send through questions in advance or ask you to compile "talking points" (i.e., a summary of what you want to say). These points provide the base for the subsequent interview meaning you have typically written your own responses/comments before they ask them. Most of my comments to the media are in response to their requests for information. On occasion I have proactively written a piece on a topic of interest and the media then follows-up on this. In these instances, you are essentially regurgitating what you've already written.

... we have a choice about what information goes into the public domain.

#### **4. Learn to talk in sound bites**

Media are typically looking for comments that are easily digestible and able to be packaged into a 3-4 minute segment. Think journal abstract rather than the entire article. Give main points and allow journalists to ask questions. Not only does this help your comments be more accessible by the public it helps you stop rambling.

#### **5. Talk to the presenter, not the audience**

For live interviews it's much easier to respond if you imagine you're having a conversation with one person (even if it is down the barrel of a camera) than thinking you're speaking to thousands. It can also help you bring your own personality to the conversation rather than

come across as wooden and stilted, something I noticed in myself early on. Most interviewers, or at least their producers, go to some lengths to make you feel comfortable and relaxed before they speak with you.

#### **6. Remember, you're the "expert"**

The media is seeking your comment as you're an "expert" in the area. Put simply, this means you know more than they do so it's unlikely they're going to ask you a question that will trip you up, especially since you've probably written the questions for them. Don't be defensive, they're not attacking you (unless you've said something controversial). Almost always they are simply curious and want to know what you have to say. You can help shape the conversation by what you write as talking points/questions.

#### **7. Keep up to date with what's happening in the world**

Journalists seek comment about current events, so stay on top of what's happening in the world and think about the role of psychology in these events. The Science Media Centre is very useful in this regard as they actively seek out comments in advance of new stories.

#### **8. Don't read the comments!**

Once you've been interviewed or written something it can be useful to review your own performance and ask some trusted colleagues for their honest opinions. Sometimes they provide this in an unsolicited way! However, avoid reading public comments: they can range from being warm and glowing, to rude and hurtful and in my experience this isn't the most useful way to get feedback. If you live by the sword of public comments, you'll likely die by the same sword.

I hope these reflections will give psychologists more confidence in

responding to media inquiries. As a profession we have a great deal to offer the public, yet historically we've tended to hide our light under a bushel. If you need any more motivation to engage with the media remember, as a number of journalists have told me, they will get someone to comment and we have a choice about what information goes into the public domain.

# Me tiro whakamuri, kia anga whakamua: Walking backwards into the future

**Bridgette Masters-Awatere, AProf University of Waikato**

Keynote given at the 2021 Conference of the New Zealand Psychological Society



Bridgette Masters-Awatere has whakapapa connections to the Northland and Bay of Plenty regions of the North Island, New Zealand. She affiliates to many iwi in those areas, but her strongest ties are to Te Rarawa and Tūwharetoa ki Kawerau. Bridgette lives with her husband Shaun (Ngati Porou) and their two children in Hamilton.

Bridgette is an Associate Professor of Psychology at the University of Waikato. She holds leadership roles as the Director of the Māori and Psychology Research Unit and the Director of the Community Psychology Professional Practice Programme. As a Community Psychologist Bridgette's approach is seek to understand experiences in a broader context and to find pathways for those impacted the most by power and resource differences.

<https://www.waikato.ac.nz/fass/about/staff/bridge>

My parents both grew up on farms in rural townships - one in the far north, the other in the Bay of Plenty. As teenagers they sought the bright lights and flash clothes of the city. They were the generation that were part of the mass migration of Māori to the cities. My parents went to Wellington, where they met and fell in love. Because they both grew up with strong connections to their wider family members, cousins and siblings visited, also got jobs, and made their own love connections in ways that bound my parents' families even tighter together (eg relatives of my mother marrying relatives of my father). As a result, I have connections that bring both sides of my whakapapa together. It was through experiencing the extensive network of my wider whānau that my own sense of identity was built and my relational connection within Te Ao Māori and to place were strengthened.

As the youngest child I was too young to be left at home. So, I got taken with my parents to occasions such as tangi, marriages, church services, sports events or marae hui. And as one of the youngest mokopuna, I was one of the children picked up by aunties and uncles and delivered to my grandparents or whānau houses. These were the times before early childhood centres and kōhanga reo. While I can look back and see how much I learnt from those interactions; at the time, it was possibly the lack of information shared with me that contributed to my questioning the rationale of activities and the inequity of not having a say in anything. These early experiences gave me the opportunities to question. My critique has been enhanced by my formal education

that allows me to turn my gaze to neoliberalism.

Neoliberalism is endemic to our society and the institutions we engage with. Over the last two days I have heard presentations focus on psychological impacts of neoliberalism and I have heard 1-2 lay blame of the current psychology challenges squarely at the feet of neoliberalism.

My formal education as an adult has enhanced my consideration of the complex psychological issues that we as practitioners and professionals have to respond to and manage in our work situations. My training has given me the tools to examine systematically a matter of interest and the skills to communicate my findings to multiple audiences.

I'm sure you're familiar the notion that a valid science is presented as an objective, distanced, hierarchical activity with the Western notions that people are separate from the environment under examination. That position favours a set of values that scientific research must be objective and distanced; anything different is disregarded and challenged as not scientific.

While conducting my PhD, I reviewed research literature searching to find the epistemological bases behind the different approaches. I reviewed Michael Patton's (1986) argument for determining research validity and reliability and then compared that with qualitative researcher Laurence Neuman (2000). To articulate my position within the research realm I drew on other Māori researchers to present and understand Kaupapa Māori positioning. In an attempt to be ironic, I called this positioning "Kaupapa Māori subjectivities"

(Masters-Awatere, 2015).

If you consider the “nature of social reality” from a positivist approach, the focus here is on confirming pre-existing patterns; generally, at a safe distance from the subject under examination. Compare that with an Interpretive approach, which recognises fluidity and the potential of influence from human beings. From a Kaupapa Māori position, people and the environment are inter-related; with clear recognition of the symbiotic connection between the two.

**Neoliberalism provides economic incentives and rewards to those who perpetuate extractive relationships.**

Māori historical accounts situate a strong connection to the environment (George, 2010). The notion of whakapapa – a value recognised for its importance to Māori culture and cultural practices – is embedded throughout. Whakapapa provides a sense of belonging and a cultural attachment to place. Whakapapa is personified as our connections to natural features such as mountains and water ways (Roberts, Norman, Minhinnick, Wihongi & Kirkwood, 1995). My mountain, the river that runs to the sea, and my marae that sit in the shadow of their respective mountains are landmarks that I grew up connected to. They enable other Māori to locate me, my family and my intergenerational connection to these places. One of the key phrases – Ko wai koe, nō hea koe? Who are you? is a simple question that encapsulates more than the request of a person’s name. It asks the recipient “do you know whose waters do you descend from?” It simultaneously seeks to locate a

person by way of their human lineage, but also their lineage to Atua (Pere, 1984).

Tānemahuta is often depicted as tree. In some pūrākau he is the son of Ranginui (sky father) and Papatūānuku (earth mother) who successfully separated his parents thus allowing light, space and air between the two. He is also attributed with providing the birds, trees, insects and other living creatures on the earth (Royal, 2021). Furthermore, Tane created the first human (Hine Ahuone) and breathed life into her. Māori believe there are 3 elements essential to supporting a human life force (Ira tane, Ira wāhine and Ira atua). Our connection to the natural environment is located within our narratives and maintains our obligations to our tuakana. It is the maintenance of our narratives that keeps us (as Māori) connected to the natural resources of this land. It is neoliberalism that has threatened our connection, and is what threatens our health.

Pollutants from farm run-off get into our waterways. Similar to pollutants from factories discharging particles into the air. Clear-felling of forests removes the carbon-filtering process that living trees contribute to produce sledge waste that contribute to silt in our rivers and result in a huge mess on our beaches. Neoliberalism drives the extractive actions that are enmeshed throughout society.

In the context of climate change, practices of extraction have meant more is being taken from the natural environment with less resources being put back to replenish and nourish it. Documented throughout climate change literature are forecasts of increasing frequency of extreme weather events, extended hot periods, increasing vector borne

diseases and slowly there is a growing recognition of Indigenous people’s vulnerability.

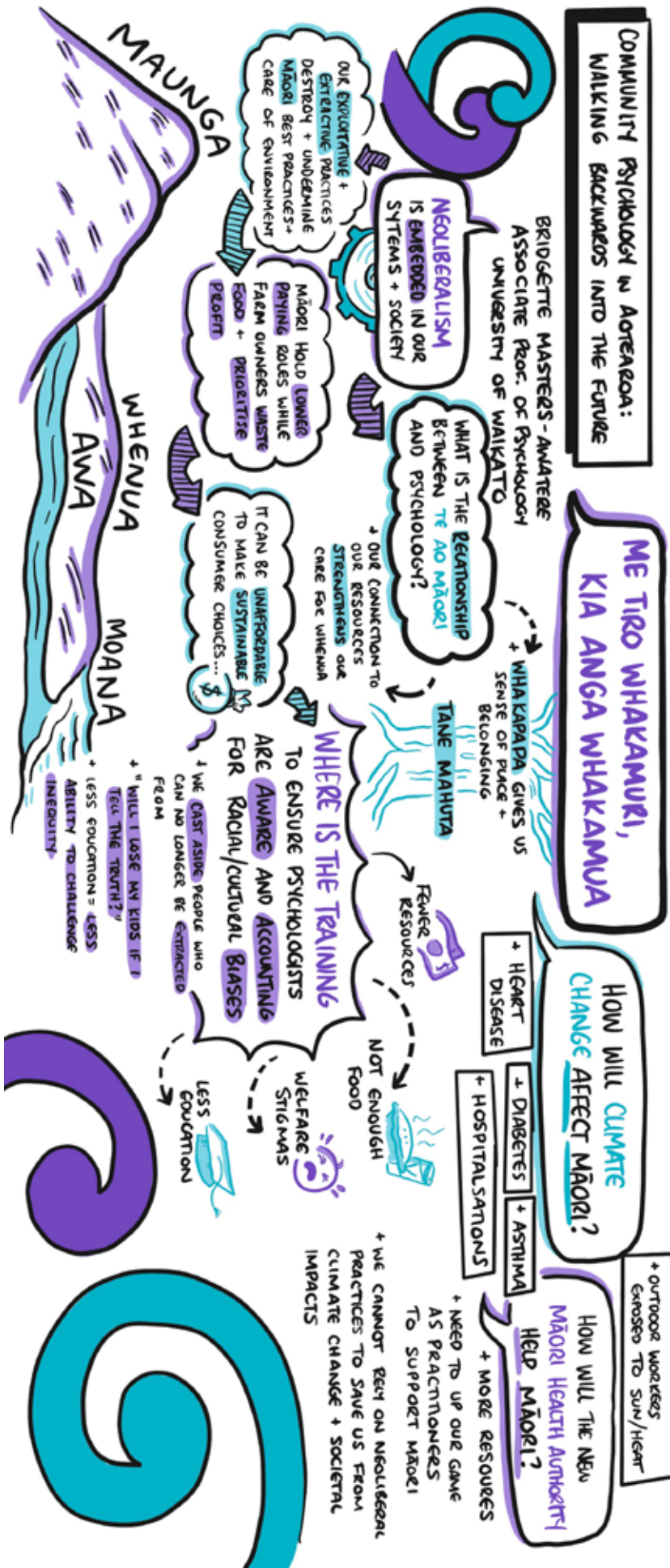
Neoliberalism provides economic incentives and rewards to those who perpetuate extractive relationships. For many Māori, their everyday relationship with the environment has changed. For some their relationship with natural resources has resulted in adopting neoliberal values that practice extraction rather than interconnection.

In my parents’ generation, Māori generally owned the land they farmed. They therefore had decision-making powers to determine how much impact on the environment they were willing to have through their farming practices. Don’t get me wrong, obviously there were those on both ends of the continuum. But generally, much of their farming practices were a combination of cultural values upon the land alongside economic motivation.

The Te Ōhanga Māori Report published by The Reserve Bank and Berl (2021) notes Māori represent 10% of dairy production and 30% of beef and lamb. 450,593 effective hectares (ha) of Māori land were being used for agricultural production, with nearly half the total in grassland or pasture (217,933 ha) focused on dairy or beef and lamb production (MfE & Statistics New Zealand 2018). Māori investment in horticulture is mostly in kiwifruit, with Māori owning around 10% of the total value of this industry (Reserve Bank of NZ and BERL 2021).

Māori are the employees who work on land owned by non-Māori businesses. They are the fruit pickers and packhouse workers that prepare the vegetables for large supermarket chains and the international markets. They are the ones spraying the paddocks to control for weeds; being





Live illustration by Pepper Curry of Bridgette Masters-Awatere's keynote address

exposed to toxins that will impact on their health.

Those same corporations let food that could feed thousands go to waste because it will impact their profits and payments to shareholders if they have to pay pickers to collect the “less than perfect looking” or late season vegetables that will not be sellable for ‘top dollar’. Productivity is focused on and measured by ‘how much you can get for the lowest cost’.

**Those with the least power to influence, with the least resources to engage or respond to situations of stress and urgency, are those who are most impacted by negative outcomes.**

These social constructions of success have shaped the market economy and influenced the systems we live in, the poor state of environment, and the climate crisis we face. The Climate Crisis is a symptom of a neoliberalist system of compartmentalising and extracting resources.

A study I was involved in last year administered a survey to Māori about their attitudes and behaviour with regard to nature and the environment. Within the responses it was clear that Māori have a high regard for nature, and their attitudes reflect that. However, when it came to behaviours, these were less prominent (Tassell-Matamua, Lindsay, Bennett & Masters-Awatere, 2020). Why? Because to be pro-environment in your behaviours is more expensive. If you think about the cost of battery eggs versus the cost of free-range, of buying organic and fair-trade items; purchases that are ethics-based or environmentally conscious vs less ethical processes.

The cost of changing behaviour to match your attitude is not always a realistic option. It is a position that requires resources, and that is a privilege or luxury that many Māori can't afford (Graham, Jackson, Masters-Awatere & Stolte, in press).

I'll turn my attention to the Health system with its focus on efficiencies which have been organised in a way that prioritises unit cost and measurable outputs (Masters-Awatere, Cormack, Brown, Boulton, Tangitu-Joseph & Rata, 2019; Masters-Awatere, 2017). I'll use a family in Gisborne that inspired my work on the Hospital Transfers project. A Māori man, who had been on ACC for years after work-related injuries meant he could no longer work in the labour-type jobs he was accustomed to. At age 49 he started experiencing seizures. During one particularly severe episode in the middle of the night, scared she drove to the local hospital, leaving her two children asleep at home. At A&E they waited for four hours. Neither of them owned a cell phone; at home they only had a landline. Her requests to use a phone to call home were not met with help; she could not call anyone to check on her children. While waiting he had more seizures initially drawing the attention of staff. But with each subsequent episode, they observed less and less assistance forthcoming. Now, why would that be? Could it be because:

- she was dressed in a manner that did not meet social expectations of how one should present themselves in public (remember it was 1am in the morning);
- she had been unable to access a phone to call her mother to check on her children at home alone (with all the stress of worrying about their safety or if anyone complained, the

potential to lose her children);

- with each episode she became more and more worried for her partner?

It could have been none of these, all of these and more. We can never know.

My question for the psychologists, aspiring psychologists, and those who train psychologists is, “where is the training that teaches health professionals to consider more than the people presenting in front of them?” AND “where is the racism-radar that tells people to assess their responses are not drawing from a racist or discriminatory perspective and to double-check their ongoing actions do not draw from those assumptions?”

There is no way, this family should have been discharged from hospital with the prescription written on a brown paper bag; told to go to pick a hospital (either Hamilton or Palmerston North) for further treatment without any support or advice about the State's obligations for quality healthcare.

I could spend my whole presentation walking you through examples of how multiple systems let this family down. From the education system, the employment pathways offered, the sickness benefit and cycle of rental housing they were locked in, culminating in a health system that did not undertake critical tests early enough to provide a real opportunity to survive. In short, neoliberalism did what it is intended to do – extracted everything it wanted from these people, and when they could no longer contribute, cast them aside.

This family experienced the partner/father dying at age 51 of cancer that had spread from his lungs to his brain (the cause of the original seizures that started 2 years before

he passed). A cancer that his family suspect was linked to his working with farm sprays in the paddocks. My brother-in-law nearly died of blood poisoning earlier this year after mowing a paddock that had been sprayed and inaccurately recorded in the logbook. These chemicals are being put on our food, to make it grow faster so it can be sold quicker and make more money as “first season crops”.

The whole system is designed by people who have a high level of resources who draw upon their positions of privilege to determine access to supports, should people need assistance. Those in positions of power allocate resources based on the assumptions they hold, and the attributes they recognise or value. Those with the least power to influence, with the least resources to engage or respond to situations of stress and urgency, are those who are most impacted by negative outcomes.

Throughout my research over the past 5 years I have repeatedly heard accounts from whānau Māori about the poor treatment of them or their loved one who has been unwell (Graham & Masters-Awatere, 2020). Too often I listen to narratives of having no sick leave; having to take time off from their jobs to either care for themselves, or their dependents; of not being fed while in hospital. If I focused all my attention on teaching them strategies to cope with the immediate stressors, I would not be able to see the cost burden these people carry that is either hidden or not recognised within the systems we navigate. Similarly, I would not have seen the need to target change across multiple levels of need (cf. Masters-Awatere et al, 2017; Masters-Awatere, Rarere, Gilbert, Manuel & Scott, 2019)

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***AND “where is the racism-radar that tells people to assess their responses are not drawing from a racist or discriminatory perspective and to double-check their ongoing actions do not draw from those assumptions?”***

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During my undergraduate training I was introduced to Bronfenbrenner’s (1979) Ecological Systems model and Kurt Lewin’s (1946) heuristic formal for explaining behaviour ( $B=f(P,E)$ ). At graduate level I was introduced to Community, Clinical and Environmental Psychology. I saw the relevance of all these psychological models, frameworks, theories and approaches to Māori AND I saw their weaknesses with regard to the absence of Indigenous or Māori worldviews.

Through my research, such as the hospital transfers project, I have been able to draw from all those areas in order to tighten my focus on the systems and policies

that are implemented from the perspective of those with privilege and resources (Masters-Awatere, Murphy, Rimu, Helmhout & Cormack, 2020). I was able to examine the context that contributed to narratives from people’s negative experiences of the health system (Graham & Masters-Awatere, 2020; Masters-Awatere, Graham, Scott & Atatoa Carr, 2020). To a point, my training enabled me to understand why they were presenting as anxious, uncomfortable, distressed or non-compliant. But my value position then shaped the way I used that information to respond to and manage their immediate, short term and long-term needs. My upbringing highlighted the multitude of influences within the context of an environment. Over the years that I have been practicing I have tried to systematically and critically engage in a multi-level analysis of the context surrounding the issue under examination. I purposefully position my work to prioritise Māori health; and because of my desire to ultimately be a good ancestor one day, I specifically think about climate change and the impact I have on the planet.

It has been the interconnection of human health and climate health that drove my interest to submit a proposal to the Deep South National Science Challenges. The project Haumanu Hauora – involves working with 3 DHBs in the central North Island of New Zealand and reviewing both their current responses to climate change, but with the purpose of helping them to develop responses to climate adaptation with specific regard to Māori.

Health statistics and hospitalisations for Māori already highlight how the current situation is about surviving not thriving. Māori health vulnerability to the impacts of climate change have not really been considered. That gap is obvious from the interviews so far with policy analysts and tāngata whenua from 3 DHBs AND from an environmental scan of New Zealand’s remaining 17 DHBs.

Around the world, there is a small but growing recognition of the vulnerabilities Indigenous people face in the context of climate change. But no one has really delved into the types of vulnerabilities or their reasons. Over the course of my project, I have been looking at Māori health and its threat from climate change. Here is a summary of what will be described in more detail in an upcoming publication:

- Māori are two times more likely than non-Māori to be hospitalised with cardiovascular disease
- Heart failure mortality amongst Māori is twice as high as non-Māori

- Māori women are 4.5 times more likely to be hospitalised with heart failure
- Māori children are 1.3 times as likely than non-Māori to have medicated asthma
- Māori aged between 5-35 years are almost twice as likely as non-Māori in the same age group to be hospitalised with asthma

When these health rates are considered against a known risk Climate Change factor such as work-type, Māori health vulnerability is alarming given that Māori are overrepresented in low skilled occupations, which includes labourers with outdoor work environments. The risk of heat related deaths is 3.5 times higher among agricultural workers and 2.3 times higher for construction workers (Johnson et al, 2016; see also Borg & Bi, 2020). Māori are more likely to be employed in work environments with greater heat exposure, generating a “Higher burden of chronic disease for Māori, thus greater risk of heat-related deaths and illness” (Jones et al, 2014, p. 57).

The violence wrought by colonisation’s enduring legacies intersecting with structural disadvantage entrenched through neoliberalism on Māori highlights our vulnerability within the context of Climate Change.

Institutions of colonialism such as religion, law and education have systematically eroded the strength of everyday Māori cultural interactions; language use, health practices and relationships with the natural features of this land were initially restricted, and through the ongoing impacts of neoliberalism, continue to be eroded. What do you envisage that the introduction of a Māori Health Authority will do to change

the continued privileging of a neoliberal system?

**If we seriously want to reduce further risk to Māori health and climate crisis impact on already vulnerable population we need to move away from the production-unit, cost efficiency measures and move towards social, cultural strengths**

My hope is that the new structure will allow Māori values and principles regarding collective health and wellbeing to the centre. We are starting to see movement in the right direction with resources being directed to the wellbeing economy. If you look back to the actions of Princess Te Puea Hērangi with her plans for Māori health when she led the opening of Mahinarangi at Tūrangawaewae marae, I can see that by looking backwards as we walk into the future, we can find useful strategies and visionaries to draw inspiration from.

Our health is more than coming up with mitigation strategies to minimise emissions & reduce carbon footprint. If we seriously want to reduce further risk to Māori health and climate crisis impact on already vulnerable population we need to move away from the production-unit, cost efficiency measures and move towards social, cultural strengths. Neoliberalism is a system that has trapped everyone – whether we know it or not. Like others in the health sector, psychologists find it easier to focus on the presentation of behaviours immediately in front of them. Staying comfortable in the individual behaviour modification and attitudinal micro-level target area. But we need to take a multiscale view and critical analysis.

For those of you who are practitioners, I invite you go to the institutions that train psychologists and look for ways to engage a multi-level practice in the training that is delivered, but to enhance your own in a way that connects to the theoretical teaching that takes place within the training institutions.

For those of you who are teaching psychology, I invite you to review your training programmes to evaluate how you engage in multi-level analysis that not only teaches your students to observe the complex interplay of systems as they learn to make critical assessments about how to respond to client behaviours – but most importantly ensures they develop strategies to inject feedback by challenging inequity and being a voice for those who need an advocate.

It is imperative that psychology becomes better and does more. The students coming through now need to learn how to be science-practitioners and scholar-activists AND those of us practicing now need to up our game. People’s health, the health of this country and the planet cannot wait.

*Ko te pae tawhiti whaia kia tata. Ko te pae tata whakamaua kia tina!*

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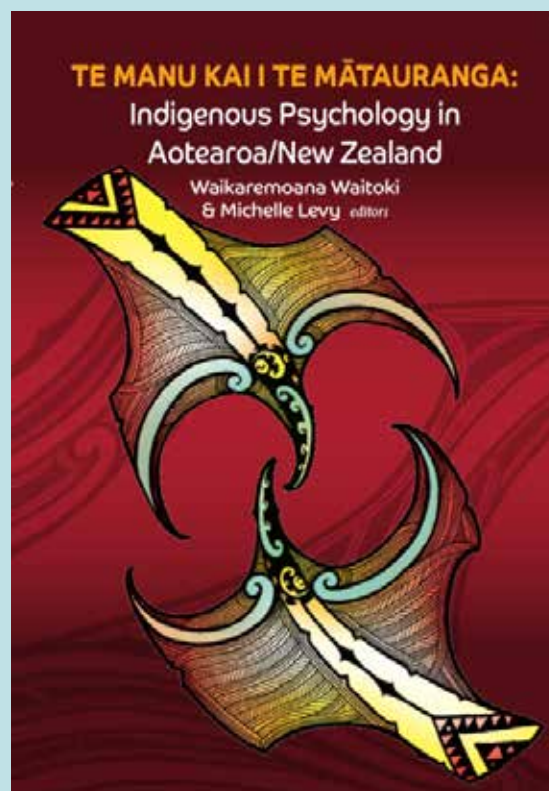
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## TE MANU KAI I TE MĀTAURANGA: Indigenous Psychology in Aotearoa /New Zealand

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# Preparing for climate change: How psychology can help

**Susan Clayton, The College of Wooster**

Keynote given at the 2021 Conference of the New Zealand Psychological Society



Susan Clayton is Whitmore-Williams Professor of Psychology at the College of Wooster in Ohio. She has written or edited six books, including most recently *Psychology and Climate Change* (2018; co-edited with Christie Manning). Her Ph.D., from Yale University, is in social psychology. Her research focuses on the human relationship with nature, how it is socially constructed, and how it can be utilized to promote environmental conservation. She has written extensively about the impacts of zoo visits.

Clayton is a fellow of the American Psychological Association (APA), the Society for Environmental, Population, and Conservation Psychology (SEPCP), the Society for Personality and Social Psychology (SPSP), and the Society for the Psychological Study of Social Issues (SPSSI). She is a past president of both SEPCP and SPSSI and currently a member of the APA's governing Board of Directors. In addition to serving as the editor of the Cambridge Elements series in applied social psychology, she is on the editorial boards of the *Journal of Environmental Psychology*, *Social Justice Research*, *Social Psychological and Personality Science*, and the *Journal of Zoological and Botanical Gardens*. She is a lead author on the upcoming 6th assessment report from the Intergovernmental Panel on Climate Change.

Many people are surprised by the idea that climate change has psychological implications, or that psychology has anything to say about climate change. There are three principal areas in which psychological research is relevant: 1. Understanding the impacts of climate change on people; 2. Facilitating environmentally healthy and sustainable behavior; and 3. Promoting human wellbeing. I'll start by describing the human impacts of climate change.

## Human impacts

Although for a long time polar bears and other cold-climate species were often seen as the principal victims of climate change, we are becoming much more aware that there are serious consequences for human wellbeing. These impacts affect both physical and mental health, and it is important to remember that the dividing line between physical and mental health is porous: experiencing physical health problems can undermine mental health, and poor mental health can also lead to physical health problems, as people may engage in risky behaviors and fail to take care of themselves. Both physical and mental health are also inextricably linked to community wellbeing. Climate change can act through four main channels: impacts of acute events, such as extreme weather; impacts of gradual and chronic changes, such as rising temperatures and sea levels; indirect impacts, such as through food insecurity, economic upheaval, or displacement; and vicarious impacts, when people are affected by their knowledge that others are suffering the effects of a changing climate.

To briefly review the impacts on physical health: extreme weather events, such as floods, hurricanes, and wildfires that frequently include death and injury. The aftermath may also impair physical wellbeing as people are often living in suboptimal circumstances. Gradual changes in climate are also linked to clear health impacts, such as increased asthma and respiratory problems; vector-borne diseases (such as Lyme disease or Zika); and heat stress. Changing climatic conditions are also projected to increase food insecurity which threatens both physical and mental health.

Extreme weather events also impair mental health. Decades of research have shown increases in mental disorders such as post-traumatic stress disorder, depression, anxiety, suicide, substance abuse, sleep disorders, and even domestic abuse. It is important to note that most people are resilient and recover fairly



### Live illustration of Susan Clayton's keynote address by Pepper Curry

quickly after a disaster, and also that the rate of mental disorders following an extreme weather event varies substantially, indicating the importance of specific characteristics of the disaster and of the community. Nevertheless it is not uncommon for 20-40% of the local population to experience mental health problems, sometimes months or even years after the event.

The impact of gradual climate changes on mental health is still an unfamiliar topic. Nevertheless, a large body of research shows, for example, that high temperatures are associated with a range of negative impacts: interpersonal and intergroup conflict, suicide, and psychiatric hospitalizations. High temperatures can also impair learning and the ability to work –

these are not symptoms of mental disorders but can be considered to be impacts on general wellbeing. Wellbeing is more than the absence of mental illness, and is a condition that everyone deserves to experience.

The impacts of climate change, like so many other detrimental phenomena, are not distributed equally. It's easy to see that geographic location contributes to vulnerability: some areas are more prone to flooding, others to drought or wildfire, others to thawing permafrost or coastal erosion. Economic and social conditions, however, also contribute to vulnerability. Financial resources can't completely eliminate risk, but they can help people and communities to protect themselves from some impacts, and to

recover more quickly from others. Something as simple as the ability to afford air conditioning, or to live in an area with good tree cover and reliable access to clean water, can make a big difference in how people are affected by storms or heat waves. People who are socially marginalized may have less access to information and/or to political influence, which can limit their ability to protect themselves. And some are more physiologically vulnerable, especially to heat, such as the very young, the elderly, and those already suffering from mental illness. The young are of particular concern because experiences they have during key developmental stages may have long-lasting or even permanent impacts.

Other impacts of climate change are more abstract, though no less

real. A sense of personal identity can be threatened if one's occupation is no longer viable, as may be the case for some agricultural workers; place identity can also be disrupted if the place is drastically changed (such as when lakes dry up) or if the inhabitants are forced to move. Many Indigenous Peoples define themselves in relationship to the natural environment, and changes in the ways in which they interact with those environments may threaten culturally significant practices and undermine cultural identity.

Social interactions are also likely to be affected, in ways that we are only beginning to explore. In some places, climate change has made routine social interactions more difficult – for example, in far northern regions where people traditionally travel on frozen lakes in the winter, the ice may now be too unstable to traverse. Some research has shown that thinking about climate change increases authoritarianism and ethnocentrism, leading to more negative evaluations of outgroups.

I want to particularly highlight the growing evidence for climate anxiety. Awareness of climate change may disrupt the basic understandings people have about the stability of the world, leading to what has been described as an “existential threat”. Surveys show a high level of concern about climate change and its personal impacts around the world. Research has begun to identify aspects of climate anxiety that threaten mental health, such as an inability to regulate emotions, to concentrate, or to engage in routine behaviors. These concerns seem particularly salient to young people; in a 2021 study of 10,000 young people around the world, 45% said that their concerns about climate change sometimes interfered with their ability to function.

### **Facilitating sustainable behavior**

Given all the evidence that climate change has impacts on mental health and wellbeing, and that human behavior is responsible for climate change, it is important for psychologists to utilize some of their established skills in changing behavior. Some people feel that only governments and large organizations can make the changes that are needed, but individual behavior is important not only for the direct impact but also for the way in which it creates more general norms and provides support for policy initiatives. Psychologists have been working to promote more pro-environmental behavior for half a century. However, taking some considerations into account can make these interventions more effective.

First, think about what is easiest to change. It is often easier, and perhaps more effective, to change the environment than to change the person. Recycling will

increase with recycling bins easily available. People will drive less when there are good public transit alternatives. Nudge theory addresses some of the ways in which people can be encouraged to make better choices, without losing the ability to make their own decisions.

Rational argument can contribute to behavioral decisions, but cognitive and emotional biases mean that simply providing people with information is not always sufficient. We need to consider, in addition, social motivations such as the desire to look good, display a particular identity, and fit in with the norms of a group. Individual attitudes, values, and attention are also important. People who express concern about climate change may often not pay much attention to it or think about it when making behavioral choices because other concerns are more salient. We need to make climate change a more central concern for people – to make it more personal. A perception of personal connection to the natural world, what I have described as an environmental identity, is associated with greater pro-environmental behavior. We need to be considering the social conditions that can encourage the development of environmental identity. This could include especially greater time in nature, especially for children.

When planning behavioral interventions, psychologists and others also need to think carefully about the behaviors they are trying to modify. Some have greater impact than others; some are easier to change than others. Some can have an impact based on a single decision, while others involve changing long-term patterns of behavior. The tools that are likely to be effective will vary depending on the target behaviors that are chosen.

Developing a sense of purpose, finding others one can trust to help work on the problem, and overall maintaining a sense of hope that positive outcomes are possible are important contributors to individual resilience.

### **Moving toward resilience**

Although changing behavior in order to mitigate the extent of climate change continues to be important, it is increasingly clear that we cannot entirely avoid the impacts. In fact, we can already see some detrimental impacts of climate change. So as a profession concerned with promoting human wellbeing, psychologists need to be thinking about tools that will encourage resilience in the face of climate change. But resilience can't just be an attribute of individuals: in the face of changes that will affect our social systems on a global level, we need



to plan for community-level as well as individual-level resilience.

I turn first to individuals, the traditional scope of psychological concern and treatment. We can anticipate increased levels of post-disaster trauma, and should plan for that by providing psychological first aid and access to mental health support following disasters. A proactive rather than reactive strategy will also focus on teaching emotional regulation and coping skills to people before they are affected. These skills may also help the individuals who are experiencing high levels of climate anxiety. Cognitive reframing, mindfulness, and techniques for detaching and destressing will help people to manage their stressful emotions.

However, traditional tools for emotional coping are often predicated on the assumption that the source of stress will be resolved. This is not the case for climate change, which may be why so many people respond with avoidance and denial. In order to encourage active engagement with the problem without overwhelming levels of negative emotions, several strategies seem to be helpful (though more research is needed). One is to get involved. Taking action, whether in one's home, one's community, or the political sphere, allows people to exert some control over the situation and feel less helpless. A second is to find a supportive community. Social ties are important in promoting resilience, and when people find others to talk with about their concerns, they feel validated and connected. The two strategies can support each other if people join with a group in order to take action.

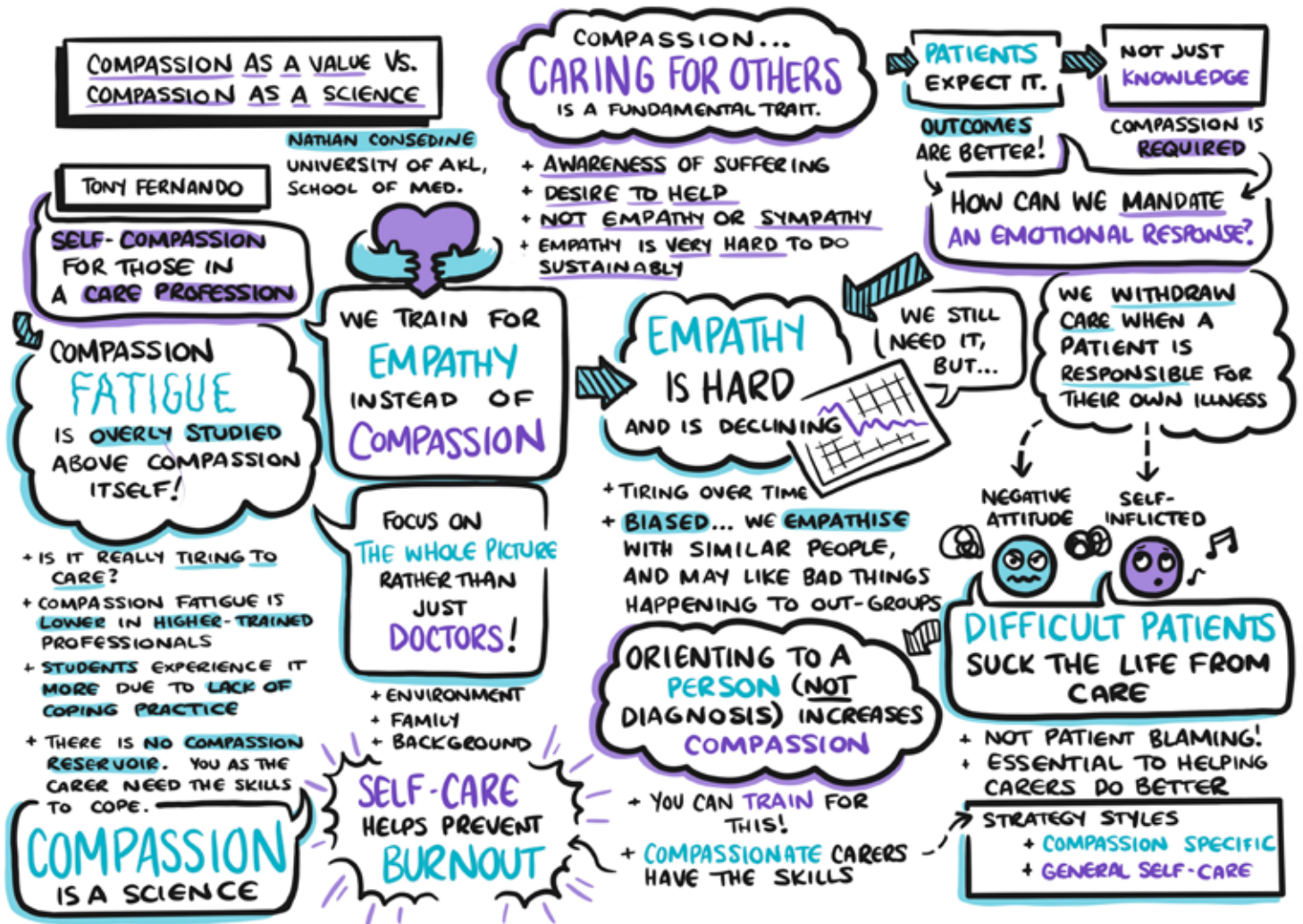
The important thing is for people to engage in what Maria Ojala has called "meaning-focused coping." Developing a sense of purpose, finding others one can trust to help work on the problem, and overall maintaining a sense of hope that positive outcomes are possible are important contributors to individual resilience.

It is important, however, for people not to take on too much responsibility for "solving" the crisis. Resilience has to be achieved at the societal level by effective governmental policies. Within local communities, resilience requires both physical (e.g., good infrastructure that can handle expected floods, storms, or wildfires) and social (good communications networks, opportunities for engagement) components. Communities that acknowledge diversity of needs and strengths, and that are well connected to the local place, by monitoring specific vulnerabilities as well as emphasizing and celebrating local culture, are likely to be more resilient. Utilizing nature-based solutions at all levels, such as by

providing access to green space for local citizens, will also help both physical and psychological resilience.

### **Conclusion: Where we are now**

The COVID -19 pandemic has led to increased rates of mental illness, but there may be some positive outcomes. Society is now more aware of the ways in which environmental conditions can affect mental health. We are also conscious of the fact that major changes are possible in the face of an emergency. As we try to return to some level of normalcy, many are calling to "build back better." This is a moment for professions and societies to think about restructuring their normal practices in a way that acknowledges the looming threat of climate change and prioritizes human wellbeing over corporate interests and the status quo.



Live illustration by Pepper Curry of Nathan Consedine's keynote address: Compassion as a value versus compassion as a science: How to sustain care in the helping professions

# Schrödinger's Tsunami: Determining the true demographics of dementia in New Zealand

L. Dryden Badenoch, Relaxed Therapy

## Abstract

People with dementia can disappear from daily life, but the personal, social, and economic impacts are felt by all. The Alzheimer's Society predicts an ever greater number of New Zealanders living with the condition in future: an impending "tsunami" of dementia. The 2013 NZ National Dementia Framework addressed this 'invisible threat' by de-emphasising specialist assessment and making dementia a GP diagnosis. To understand NZ's dementia demographic data, we need to know how it was derived. We must ensure that planning for a future threat is well-informed, so as not to degrade current care.

## Schrödinger's Tsunami: Determining the true demographics of dementia in NZ

The introduction to the current NZ Health Pathway for Dementia paints a grim picture: *"Dementia is increasing in incidence and prevalence in NZ because of our ageing population. The number of New Zealanders with dementia has grown from 48,182 people in 2011 (1.3% of the population) to 62,287 in 2016. It is estimated that in 2050, 170,212 people will have dementia in New Zealand (2.9% of the population). This follows the worldwide trend."*

Yet every statistic and statement in the above paragraph is at best debatable, and at worst completely unsubstantiated.

## Alzheimer's disease

In 1879 Max Planck was advised against studying Physics,

as "almost everything is already discovered, and all that remains is to fill a few unimportant holes". Forty years later, Professor Planck was awarded the Nobel Prize for founding—along with his friend Albert Einstein—the field of quantum mechanics.

In 1905, as Einstein was submitting his PhD, Auguste Deter was dying in a Frankfurt hospital. Dementia was understood to be an inevitable consequence of ageing, due to atherosclerosis, but she showed all the signs of "senile" dementia at the age of 51.

Alois Alzheimer identified clumps of protein scattered throughout her post-mortem brain tissue: "senile plaques" and "neurofibrillary tangles". He found the same in the post-mortem brain of a man in his 50s who had also shown all the signs of dementia.

Dr Alzheimer presented these cases to a scientific meeting as a possible new disease, to total disinterest, but his friend Emil Kraepelin included "Alzheimer's disease"—presenile dementia—in the 1910 edition of his Handbook of Psychiatry. Professor Kraepelin noted that these cases might simply be unusually early presentations of senile dementia. Alzheimer's disease remained an obscure neurological diagnosis for the next sixty years.

Using electron microscopy, Sir Martin Roth and colleagues found that Alzheimer's "plaques and tangles" could be seen in the brains of non-demented older people (Tomlinson, Blessed & Roth, 1968), but that larger amounts could be seen in the brains of most demented older people (Tomlinson, Blessed & Roth, 1970). They concluded that most "senile" dementia was probably of the type proposed by Alzheimer, rather than atherosclerotic "vascular" dementia.

Robert Katzman of New York's Albert Einstein College of Medicine argued that if dementia was not inevitable ageing, but the result of a disease process, then Alzheimer's dementia was the fourth or fifth biggest killer of Americans, and "a disease to be prevented" (Katzman, 1976). Over the following decade, Alzheimers Societies were formed across the world, lobbying for research funding to cure Alzheimer's disease.

In 1993, the US Food & Drug Administration approved Pfizer's Tacrine (Cognex), the first acetylcholinesterase-inhibitor, advertised as slowing the decline into Alzheimer's dementia. Research into dementia misdiagnosis effectively disappeared from the literature for the next decade: the clinical priority became identifying people with Alzheimer's disease as early as possible.

The first Memory Clinics were funded by drug companies to trial acetylcholinesterase inhibitors. The Memory Clinic model was subsequently adopted by agencies without drug company funding as best practice in early diagnosis of dementia (Cheung & Strachan, 2008).

## A tsunami of dementia

In 2010, I wanted to compare dementia cases identified by Waikato DHB's Memory Service with the likely number of community cases: who were we missing? Every account of dementia prevalence in NZ quoted the same source, the Dementia Economic Impact Report commissioned by Alzheimers NZ (Access Economics, 2008): 40,000 New Zealanders currently living with dementia for 7-10 years after

diagnosis, rising to 150,000 cases by 2050.

Such numbers prompted Tony Ryall, then Minister of Health, to predict

*“in the next 10 years, Ministers of Health will be worrying more about the tsunami of people with dementia than any other issue.”* —RadioNZ News, 2012

But when I reviewed the epidemiological research, I discovered that the Report over-estimated survival times after diagnosis—and therefore the economic impact—by 100%, possibly 200% (Badenoch, 2015), and the prevalence figures were also open to question.

The values in the Economic Impact Report were not direct observations: they were derived by plugging NZ census data into a population model developed for Alzheimers Australia from a meta-analysis of meta-analyses of European dementia rates gathered between the 1940s and 1990s, a period which saw enormous changes in lifestyles, lifespans, healthcare, diagnostic criteria, and even meta-analysis techniques.

Only 3% of Australia’s population is indigenous whereas 17% of NZ’s population identifies as Māori. In the absence of Māori data, the model has incorporated dementia rates from other Polynesian populations, while noting that these may not be adequate substitutes (Deloitte Access Economics, 2011).

The Cognitive Function and Ageing study (Matthews et al, 2005) measured risk of dementia with age in the UK in the 1990s. Given the anticipated increase in ‘older old’ people, the study predicted a 30% increase in dementia cases over the next 20 years.

Twenty years later, the second CFAS study (Matthews et al, 2013) found no meaningful increase in dementia cases: the UK population had aged as predicted, but the risk of dementia in each age group had decreased, cancelling out the demographic shift.

If the economic impact might be half or even a third of the Report’s prediction, and the number of cases might increase more slowly or even be static, then we face not so much a tsunami of dementia, more of a pond!

While I was fretting over the statistics, I never thought to ask why a dementia advocacy group was commissioning an *economic* impact report.

### Value for money

In 1929, Professors Planck and Einstein were horrified by the “Copenhagen” interpretation of their work: if, say, a Uranium atom might decay to Thorium, then it will exist as both, Uranium and Thorium, *at the same time* until observed, when it *then* becomes one or the other. Psychologist and physicist Erwin Schrödinger ridiculed

this notion. Imagine, he argued, a vial of poison gas which will be released into a box if a Uranium atom decays to Thorium. If the atom both has and hasn’t decayed until it is observed, then a cat in that box will be both alive and dead *at the same time* until someone looks in the box. This is not our experience of the world: the Copenhagen Interpretation can’t possibly be true.

In 2003, the UK’s National Institute for Health and Clinical Excellence (NICE) and NZ’s Pharmaceutical Management Agency (Pharmac) declined to fund Eisai’s Donepezil (Aricept), another acetylcholinesterase-inhibitor.

A pharmaceutical industry newsletter noted companies faced “the very real possibility of losing significant revenue streams from drugs required to demonstrate value for money”!

In 2007 Eisai, Pfizer and Shire argued in the UK’s High Court that NICE hadn’t considered the costs of long-term care: delaying decline in the early stages of dementia ought to reduce overall care needs, lessening the economic impact.

Hence the subsequent rush of dementia advocacy groups (e.g. Alzheimers Australia, Alzheimers NZ) to commission *economic* impact reports, to secure government funding for dementia medication: in 2010 Pharmac, under Minister of Health Tony Ryall, reversed their decision and agreed to subsidise Donepezil.

Gilstad & Finucane (2008) compared 15 vendor-funded, randomised controlled trials of Donepezil with three independent RCTs by the US National Institute on Ageing, the UK National Health Service, and the UK Medical Research Council.

The reported outcomes were much the same, but the language used to describe the outcomes was very different: effects the independent studies described as “small”, the sponsored studies described as “significant”. Gilstad & Finucane concluded:

*“the uniformly favourable rhetoric in their published RCTs may have helped promote the multibillion-dollar commercial success of a drug whose clinical relevance remains uncertain.”*

In June 2021 the US Food and Drug Administration conditionally approved Biogen’s Aducanumab (Aduhelm), despite Aduhelm showing no clinical advantage over placebo in Alzheimer-type dementia.

Despite amyloid “senile” plaques appearing *after* early decline in Alzheimer’s dementia (Thomas et al, 2020), and despite reducing plaques with Merck’s Verubecestat having no impact on either current function or further decline (Egan et al, 2019), the FDA argued that

Aduhelm's reduction of plaques *must* have some beneficial effect!

Aduhelm aside, pharmaceutical research is now focussing away from the amyloid plaques, onto the tau-proteins of the neurofibrillary

up the predicted numbers for 2050 to 170,000 (Deloitte Access Economics, 2012; Deloitte, 2017). Prince et al (2016), reviewing the epidemiological literature, argued there was:

Dementia may or may not be increasing in incidence and prevalence in NZ, regardless of our ageing population. The number of New Zealanders living with dementia could be anywhere from 0.4 to 1.3% of the population. How this will increase in the future, and whether there is even a worldwide trend towards increase, remains to be established.

tangles. Yet Ashby-Mitchell et al (2017) found that tau-proteins accounted for less variance in dementia risk and severity than did cardiovascular risk factors, e.g. smoking, inactivity, and mid-life obesity.

Might "plaques and tangles" be not the smoking gun, but merely gunsmoke? Could Kraepelin's caveat, that "Alzheimer's disease" might simply be atherosclerotic "vascular" dementia, possibly be true?

### A few unimportant holes

*"A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it."* — Max Planck (1950)

Schrödinger's attempt to ridicule quantum indeterminacy backfired: Planck and Einstein eventually died, and a new generation of physicists grew up with Schrödinger's Cat, not as a counter-argument but as an *illustration* of quantum physics.

The assumptions informing the Economic Impact Report's population model were extensively criticised (Anstey et al, 2010) but the model remained much the same in subsequent Reports, ramping

*"no evidence to suggest that the current assumption of constant age-specific prevalence of dementia over time is ill-founded."*

But Wu et al (2017) reached the opposite conclusion:

*"dementia—age for age—is declining in some countries and that the number of people with dementia can remain stable despite population ageing".*

Stephan et al (2018) noted large heterogeneity across dementia epidemiological studies in how data was collected, and even in how dementia was defined. One study managed to show that dementia prevalence was increasing and decreasing *at the same time*, depending upon how they ran their analysis!

Stephan et al concluded that it is not possible to synthesise existing dementia epidemiological studies in a valid meta-analysis, invalidating the population model used by the Economic Impact Reports.

Drawing on actual NZ case records—from the Integrated Data Infrastructure—Walesby et (2020) calculated dementia prevalence in NZ from 2012 to 2015 to be one third of the estimates in the Economic Impact Reports, though they acknowledged that this was probably the lower bound of the

actual figure.

Rivera-Rodriguez et al (2021) propose to use the Needs Assessment and Service Coordination (NASC) and International Residential Assessment Instrument (interRAI) databases for another approach to calculating NZ dementia prevalence. Unfortunately, faced with an apparent tsunami of dementia, the Ministry of Health pronounced that specialist assessment and management of dementia (e.g. Memory Clinics) was economically infeasible, instead promoting diagnosis of dementia by General Practitioners (Ministry of Health, 2013). Mitchell et al (2012) found that 60% of GP dementia diagnoses, such as will be found in the NASC and interRAI databases, are likely to be false positives.

Martinez-Ruiz et al (2021) have outlined a methodology for a multi-ethnic sampling study using direct assessment of New Zealanders. We may soon have the data we need to determine the actual numbers of people living with dementia in New Zealand.

### Schrödinger's Tsunami?

Alzheimers NZ won the battle for funding of Donepezil, but may have lost the war. By causing the Ministry of Health to fund apparently ineffectual medication and to deemphasise specialist assessment and support, the Economic Impact Reports may have increased the economic—and personal—impact of dementia.

Dementia may or may not be increasing in incidence and prevalence in NZ, regardless of our ageing population. The number of New Zealanders living with dementia could be anywhere from 0.4 to 1.3% of the population. How this will increase in the future, and whether there is even a worldwide

trend towards increase, remains to be established.

As in quantum mechanics, we can't know what is happening until we observe directly: we need local epidemiological studies with proportional Māori, Pasifika and Asian representation if we're to establish whether we are—or are not—facing a 'tsunami of dementia'.

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# Go hard, go early: Alternatives to the treatment model for addressing poverty, inequality and mental distress in Aotearoa New Zealand

**Dr Otilie Stolte, School of Psychology, University of Waikato**

This discussion article is based on a paper presented at the Community Psychology Symposium as part of the 2021 New Zealand Psychology Conference. In this article, I reflect on my teaching praxis, widening inequalities, and on the implications of the COVID-19 pandemic for psychology. Currently, the lack of mental health sector capacity and the shortage of some 1000 psychologists, poses a significant conundrum. This article revisits Albee's critique, "that no mass disease or disorder has ever been controlled or eliminated through individual treatment" (2005, p.37), and in so doing I reflect on what community psychology can contribute at this point in history.

Aotearoa New Zealand has, more than other jurisdictions, largely

I argue that the current government's COVID-19 elimination strategy and the collective responses not only help us to 'flatten the curve' of COVID-19, but also hold potential to 'flatten the contagion of neoliberal ideology.' In Aotearoa New Zealand, COVID-19 has disrupted our lives, but also decades of rhetoric that 'there-is-no-alternative' to the laissez-faire market approach. Recent events have shown that, in a crisis, it is possible to act to prevent threats to public health, and to invest in people and communities.

An unexpected benefit from the COVID-19 crisis may be that it offers a stark reminder that humans can achieve a lot by working together. Sometimes, giving up personal freedoms and individual interests is necessary to benefit the

experience. For instance, Harari (2015) states that human beings are unique in being the only species that can cooperate with large numbers of strangers, and we often do so with no immediate benefit to the self. These prosocial qualities underpin the development of human societies and are the key to our survival in the turbulent 21st century.

By no means do I seek to generalise about, or romanticise, human nature, the COVID-19 situation and political responses. I am simply presenting the idea, that at this moment in history, the neoliberal 'there-is-no-alternative' mantra has briefly loosened its iron-clad grip. Many things we thought of as being normal in 2019 have been upended. Hence, the COVID-19 pandemic demonstrates that there is nothing inevitable about the societies we live in. This disruption to our routines and taken-for-granted lives, is distressing and some people are more affected than others. Nonetheless, for those of us not in a desperate survival state, disruption can open up our thinking to new ideas. As Bregman (2014, 2019) argues, many of the values we hold dear today, such as civil rights and abolishing slavery, were initially considered too unrealistic and radical but became more accepted following struggle and perseverance. Hence, the current COVID-19 crisis offers both an opportunity and a responsibility to circulate progressive and utopian ideas.

In the discipline of psychology, much of what we encounter is distressing. Hence, it is important to retain a sense of agency and hope, rather than despair and helplessness.

An unexpected benefit from the COVID-19 crisis may be that it offers a stark reminder that humans can achieve a lot by working together. Sometimes, giving up personal freedoms and individual interests is necessary to benefit the public good.

contained the spread and human health impacts of COVID-19. However, the pandemic has also created a myriad of practical and psychological challenges that have pushed vulnerable people even further into hardship. In particular, economic settings preceding and during the COVID-19 crisis have inflamed the New Zealand housing crisis, exposing the flaws of neoliberal market policies and entrenching severe housing inequities for generations to come (White, 2021). In this commentary,

public good. This is significant, as it counters dominant views of humans as self-centred utility maximisers. In mainstream 'WEIRD' psychology, studies such as the bystander effect and the Milgram and Zimbardo experiments have been held up as evidence that humans supposedly only have a thin veneer of civilised conduct, covering selfish and nasty impulses (de Waal, 2009; Teo, 2019). Nonetheless, scholars across a range of disciplines are presenting compelling evidence to counter the narcissistic view of the human

Many students arrive with an ethic of wanting to help others, even though they are often themselves members of the precariat and thus face multiple issues on top of their studies. Despite such challenges, current students appear to be more questioning of the status quo, and they are less trapped by binaries and more aware of complexities. Consequently, my teaching cannot sugar-coat the hard issues and it cannot remain abstract or detached from wider societal concerns. Aside from COVID-19, there are a plethora of crises surrounding us and on the horizon. This means psychology needs to adopt new operating systems to remain relevant and responsive. We need to provide hope for humanity given that there is a lot for people to process and worry about.

Both in Aotearoa and internationally, there is growing concern about the increased mental distress arising from COVID-19 and lockdowns. Taylor and colleagues (2020) have identified the rise of 'COVID stress syndrome', and there are warnings about a potential tsunami of mental health problems due to the increased presentation of anxiety and loneliness (Inkster, 2021). Shelvin and colleagues (2021) argue that these claims may be overdrawn given that there is greater heterogeneity in the psychological impacts of the pandemic. Indeed, COVID-19 has been extremely disruptive and there are significant stressors. That said, there are risks in assuming that the pandemic is the main driver of widespread mental health distress (Hodgetts et al., 2020). Firstly, people do have resilience, and crises can help to see this in others and ourselves. Secondly, there is a polarisation of lockdown experiences, between those that are safe, secure and peaceful, and those that are not. Accordingly, therapeutic approaches may be of limited value for those most harshly impacted by COVID-19. This point is not a critique of the professional conduct or usefulness of therapists. Supporting people with their psychological wellbeing is essential. I am simply highlighting that the fundamental problem is not necessarily COVID-19, but the fact that too many New Zealanders already had stressful and precarious lives before the pandemic.

Most of us working in psychology lead relatively secure lives. In contrast, people living in insecure rentals or 'week-to-week' have less capacity to be able to garden, stock-up, or to afford the added electricity and food costs of everyone being at home. Such stark differences between households require us to be careful to avoid

the tendency to pathologise people's distress. Being sad or anxious is an entirely normal response to challenging situations, and not necessarily a symptom of mental illness (Cosgrove & Herrawi, 2021). Expecting people to minimise their distress when they are dealing with so many issues beyond their control is problematic; why would we expect such people not to feel something?

Through our praxis, we can advance operating systems for psychology that foster manaakitanga and build on our fundamental human nature as engaged pro-social beings. If we look across history, all of the major progressive advances have come about through crises and struggle. This is a good time to try out new ideas, even radical ones.

Most certainly, some people require specialised mental health support, and thus providing appropriate services is a priority. A significant challenge is that COVID-19 has highlighted the cracks that were already there following years of underfunding and fragmentation resulting from the competitive contracting model. Yet, even when mental health services are well-resourced there is still the risk of the 'inverse care law' (Hart, 1971); since services are mostly utilised by affluent people, while the poorest and sickest present late if at all. This is not because poorer people do not care about their health, but instead, it reflects access issues, discrimination and racism, and the daily toil of surviving in poverty.

More effort is required to look 'upstream' at the underlying structural causes of people's mental distress, especially in the context of increasingly unequal, precarious and harmful societies. Going upstream may be harder to do (initially), but it is more sustainable and justifiable from social, ethical and economic standpoints (Reimer et al., 2020; Stuckler & Basu, 2013). In the UK, looking upstream to consider people's social, political and material contexts is advocated by Psychologists for Social Change (<http://www.psychchange.org/>). This online network raises awareness about the psychological damage resulting from neoliberal policies, and how these have intensified austerity, punitive welfare, precarious employment, housing financialisation, debt, health inequalities, and extreme wealth disparities.

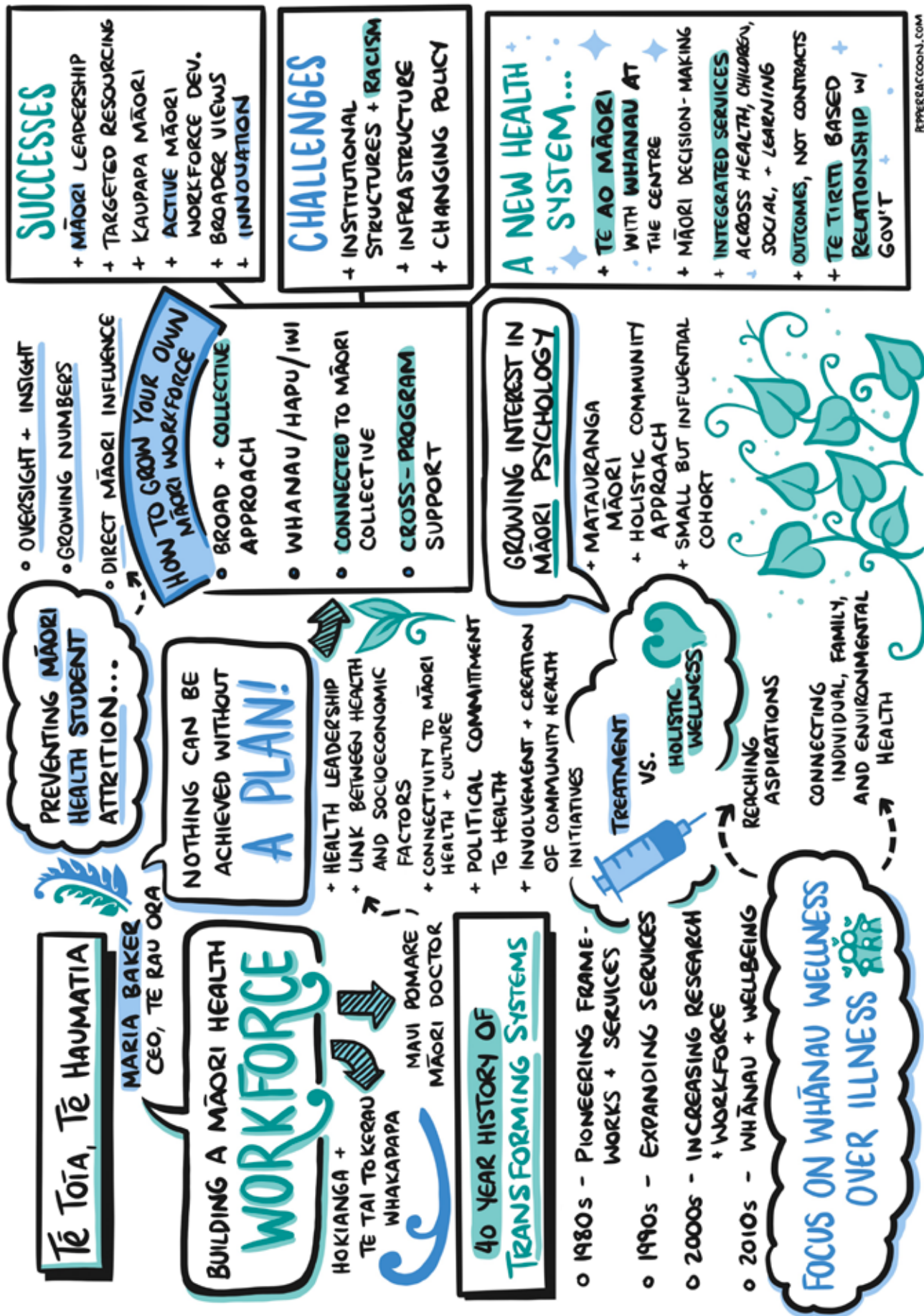
It may appear somewhat heretical to be questioning the emphasis on psychological treatments for the mental health fall-out from pandemics and other crises. I am not alone in these heretical thoughts. The sociologist, Rimke (2016) uses the term psychocentrism to critique



the dominant belief that people's problems arise from individual pathologies and characteristics. She argues that, "Psychocentrism is itself a form of social injustice, where individual reformation rather than social and economic justice is promoted" (ibid, p.5). Similarly, psychology scholars (Adams et al., 2019; Cosgrove & Herrawi, 2021; Hodgetts & Stolte, 2017; Teo, 2019) have commented on the tendency of our discipline to overlook the societal origins of people's distress, and to be largely preoccupied with individual-level deficits or coping. Given that psychology is a discipline that seeks to help people, it is important to avoid perpetuating social injustices or to come across as being out-of-touch with the realities of people's everyday struggles. To this end, a key strategy I employ as a tertiary educator is to reframe so-called 'private troubles' by connecting these to larger system processes. This strategy allows students to explore alternatives to the overly individualistic, victim-blaming, and brutally competitive rhetoric of neoliberalism. The COVID-19 crisis has to some extent created space to push back against the hyper-individualised, psychocentric, and apolitical norms, which dominate in society today. Through our praxis, we can advance operating systems for psychology that foster manaakitanga and build on our fundamental human nature as engaged pro-social beings. If we look across history, all of the major progressive advances have come about through crises and struggle. This is a good time to try out new ideas, even radical ones.

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Live illustration by Pepper Curry of Maria Baker's keynote address: Tē tōia, tē haumatia

## “Seeing” Kāpō Māori: Making visible the experiences of Kāpō Māori during and after COVID-19

**Bridgette Masters-Awatere, Chrissie Cowan, Rebekah Graham**



Associate Professor Bridgette Masters-Awatere (Te Rarawa, Tūwharetoa ki Kawerau) is the Director of the Community Psychology Programme and the Māori & Psychology Research Unit (MPRU) at the School of Psychology, University of Waikato. Her research interests are in Indigenous evaluation, Kaupapa Māori methodologies, narrative inquiry, and service programmes that contribute to Māori health and development. Bridgette lives with her husband Shaun (Ngati Porou) and their two children in Hamilton. As a Community Psychologist Bridgette’s approach is seek to understand experiences in a broader context and to find pathways for those impacted the most by power and resource differences. Email: [bridgette.masters-awatere@waikato.ac.nz](mailto:bridgette.masters-awatere@waikato.ac.nz)



Chrissie Cowan (Ngāti Kahungunu, Ngāti Kahungunu ki Rangitane, Ngāti Porou) is the Chief Executive for Kāpō Māori Aotearoa New Zealand Inc., a national Indigenous organisation founded by blind, low vision, vision impaired and deaf blind Māori and their whānau. We are guided by Māori values, principles and practices, and support tāngata whaikaha (disabled people) and their whānau to attain whānau ora (wellbeing), be strong self-advocates and leaders in their whānau and communities and contributes to educating Aotearoa society about Indigenous disability. Email: [chrissie.cowan@kapomaori.com](mailto:chrissie.cowan@kapomaori.com)



Dr Rebekah Graham (Pākehā) lives in Kirikiriroa (Hamilton) with her husband (Joe, Ngati Ranginui) and three of their four children. Dr Graham is the National Executive Director for Parents of Vision Impaired NZ, a blind consumer group with Blind Low Vision NZ. In this role, Rebekah advocates strongly and consistently for inclusion, accessibility and support for all, with a focus on parents/whānau of a vision impaired child. A registered community psychologist, Rebekah has research interests in the area of food insecurity, disability, health, and community resilience. Email: [rgraham@pvi.org.nz](mailto:rgraham@pvi.org.nz)

The research project: *“Seeing Kāpō Māori”: Making visible the experiences of Kāpō Māori during and after COVID-19* was funded by Ngā Pae o te Māramatanga, this research is a collaboration between the University of Waikato, Kāpō Māori Aotearoa New Zealand Inc., and Parents of Vision Impaired NZ. This research centres kāpō Māori lifeworlds and documents experiences of kāpō Māori and their whānau during and post COVID-19.

## Introduction

This piece reflects on our research process when undertaking face-to-face interviews with tāngata kāpō (Māori people who are blind, deafblind, low vision or vision impaired). Particular attention is given to the access requirements of tāngata kāpō and the intersections of Māori and disability. These experiences are shared as learning opportunities for others who are undertaking research in ways that are mindful of Tiriti and disability obligations, and in the current COVID-19 environment.

Our collective decision to undertake this externally funded project emerged after a positive collaboration experience on a previous piece of writing (see Graham, Masters-Awatere, Cowan, Stevens & Wilkinson, 2021). While discussing the digital exclusion experiences of blind, deafblind, and low vision citizens during Aotearoa New Zealand’s first experience of lockdown in March-May 2020, the absence of Māori perspectives highlighted an area that warranted further investigation. In July 2020 Ngā Pae o te Māramatanga advertised a call for small-scale collaborative projects that brought to the fore descriptions of Māori experiences during and after the COVID-19 lockdown. The timing, nature, and size were a perfect fit for our investigative team of 3 women in senior positions within our respective organisations.

Over Zoom we three discussed the design for a scoping project that would be focused on the intersection of Māori and disability within the context of a pandemic response

(COVID-19). Collectively, we were interested in the experiences of tāngata kāpō during and post the first COVID-19 lockdown in early 2020. We intentionally centred the needs of tāngata kāpō in a culturally responsive manner and on their health-related aspirations for themselves and their whānau. This also involved identifying facilitators and barriers that tāngata kāpō and their whānau face.

Initially we planned for our project to begin late December 2020 with an immediate start. We were mindful of the potential risk posed by COVID-19 lockdowns and regional variations. Unfortunately, we had not anticipated the University ethics committee taking a recess for 2 months (December-January). The first sitting of the University ethics committee did not occur until February 2021. Neither did we anticipate an 8-week wait for the University ethics committee to process our application through to approval. Receiving official ethical approval in March 2021 meant a 4-month delay to our project and necessitated two design tweaks:

1. The area for participant recruitment reduced from the Central North Island to strictly Hamilton City and surrounding areas; and,
2. Rather than recruiting participants to two separate wānanga, with a final hui to disseminate, we invited participants to two wānanga; one to collect narratives, and the second to discuss our analysis and potential plans for dissemination.

We calculated the inclusion of

no more than sixty minutes one-way travel to the wānanga. This circumference enabled the inclusion of participants from Te Kauwhata and Paeroa (in the North), Otorohanga and Putāruru (to the South), Te Aroha, Matamata (to the East) and Whāingaroa (to the West). Travel to the wānanga for any participant from these townships meant their participation involved eight hours of their time (essentially a day’s disruption to work, health, or social activities). That is a long time to ask of anyone, let alone people with a disability who may require assistance, medication, or support.

To recognise and appreciate the contribution of each participant, we incorporated into the project budget a \$100 koha for each participant. While this amount may sound generous, when you calculate the per hour amount the result is \$12.50 per hour. This is less than minimum wage (\$20/hour as of 1 April 2021). We believed that this nominal amount would not be considered as income. Nonetheless, the application for \$100 gift vouchers was declined by the Research Office on the basis that this amount could be construed as income (and therefore subject to taxation). Instead, an amount of \$60 per participant (maximum) was recommended and subsequently approved by the Chief Financial Officer. This amount equated to \$7.50 per hour. Despite our protests, when acknowledging participant contributions, it seems that there is little consideration given to participants outside of policy assumptions of “normal” i.e. young, fit, healthy, privileged, and white. Assumptions embedded into current

systems of ‘reimbursement’ typically do not factor in persons whose lives require more support, such as those who are tāngata kōpō.

To help make up for lost time, Kōpō Māori Aotearoa (KMA) administration staff distributed recruitment information in the appropriate alternate formats to their members in the Waikato region. KMA staff are familiar voices. Feedback during the wānanga clarified that having a familiar voice on the phone, who listened to their questions and answered their questions, ensured that participants felt appreciated and fully informed. These actions made a big difference for tāngata kōpō who attended the wānanga. The number of calls and follow up inquiries by KMA was another cost that was not factored into the budget. The research team recognised this additional work through a koha to Kōpō Māori Aotearoa.

Subsequent to KMA’s follow-up phone calls with participants, the research team realised there was a need to implement a clear process for transporting participants to and from the venue. While some costings for this was included in the original budget, there was an assumption that participants would be able to access disability support services and/or a driver service. It soon became clear that we had underestimated the level of independence afforded to participants from these services. In reality, driver services were expensive, taxi services unreliable, and participants were understandably reluctant to impose on friends and family for transportation to and from each wānanga.

Before the first wānanga the research team had not fully comprehended the conditions that might co-exist for tāngata kōpō, or the impact this might have in determining appropriate vehicle requirements. While we had asked if there were specific needs that we should factor into transport, below are specific examples we encountered closer to the date:

- **Accessibility.** This meant an appropriate van with a hydraulic lift for a tāngata kōpō who needed transport along with their wheelchair safely secured in the vehicle. Transporting a participant who lived 55mins drive from Hamilton via this means was \$500 per day.
- **Equipment.** Walking frames are personal items that can provide a sense of familiarity and security. For one kōpō participant their walking frame did not collapse for ease of transport. This meant the driver and vehicle could only transport one participant, with the walking frame directly impacting the size of vehicle required. We did not know, or think to ask,

this detail when arranging transport.

- **Mobility.** For some participants physical assistance was required. We provided instructions to drivers beforehand on the appropriate way to approach and assist tāngata kōpō. Even though our drivers did offer to assist, sometimes the offer (from a stranger) made participants feel uncomfortable and ‘lesser’ than – which was not our intention.

The day of the wānanga made aspects of transport and the need to have specific supports in place highly visible. For example, one participant was an elderly wāhine Māori with multiple health conditions who lived in a self-contained flat. A nurse visited her place of residence every second morning to administer necessary morning medications. Consequently, she was unable to depart from her home to attend the wānanga until after this regular routine had concluded. There was a need to adjust “on-the-fly” and be flexible in our approach – such as delaying the wānanga start by 30minutes and reorganising the programme to allow for this.

For tāngata kōpō their accessibility, equipment, and mobility needs are part of their everyday life. Even though the research team had asked if there were specific needs, their “no” response reflected their sense of autonomy and independence. As researchers whose members are psychologists and Māori, and who are not tāngata kōpō, we had a duty to ensure that we, through our actions or in-actions, did not diminish their sense of autonomy or independence (Code of ethics, 2012).

**Overall, participants dreamed of accessible supports and culturally appropriate services readily provided when required.**

The two wānanga were hosted (April, May) at the Blind Low Vision NZ recreational centre in Liverpool St, Hamilton. Eleven participants initially consented to participate and drivers arranged to transport each to the wānanga. However, for different reasons, not all were able to attend on the day of the wānanga. Seven adult participants who reside within the Waikato area came to the wānanga and shared their experiences of the 2020 lockdown. Participants also shared their aspirations for the future. The specific findings of our research are being prepared for another publication. However, we share some of the experiences by participants briefly below. From our research conversations with tāngata kōpō Māori, we heard a clear call for everyday life to be accessible, with few barriers to ordinary activities. For

example, being able to interact with Work and Income staff on the telephone instead of being directed to the MyMSD website (which participants experienced as being inaccessible). One participant noted that it was 'on file' that she was blind, yet every interaction she had with Work and Income staff required explaining her disability and the barriers to utilising the website. Another participant described the challenges they faced when queuing at the bank and not being able to physically see (a) when the queue moved and (b) when the bank teller beckoned them forward. This occurred frequently, despite this particular participant wearing dark glasses and utilising a white cane, both of which are clear visual indicators of a vision impairment.

**In contrast, we present our reflection piece in order to highlight the under-considered complexities of research processes, particularly when working with marginalised and excluded groups, such as disabled people.**

Another participant spoke of the challenges they faced when seeking to enrol at a local tertiary organisation due to their inaccessible website. They were concerned that if it was this hard to overcome multiple access barriers just to enrol, that the courses themselves would offer little to no accessibility supports.

Overall, participants dreamed of accessible supports and culturally appropriate services readily provided when required. This dream was reiterated across both wānanga. Essentially, for those we talked with, barrier-free, high quality, available and accessible services with professional staff who consistently

treated kāpō Māori with dignity and respect was viewed as both the gold standard and as an unachievable dream.

It was clear to us as we listened that disability and service providers across all areas of life need to do better to fulfil their Tiriti obligations to tāngata kāpō (as outlined in the Wai2575 Claim <https://www.health.govt.nz/our-work/populations/maori-health/wai-2575-health-services-and-outcomes-kaupapa-inquiry>). The government, in conjunction with the Access Alliance, is currently progressing Accessibility Legislation (<https://www.accessalliance.org.nz/the-accessibility-act>). This legislation will go some way towards ensuring tāngata kāpō have healthy, secure, and accessible futures for themselves and their whānau. However, creating accessible health services requires all of us to consider our own practices and the ways in which our assumptions create access barriers for disabled persons.

### Conclusion

This reflection piece has been prepared with the intention of describing some of the learnings the researchers gained from this project as one of the 12 funded research grants administered by Ngā Pae o te Māramatanga (the Māori CoRE) as part of its COVID-19 Tautoko Grant Programme (Jan-June 2021). Academic articles can convey a picture of research as though every aspect was planned for and executed perfectly. In contrast, we present our reflection piece in order to highlight the under-considered complexities of research processes, particularly when working with marginalised and excluded groups, such as disabled people. Additionally, this piece provides a forum to examine the ways in which research institutions embed assumptions

into policies and make decisions that unwittingly diminish the independence of disabled persons and de-value their expert knowledge, while simultaneously perpetuating stereotypes of whose knowledge is 'valuable'.

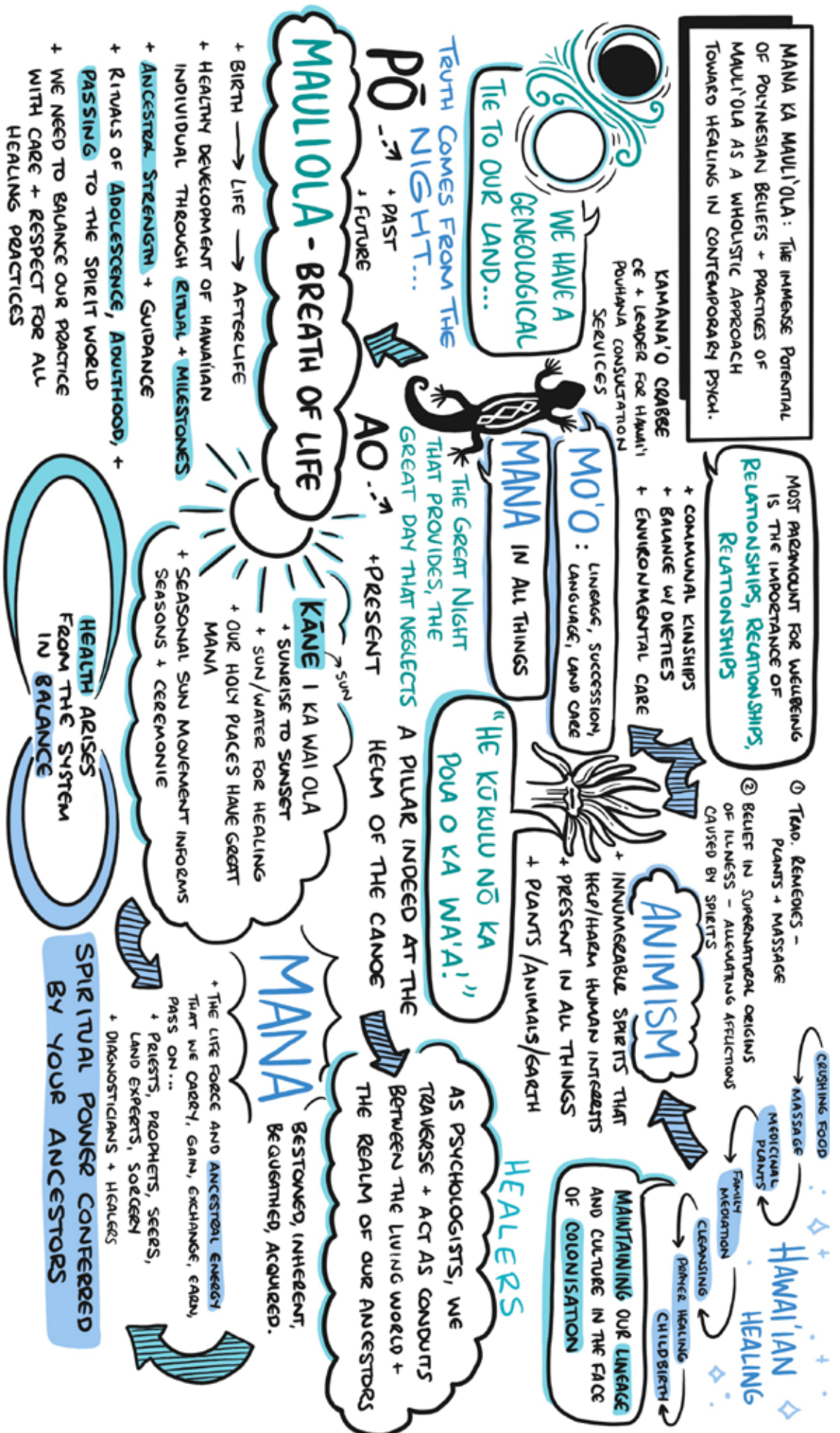
While we worked hard to ensure our research approach was strengths-based, ethically sound, and culturally appropriate, there were missteps along the way. These provided valuable learnings that continue. We have ongoing obligations as researchers who have disseminated our findings to the Minister for Disability Issues (Masters-Awatere, Graham & Cowan, 2021). We intend to present our findings at the national Kāpō Māori Aotearoa conference 2021 (which has currently been delayed because of the resurgence of COVID-19 in the form of the Delta variant).

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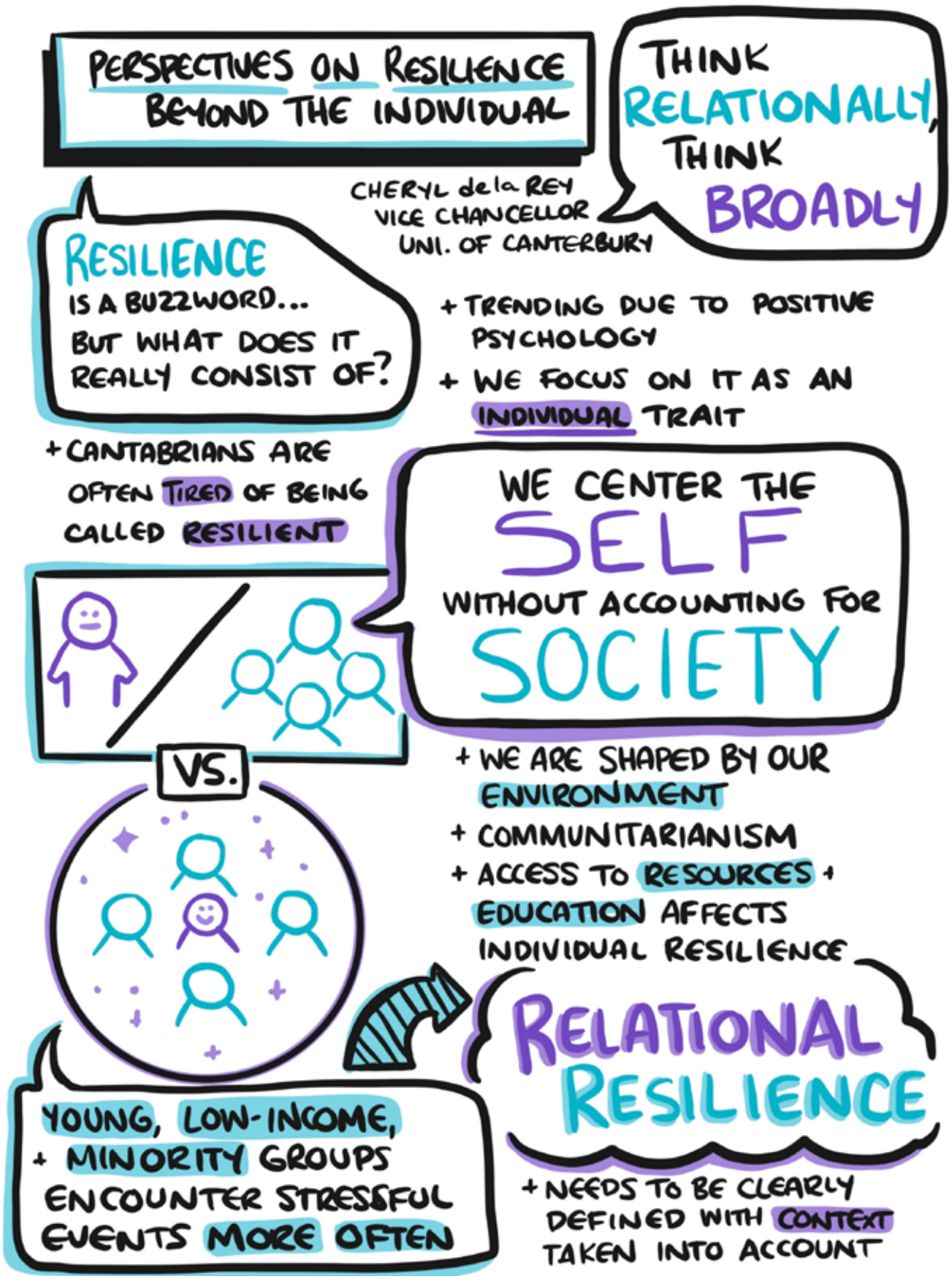
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### Suggested citation for presentation:

- Masters-Awatere, B., Graham, R., & Cowan, C., (2021). "Seeing" Kāpō Māori: Making visible the experiences of Kāpō Māori during and after COVID-19. Conference presentation at New Zealand Psychological Society Annual Conference, 5-7 September 2021, online, NZ.



Live illustration by Pepper Curry of Kamana'opo Grabbe's keynote address: I Mana Ka Maui'ola: The immense potential of Polynesian beliefs and practices of Maui'ola as a wholistic approach towards healing in contemporary psychology



Live illustration by Pepper Curry of Cheryl de la Rey's Opening Address: Perspectives on Resilience – Beyond the Individual



# Ngā tau toru tekau o te NSCBI

## Raymond Nairn

Ngā wāhine me ngā tāne katoa o Te Rōpū Mātai Hinengaro o Aotearoa. Tēnā koutou, tēnā koutou, tēnā koutou. Whakarongo mai i tenei kōrero i te mahi takatini o te National Standing Committee on Bicultural Issues (NSCBI) no ngā tau toru tekau.

When asked to give an overview of the first 30 years of NSCBI history my first impulse was some warts which is what my title suggests I have done. Fortunately sense prevailed and I have chosen some events and areas of work that remain prominent among my memories of these challenging, frustrating and glorious years of NSCBI. So what you have is an attempt to honour the work, or should it be works, of members of the committee and our Society over these first 30 years. I was out of the country when the 1991 AGM voted to establish NSCBI, a body to advise the Executive of the Society in relation to Te Tiriti and bicultural issues and first knew of the development when invited to the committee's first meeting. Related remits had triggered very emotional debates at the two previous AGMs so I was surprised to find the Society had taken this step into the unknown. Obviously, I was unaware that the majority of Society members knew psychology and psychologists had to respond to cultural, particularly bicultural issues, that were evident to all but those who had been so vigorously resisting. Yet, although most had some awareness of the issues, we had only vague ideas of how those issues might be addressed. That vagueness was compounded by the absence of templates or blueprints we might utilise to decide how a committee like NSCBI, and the bodies to which it was accountable, should operate. NSCBI began amid that uncertainty and I intend to share some examples of how the committee went about creating some clarity for themselves and our Society.

**My memories and the minutes show NSCBI members understood the need to be proactive, not merely wait to be consulted, so we needed to assist members and office-holders to understand why a bicultural commitment was necessary and to help them see how it could be implemented.**

Approaching the first meeting (Waikato University, 5 September 1991), I was wondering how NSCBI, which was always conceptualised as a bicultural group, could work within the Society's rules. For instance, those rules said members of Standing Committees had to be members of the Society and the Society had no Māori members. As our first meeting made clear NSCBI was taking a Māori approach to committee

membership that, much later, I realised had been quietly supported by various unidentified, influential members and office-holders of the Society. The inaugural meeting was chaired by Waimarie Nikora who had been appointed lecturer in the Psychology Department at Waikato University in 1989. Waimarie never joined the Society though she was a long serving member of NSCBI which she convened till 1994. Her election as an Honorary Fellow of the Society in 2013 was a small acknowledgement of the major contribution she had made to psychology and our Society. There was no distinction made between those who had been invited by the Society and Māori, some of whom had supported Waimarie when she presented the report of the Kaupapa Māori Working Party to the 1990 AGM in Christchurch. The meeting, minutes were sent to the Council, said, loudly and clearly, NSCBI would welcome those who agreed with the kaupapa and were offering to contribute to the mahi. It is an openness that has served NSCBI well though few Pākehā/Tauiwi availed themselves of it.

My memories and the minutes show NSCBI members understood the need to be proactive, not merely wait to be consulted, so we needed to assist members and office-holders to understand why a bicultural commitment was necessary and to help them see how it could be implemented. In formulating the aims of NSCBI, that were included in the Preface of the 'Cultural Justice and Ethics' symposium edited by Waimarie Nikora (1993):

- Initiate social changes which will facilitate recognition and development of Māori psychology.
- Influence the theory, teaching and practice of psychology in Aotearoa to recognise the plurality of cultural perspectives, knowledge and practices.
- Assist psychologists working in Aotearoa to acknowledge their obligations to the Treaty of Waitangi and accordingly develop appropriate teaching and practice.

These aims placed te Tiriti o Waitangi at the heart of our work and required us to find ways of constantly bringing Te Tiriti to the attention of the Council and Executive of the Society. 1993 was the year those priorities were made explicit. Fiona Cram and Raymond Nairn edited a special section of Bulletin 76 (March, 1993), 14 articles explaining how te Tiriti and various bicultural issues faced by psychologists in teaching, researching, and practice were intertwined. The articles survive in Ngā

# NSCBI CELEBRATIONS 30 YEARS

## LINDA WAIMARIE NIKORA



- MANY PEOPLE LAID THE **GROUNDWORK** FOR OUR MAHI
- NOT EVERYTHING IS **RIGHT** ABOUT PSYCHOLOGY
- WHAT IS **KAUPAPA MĀORI** PSYCHOLOGY?

- "THE ART OF EATING KINA WITHOUT PRICKING YOUR FINGER"
- 1993 - CULTURE JUSTICE/ETHICS SYMPOSIUM **FOCUSED** STREAM ON THIS TOPIC

## RAYMOND NAIRN



- A FUTURE WHERE WE RECOGNISE THAT THERE ARE "PSYCHOLOGIES" UNDER THE NSCBI UMBRELLA
- DESPITE A LACK OF OPEN HOSTILITY, PAST BI-CULTURAL DIRECTORS HAD A TOUGH PATH TO MAKING CHANGE

## ROSE BLACK

- THE NSCBI HAS ALWAYS HAD AN OPEN DOOR
- LEARNING TO BE THE PARTNER THAT MĀORI THOUGHT THEY GOT WHEN SIGNING THE TREATY

## BARRY PARSONSON

- YOU TOOK OVER THE PROBLEMS OF A PAKEHĀ SYSTEM THAT DID NOT BELIEVE IN A MULTITUDE OF PSYCHOLOGIES

## NEVILLE ROBERTSON

- WHITE WAYS OF WORKING CAN STIFLE GOODWILL AND DO HARM
- IMPORTANT TO HIGHLIGHT + MOVE BEYOND

## MOANA WAITOKI

- ALLIES WHO HAVE YOUR BACK ARE INVALUABLE
- THE CAMARADERIE ♥
- WE WALK TOGETHER

## PIKIHUIA POMARE

- OUR WHAKAPAPA ENABLES US TO BE WHERE WE ARE TODAY
- TE AO MĀORI IS STARTING TO BE REFLECTED IN NZ PSYCHOLOGY

## HEATHER HAMERTON

- IT'S IMPORTANT TO HAVE TWO DIRECTORS OF A BI-CULTURAL INITIATIVES

## RICHARD SAWRY

- WITHOUT NSCBI, I MIGHT HAVE LEFT THE PROFESSION
- HELPING PEOPLE WHO NEED IT

## HUKARERE VALENTINE

- THE AMAZING GROUP OF PEOPLE IN THE NSCBI MAKES IT WHAT IT IS KNOWING THAT FUTURE MEMBERS ARE CARRYING OUR MAHI FURTHER
- THANK YOU FOR YOUR KNOWLEDGE + EXPERTISE

## ANGUS MCFARLANE

- NGĀ TANGATA E RUA
- BREAKTHROUGH LEADERS
- INDIGENISING NZ'S PSYCHOLOGICAL APPROACH

Live illustration by Pepper Curry of the '30 years NSCBI celebrations'

Kete on the Society's web site.

The first bicultural symposium 'Cultural Justice and Ethics' to occur at a Society conference ran over the first two days of the 1993 conference. It began with the first keynote address only, instead of a solitary speaker, Donna Awatere-Huata, Taimalieutu Kiwi Tamasese, and Dr Charles Waldegrave presented three culturally informed responses to the issues of cultural justice and ethics. The symposium proceedings began with these addresses setting other symposium contributions within a troubling context. The latter two also agreed to be interviewed for 'Ka Tū, Ka Oho' (Nairn, Pehi, Black & Waitoki, 2012). For a trifecta, the AGM accepted the NSCBI remit, to create a new Rule 3 'Implementation to Objects' (in the Rules of the Society). This committed the Society to encouraging policies and practices that reflected New Zealand's cultural diversity with due regard for the provisions, spirit, and intent of the Treaty of Waitangi. Initially referred to as 'Rule 3' it became the Society's bicultural commitment around 2007-8.

Looking back on the first aims that NSCBI adopted I can see a decolonising, anti-racism perspective that was increasingly prioritised by members of the committee and, at a slower pace, by members, officers, and staff of the Society. I can also see that we (in NSCBI) focused on changes that would address the colonising aspects of our discipline, practices, and theories. However, it is potentially frustrating to have such aims and be working to implement them: providing articles and reports for the *Bulletin*, presenting at conferences, contributing to working groups and Society committees, without knowing whether you are having any effect. I, and I think other members of NSCBI, had to wait 13 years to hear Society members say in public, the bicultural commitment is central to how we think of ourselves and our Society. That occasion provided a thrilling affirmation of the work, *nga mahi takatini* o NSCBI. It came about at the 2004 conference the outgoing president tabled a draft proposal for a Memorandum of Understanding (MoU) between NZPsS and the Australian Psychological Society. We were told that, and why, the Australian president urged us to accept a draft that APS had prepared, however, when its wording was displayed the majority response was 'where is our bicultural commitment?' The AGM rejected the draft while endorsing the possibility of an MoU with the APS. Having told you that the work of NSCBI had a demonstrable effect it is appropriate to outline some of it. A quick glance through *Nga Kete* (Society website) show numerous articles, interviews, and commentaries provided by NSCBI, the 'Bicultural Issues' column of

**The NSCBI aim of assisting 'psychologists working in Aotearoa to acknowledge their obligations to Te Tiriti by developing and conducting appropriate research, teaching and practice' led to strong engagements with the three Society practice handbooks**

*The Bulletin* and *Psychology Aotearoa*. It was one way to speak to all members and many of those pieces help extend the range of materials for explaining or describing *ngā tikanga Māori*. In maintaining that flow we greatly appreciated the assistance of National Office staff, checking whether scheduled pieces were indeed coming or adding identifying touches to the column pages. NSCBI wanted more Māori-oriented articles in the *New Zealand Journal of Psychology* and sought guest editors who could produce a special (Māori) edition. The first such issue 'Māori psychological theory, practice and research' appeared in 2005. Prior to that, writers such as Dr Averil Herbert, Professor Mason Durie, and Paul Hirini presented Māori concerns, research, and informed commentaries in the journal.

The NSCBI aim of assisting 'psychologists working in Aotearoa to acknowledge their obligations to Te Tiriti by developing and conducting appropriate research, teaching and practice' led to strong engagements with the three Society practice handbooks (1997; 2007; 2016). NSCBI was not included in any early discussions about the first handbook (Love and Whittaker, 1997) however, once we knew of the proposal and saw the limited coverage of cultural issues, NSCBI strongly suggested three further chapters be added to the Cultural Justice and Ethics section. In the first (Nairn & NSCBI), we laid out our understanding of Te Tiriti o Waitangi as the basis of culturally just and ethical practice. Marewa Glover and Paul Robertson described how Kaupapa Māori Psychology should be facilitated, and the chapter commissioned from Pakeha Treaty Action explained how clinical psychology trainees were being introduced to the implications of Te Tiriti and why that was necessary. For the second practice handbook (Evans, Rucklidge & O'Driscoll, 2007) NSCBI was asked to provide guidance for authors about the implications of the Bicultural Commitment (Rule 3) and the new code. Those guidelines asked writers to consider both their own cultural preconceptions and the cultural assumptions underpinning cited research. Editors of the third handbook (Waitoki, Feather, Robertson & Rucklidge, 2016) chose to retain those guidelines for their authors. Members of NSCBI wrote or contributed to chapters in both editions. Standing alongside Huata Holmes, first

kaumatua of our Society launching the second handbook was a major highlight of my presidency. That handbook, like its successor, had four sections (Parts) each named after the Principle (of the Code of Ethics) its chapters addressed. Since 2007 there had been a successful campaign to have the Code translated into Te Reo in which members of NSCBI were major contributors. 'Te Tikanga Matatika,' the bilingual code was launched in 2012. I was overjoyed to find the parts of the third handbook were named in both English and Te Reo, I found it so exciting to have the two languages and cultures standing side by side, presenting same principle nuanced by their culture. For instance, I have often felt that 'Respect for the dignity of...' too easily slips into tolerance whereas 'whakanui i te mana o...' (increase, enhance the mana of) has a more imperative quality resisting such slippage.

I chose to conclude by speaking of two NSCBI books that make particular contributions. The older 'Ka Tu, Ka Oho' (Nairn, Pehi, Black & Waitoki, 2012) preserves Bicultural Keynote address presented to conferences between 1989 and 2009. Following each address the speaker puts their address in context – what they wanted to say and why, reflecting on what they said, and possible changes if they were to speak to the Society again. We hope these interviews would allow readers to meet the speaker and make their ideas more accessible. The other book, 'Te Manu Kai i te Mātauranga' (Waitoki & Levy, 2016) presents work undertaken by Māori using tikanga-based models of ethical practice grounded in te ao Māori that are clearly just, ethical and safe practice. For Pakeha/Tauīwi practitioners the

book is a gift, an opportunity to stand aside from their training and socialisation to see alternative possibilities for practice. For Māori practitioners, trainees, and students it is a taonga, a tohu of previously hidden possibilities, and a vigorous affirmation of ngā tikanga Māori amidst te ao Pākehā. Launching both 'Te Manu Kai i te Mātauranga' and the 3rd practice handbook at the same conference was suggestive of the ways in which pursuit of our Bicultural Commitment will enrich psychology, its practitioners and clients both, here and, hopefully, world-wide. These are fruits of te mahi takatini of those working in and with NSCBI whose efforts have enabled our progress to date. , for one, look forward to participating in the future harvests.

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## 2021 NSCBI Paakehaa/Tauiwi Caucus Conference Session and Future Directions

with Rebekah Graham, Kirsty Dempster-Rivett, and Samantha Patel



Figure 1: Clockwise from top left: Rebekah Graham, Samantha Patel, Kirsty Dempster-Rivett

**Rebekah Graham** (Paakehaa) is the National Executive Director for Parents of Vision Impaired NZ, a blind consumer group with Blind Low Vision NZ. In this role, Rebekah advocates strongly and consistently for inclusion, accessibility, and support for all, with a focus on the parents and whānau of a vision impaired child. A registered community psychologist, Rebekah is the current Chair of IComPA and has research interests in the area of food insecurity, disability, health, and community resilience. Contact: [icompatchair@gmail.com](mailto:icompatchair@gmail.com)

**Samantha Patel** (she/her) was trained in the UK as a Chartered Forensic Psychologist and came to New Zealand around 15 years ago. She has since become a Chartered Member of the Institute of Organisational Psychology (IOP). Samantha is currently self-employed, practising as a registered Psychologist. Her main focus is working with organisations to develop more diverse, equitable and inclusive cultures. Galvanised by the Black Lives Matter Movement she is actively increasing her work in the area of antiracism and antidiscrimination in the workplace.

Contact: email: [sam@samanthapatel.com](mailto:sam@samanthapatel.com)- website: [samanthapatel.com](http://samanthapatel.com)- Insta: [@sapatelnz](https://www.instagram.com/sampatelnz)- LinkedIn: [www.linkedin.com/in/samantha-patel](http://www.linkedin.com/in/samantha-patel)

**Kirsty Dempster-Rivett** (Paakehaa) is the Professional Lead for Psychology at Waikato DHB and the current chair of the Institute of Clinical Psychology. Kirsty is a Clinical Psychologist who has a passion for the provision of equitable services for all peoples in Aotearoa. Kirsty's current focus is fostering the wellbeing and support of psychologists at all stages of development to in turn enhance the wellbeing of the people we walk alongside.

Kia ora taatou, this year was the 30th Anniversary of the National Standing Committee on Bicultural Issues (NSCBI). The NSCBI Paakehaa/Tauiwi caucus met at the Annual NZPsS Conference, as we do every year. This year, however, we met virtually via Zoom due to a nationwide move into Covid Level 4 as a response to uncontrolled transmission of the Delta variant. We had

31 people attend our 50 minute session for a highly worthwhile time of discussion and connection. Our only regret is that we didn't have longer to talk with each other! In the shift to an online Conference we utilised Zoom breakout rooms to facilitate conversation and discussion. This worked so well we are considering doing this more regularly. While Covid-related lockdowns are

not ideal, the online tools that we are becoming more familiar with will be useful in assisting us to connect with each other across the motu. We are aiming to hold more online events for psychologists around anti-racism and anti-racist practice over the upcoming months and through 2022 - watch this space!

Rebekah presented the NSCBI's core 5 values from the revised strategic plan. In doing so, she considered the ways in which we as Paakehaa and Tauwiwi can uphold and connect with each value:

- Taonga tuku iho: To protect and live by the values and skills passed down by our tūpuna
- Moemoeā: Having dreams and a vision of the future
- Rongo: Listening to our senses
- Whakapapa: Knowing who I come from
- Kotahitanga: Joining for a common purpose

Discussions on these values and the relevance to each of us were held in the breakout rooms - all agreed longer was needed!

Samantha took us through a short series of anti-racism education ending with the journey from the "Fear Zone" through the "Learning Zone" and into the "Growth Zone" (Figure 2). Discussion in breakout rooms identified this as a useful tool for self-assessment and reflection, so we have included it here for future reference and to support ongoing conversations with each other.

Lastly, Kirsty led a series of reflections on how we as Paakehaa and Tauwiwi can support and challenge each other to make our collective psychological practice actively anti-racist and supportive of change.

In the breakout rooms there was much discussion. A key takeaway



Figure 2: Becoming Anti-Racist. Source: www.surveymethods.com

was the discomfort of staying silent. Paakehaa in particular can find it hard or uncomfortable to say something or to challenge a colleague or an idea that is discriminatory/hurtful/racist in origin. However, staying silent is also uncomfortable – and leads to further harm and hurt for colleagues and clients alike.

Other key takeaways from our combined session were:

- Not being afraid to try and learn – failing forward is part of the journey too
- Being a bridge for others as they journey from discriminatory practice to being actively anti-racist
- Being a cattle prod – pushing the conversation and prodding others into action
- Asking questions like “Where does that idea come from?” can be a useful tool to prompt reflection and change

Those attending agreed that the discussion and connection was

useful. Our next steps are to work together to organise some more regular online discussion events. The ongoing lockdowns are hindering this somewhat - juggling work while everyone is all at home together 24/7 is a challenge! However, these complications aside, we see value in continuing to facilitate discussions and connection, particularly with regards to finding ways to support each other to do better, to be actively anti-racist, and improve our combined psychological practice. After the session, and as a facilitator group, we (Rebekah, Samantha, Kirsty) reflected on the use and understanding of the terms Paakehaa and Tauwiwi. What do they really mean? How do we use them? Do we utilise the terms in a helpful and inclusive way? How might we do better? This is a valuable discussion for us to continue having, and we will continue discussions with the wider NSCBI committee and include it in our ongoing conversations.

Our key aims and actions moving forward are listed below – as always, we are keen to keep in touch and to partner with those also interested in committing to an actively anti-racist practice. After all, anti-racist practise is less of an option and more of an obligation given our Code of Ethics and CPD requirements.

### NSCBI Paakehaa/Tauwi Actions for 2021-2022

- Strategically highlight Paakehaa/Tauwi contributions to hostile working environments that alienate Māori
- Develop relationships with Anti-Racism groups and draw on their material for use in psychology.
- Intentionally promote Māori psychologies (e.g. books, webinars, articles) in social media and in wider NZPsS publications.

#### Key area 1: Online conversations and webinars

- Regular webinars/zooms with invited guests. This will be promoted via the NZPsS event site, the Connections newsletter, individual Institutes, and the NSCBI Paakehaa/Tauwi email list
- Well moderated online spaces for non-Māori practitioners to discuss Te Tiriti o Waitangi and biculturalism in their psychological practice.

#### Key area 2: NZPsS Annual Conference 2021 & 2022

- Paakehaa/Tauwi Caucus intentionally developed as a space for connection and conversation.

#### Key area 3: Writing and publications

- Proactively write a response to Wai2572 Claim by Michelle Levy (due to be heard late 2021).
- Develop training material and professional development for Paakehaa/Tauwi psychology practitioners relevant to bicultural and anti-racism practice in today's world.

It has been encouraging seeing the shift over the last 30 years. While there is much to be done, in reflecting on our respective journey's, we have observed increasing levels of understanding, as well as a willingness and openness from Paakehaa/Tauwi to actively engage with unpacking racism and in learning how to be better Treaty partners. This shift is encouraging and we look forward to progressing together in our respective psychological practices to further develop this progress. If you wish to register your interest in further NSCBI-related events, or in contributing to the organisation and promotion, you can email Rebekah on [icompachair@gmail.com](mailto:icompachair@gmail.com) or you can contact any of the authors of

this piece via their contact details in their bio above. Alternatively, you can keep an eye on the NZPsS Events page on their website: <https://www.psychology.org.nz/events/nzps-events>



**Living the Treaty: Personal Reflections**

Ted Glynn

**Living the Treaty: Personal Reflections**

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# When clients harm others: The challenges confronting the psychology profession

**Nathan Brooks**

*Behavioural Science Unit, New Zealand Police; College of Psychology, Central Queensland University*



Dr Nathan Brooks is a consultant Forensic Psychologist, member of the Behavioural Science Unit of the New Zealand Police, and an Adjunct Senior Lecturer with Central Queensland University. Dr Brooks has specialised training pertaining to the psychological assessment of offending behaviour and has experience in both the private and public sectors. His recent work has focused primarily on high-risk and high-harm offenders, particularly in respect to personality and behavioural risk indicators. His areas of expertise include psychopathy, personality testing, crime analysis, risk management, and psychological assessment.

## **Abstract**

At times psychologists are required to make high stakes decisions, rupturing the therapeutic relationship to prevent harm. In the past decades, an array of cases across New Zealand and Australia have highlighted the serious consequences that can emerge when warning behaviours are missed by practitioners. In most instances, the failure to identify the risk of harm to others occurs in cases of targeted violence; offending that is directed at a specific victim, or person who bares similarities to a victim. This form of violence is often predicated by factors such as grievance, fixation, rejection, obsession, or retribution. The current review examines the challenges before the psychology profession in preventing risk of harm to others and considers steps to adjust practice processes and enhance skills to improve patient and public safety outcomes.

## **When clients harm others: The challenges confronting the psychology profession**

Over fifty years ago, Prosenjit Poddar, a student at the University of California, Berkley, murdered Tatiana Tarasoff in 1969. After sharing a kiss with Tarasoff on New Year's Eve, Poddar hoped to commence a relationship, however, his interest was not reciprocated (Blum, 2012). Over the coming months, Poddar's fixation and obsession towards Tarasoff grew. Leading him to seek counselling with the University psychiatrist, Dr Lawrence Moore. Over a series of sessions, Poddar spoke of his anger towards a female who had rejected him, at one stage stating that he wanted to harm her and was considering purchasing a gun (Aron, 2017). However, during the sessions Poddar never explicitly named Tarasoff, instead discussing the female that had hurt him. Dr Moore was concerned by Poddar's threats toward the unnamed female and advised him that he

would have no choice but to have him admitted to hospital if the behaviour continued (Vitelli, 2014). In response, Poddar disengaged from treatment, leaving Dr Moore in a precarious position. Dr Moore consulted with a colleague and together the pair wrote a letter to campus security. The letter raised concerns about Poddar's potential to inflict harm. When campus security spoke with Poddar he denied the allegations, resulting in no further action being undertaken. Approximately two months later, Poddar murdered Tarasoff in her home, shooting her with a gun then stabbing her multiple times.

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Following Tarasoff's death, her parents sued Dr Moore and his psychiatric colleague. In the initial trial, the court agreed that the psychiatrist had a 'duty to their patient' and dismissed the case. However, in an appeal hearing before the Supreme Court of California in 1976, the court ruled in favour of Tarasoff's parents. The ruling noted, "regardless of the therapists' unsuccessful attempt to confine Poddar, since they knew that Poddar was at large and dangerous, their failure to warn Tatiana or others likely to apprise her of the danger constituted a breach of the therapists' duty to exercise reasonable care to protect Tatiana" (Supreme Court of California, 1976). In conclusion, the court observed that therapists have a special relationship with their patients, which therefore gives them a duty to control patient behaviour and protect society from dangerous cases (Adi & Mathbout, 2018; Anfang & Appelbaum, 1996). This ruling became known as the Tarasoff law.



Since 1969 and the subsequent Tarasoff ruling in 1976, challenges have continued to persist for psychologists and psychiatrists in responding to potential risks of harm to others. An array of cases across New Zealand and Australia have highlighted the serious consequences of missed information, poor processes, professional limitations, and insufficient understanding of risk. In most instances, the failure to identify the risk of harm to others have occurred in cases of targeted violence; offending that is directed at a specific victim, or person who bares similarities to a victim. This form of violence is often predicated by factors such as grievance, fixation, rejection, obsession, or retribution (Barry-Walsh et al., 2020; Brooks & Shaw, in press; McEwan, 2020). Although not an exhaustive list, the following cases highlight many of the issues that have emerged across the professions:

- In 1998, patient SW murdered his stepfather nine days after his psychiatric appointment in Western Australia with Dr S . An investigation into the case determined that the practitioner failed to undertake a comprehensive patient history at the time of initial consultation (Supreme Court of Western Australia, 2004). The central issue of the case pertained to the weight that Dr S placed on the patient's requests and self-disclosure of information, instead of obtaining collateral information to confirm this. According to Dr S,<sup>1</sup> "During the consultation the patient expressly denied he had experienced any hallucinations, delusions or other psychotic phenomena, except in association with drug use". Although SW made no comments pertaining to an intention to harm, the court concluded, "The practitioner however, sought to justify his failure to take a corroborative history from the patient's family by saying that he had received a "request for confidentiality" from the patient which meant that he was unable to obtain the history from family members".
- In New Zealand, Paddy Burton was murdered by her son Mark, within twenty four hours of his discharge from Southland Hospital in 2001. In the month prior, Mark's father had written to the hospital requesting that his son was not released, with Mark having previously expressed intentions to kill his family (Medical Practitioners Disciplinary Tribunal, 2004). The primary concern pertained to Mark's mental health and history of paranoid

schizophrenia. Concerningly, in the lead up to his discharge, issues were apparent in relation to his adherence to medication and engagement in alcohol and cannabis use. The tragic situation highlighted several failings in the care and decision-making regarding Mark's mental health. In reflecting on the failings, the CEO remarked, "Accountability demands that we have to accept our own shortcomings and make strenuous efforts to change" (NZ Herald, 2002).

- In November 2011, Akshay Chand murdered Christie Marceau whilst on bail for earlier violent offences towards her. Chand was psychotic at the time of the earlier violent offending in September 2011. Due to several systematic failings of multiple organisations and parties, Chand was granted bail (Coroner's Court at Auckland, 2018). He managed to convey to assessing practitioners that he posed little risk to Christie, and the severity of his mental health was insufficiently appreciated. Instead, Chand was able to manipulate the assessment process, seeking release to pursue and kill Christie (Livingston, 2017 ). As observed by Professor Mellsoop who reviewed the case, "If you have a psychotic disorder it doesn't describe the whole of you. It's not at all unique for people with psychosis to plan" (Johnston, 2012). Within one month of release, Chand walked a short distance from his residence and murdered Christie in her home utilising a kitchen knife. An external review conducted by the Waitemata District Health Board concluded that "both the murder and the earlier offences were driven by a psychotic illness, the extent of which was not appreciated by Mason Clinic staff prior to the bail application, nor indeed by other clinicians involved in his care" (Coroner's Court at Auckland).
- James Stoneham murdered his former girlfriend after picking her up at a party on the evening of 23 August 2012, in Victoria, Australia. In the months before the murder, Stoneham commenced psychological treatment. During the course of this treatment, Stoneham expressed his intention to harm someone, without specifically naming his former partner, Adriana Donato (Farnsworth, 2017). Over a five month period, Stoneham completed 14 sessions of treatment. In his final treatment session on 22 August 2012, a day before the killing Adriana, Stoneham denied having intentions to harm (Russell, 2013). Yet, while denying an intent to harm, Stoneham purchased a knife and informed

<sup>1</sup> Name removed to reduced criticism of the practitioner. Example is provided to assist in learning rather than criticise the practitioner

a friend that he planned to kill Adriana. During the Coronial Inquiry into Adriana's death (Coroners Court of Victoria, 2017), the treating practitioner argued that Stoneham's presentation suggested that he was of "no risk to anyone" (Farnsworth). Additionally, in accordance with the Australian Psychological Society Code of Ethics (APS) (2007), his comments did not constitute "a serious or imminent threat". In reviewing the case, Coroner White observed, "...on 13 August 2012 the threat to a then unnamed person was such that [the clinician<sup>2</sup>] should have questioned James on this matter". In response, the Coroner recommended that the APS remove the requirement that 'serious harm be imminent' and provide greater guidelines around managing threatening behaviour<sup>3</sup>.

For many years the challenges around risk of harm to others have primarily related to three primary forms of targeted violence. These include, domestic violence, stalking, and threatening to kill. However, in 2014, the Lindt Café Siege in Sydney, perpetrated by Man Horan Monis, presented a new wave of targeted violence that at the time was uncommon in Australia (Brooks & Shaw, in press; Scott & Shanahan, 2018). Since this incident, New South Wales alone has had more than 35 people charged with terrorism offences (Boiteux, 2021). The actions of Monis, were reviewed by the New South Wales Coroner's Court (State

Coroner of NSW, 2017), with recommendations made in relation to the psychology profession. Despite the profession having no direct involvement with Monis' offending, the inquest stated, "the Commonwealth Attorney-General and ASIO confer with the Australian Psychological Society regarding the restrictions in clause A 5.2 of the Code of Ethics (2007) with respect to radicalisation, terrorism and politically motivated violence; and the Australian Psychological Society consider amending clause A 5.2 of the Code of Ethics (2007) to enable psychologists to report risks of a terrorist nature" (State Coroner of NSW, p. 39).

In March 2019, New Zealand was confronted with the Christchurch Terror attacks, perpetrated by an individual characterised by right-wing extremism. Following the attack, a review was completed by a Royal Commission of Inquiry into the Terrorist Attack on the Christchurch Mosques (Royal Commission of Inquiry, 2020). This resulted in a broad array of recommendations for combatting terrorism within New Zealand. However, limited discussion was provided in relation to those that carry out grievance fuelled and fixated violence in a lone actor or self-initiated form. The report also provided no discussion on the implications of terrorism, or the various associated forms of offending, for the psychology and psychiatric professions. Although this form of offending has been relatively uncommon in New Zealand, there have been at least five further cases of terrorism offences between 2014 and 2021 (Tillett, 2021; Todd, 2021). It is inevitable that psychological practitioners will face these forms of presentations, and akin to Australia, questions will

be raised in regard to information sharing and the threshold for determining harm.

Despite the commentary in Australia on the emerging challenges pertaining to the disclosure of harm, the APS has resisted the recommendations for change. Currently, for psychologists in Australia the risk of harm needs to be 'immediate' to warrant disclosure, unless working in roles governed by the Privacy Act (Federal Register of Legislation, 1988). In New Zealand, the current code of ethics (New Zealand Psychological Society, 2012) for psychologists identifies two primary circumstances where confidentiality can be breached in order to disclose a risk of harm. These include:

- 1.6.10 (c) Urgent need: "Where a situation arises when it is impossible or impracticable to seek consent to disclosure in time to prevent harm or injury to the person, persons, family, whānau, or community group" (p. 9).
- 1.6.10 (e) Client or public safety: "Where a psychologist believes that non-disclosure may endanger a client, research participant or another person but is denied permission to disclose, the psychologist exercises professional judgment in deciding whether to breach confidentiality or not" (p. 10).
- Psychologist should consult with senior colleagues before making their decision.
- The New Zealand Code of Ethics does not require harm to be imminent, or immediate. This suggests that psychologists can disclose risk of harm in situations where there is evidence that harm or injury to another may occur in the

<sup>2</sup> Name of psychologist has been moved for privacy

<sup>3</sup> It should be noted that Coronial Findings were later redacted, preventing a comprehensive examination of the fullness of the findings.

near future. However, when making a disclosure in the interests of the client or public safety, there is a requirement for psychologists to consult with a senior colleague before making their decision (New Zealand Psychological Society, 2012). This relies on the assumption that the senior colleague has expertise in understanding the complexities and risks that arise in respect to targeted violence. Alongside these two ethical guidelines, some psychologists are practicing in areas which adhere to the Privacy Act (Parliamentary Counsel Office, 2020) when disclosing information. This is generally considered to trump the New Zealand Psychological Society Code of Ethics and instead serve as the standard for guiding disclosure. The Privacy Act (2020) stipulates the following in respect to disclosures:

- “An agency that holds personal information must not disclose the information to any other agency or to any person unless the agency believes on reasonable grounds...”
- “(f) that the disclosure of information is necessary to prevent or lessen a serious threat to: (i) public health or safety (ii); the life or health of the individual concerned or another individual;...”
- “(g) that the disclosure of the information is necessary to enable an intelligence and security agency to perform any of its functions;...”

**Warning behaviours serve as a valuable guide for psychologists and the presence of these behaviours may indicate an accelerating pattern towards violence**

The ethical principles and privacy act serve as the parameters to guide disclosures relating to the risk of harm to others. It is important to note, however, these principles are relative and therefore not absolute (Warren, 2017). They are considered to provide standards of practice and to inform practitioner conduct. The framework to balance confidentiality and professional integrity alongside the need to avert risk. Many ethical based decision making models (see Day & White, 2008; Williams, 2004) exist to assist psychologists in resolving ethical dilemmas. However, while useful, without an adequate understanding of the risk factors relating to targeted violence, psychologists can miss crucial warning signs indicative of an intention to harm.

Unlike the standard concept of risk, which is a familiar aspect amongst many within the profession, movement towards harm may be nuanced. Risk can

be best viewed as ‘*Probability x Loss*’, essentially the likelihood of something occurring and the associated consequences that arise. In contrast, a *Threat* is represented as ‘*Intent x Capability*’, concerned with the combination of the intention to harm coupled with the capability or means. For instance, a person may present as being at a moderate risk of perpetrating a future offence of domestic violence over a specific time period (e.g., two years), however, within that period the individual will fluctuate in risk. At times, there will be periods of stability, on other occasions there may be significant psychological and behavioural changes. During these periods of change, a person may move closer to perpetrating an offence. Commonly, when acute fluctuations in risk occur, a person will display *warning behaviours* (Meloy et al., 2012), or *pre-attack signals* (Dietz & Martell, 2010). Suggesting a possible shift from contemplation to action. At times this may be obvious to the practitioner, yet, on other occasions these shifts in baseline risk may be subtle and unclear. Consequently, it is pivotal that psychologists are well versed in understanding warning behaviours. These behavioural indicators inform judgment and decision-making regarding a client’s ‘*current level of concern*’ (Brooks & Shaw, 2021).

According to Meloy and colleagues (2012), there are eight broad warning behaviours commonly found in cases of targeted violence. While these behaviours have been developed predominantly for those that perpetrate self-initiated or lone actor based violence, several are found across other forms of targeted violence. Of these warning behaviours, *pathway*, *fixation*, *energy burst*, *leakage*, *last resort*, and *directly communicated threat*, are broadly applicable to all targeted violence types. The eight warning behaviours include:

- Pathway - Evidence suggestive of activities or behaviours relating to the planning, preparing or implementation of an attack.
- Fixation - A pathological preoccupation and obsession with a person or cause.
- Identification - A fascination and interest in a commando and warrior behaviour and paraphernalia.
- Novel Aggression – An unrelated act of aggression, often a test of ability and resolve to carry out violence.
- Energy Burst – A sudden increase in energy or excitement in anticipation of an attack.
- Leakage - The expressed intent to perpetrate harm through communication of this to a third party.

- Last Resort - The perception that violence is the only means left to resolve the issue or problem.
- Directly Communicated Threat - Written or oral communication expressing an intent to harm a target or something of similar association.

Warning behaviours serve as a valuable guide for psychologists and the presence of these behaviours may indicate an accelerating pattern towards violence (Meloy et al., 2012; Meloy et al., 2014). Through these indicators, psychologists are able to gather behavioural information to determine a client's current level of concern. The presence of these behaviours may lead a psychologist to make a disclosure pertaining to risk of harm, or to organise a risk assessment to better understand the change in risk. Warning behaviours function as a prompt for practitioners to act, but they do not serve as a substitute for completing risk assessment.

In conjunction with an understanding of warning behaviours, there are two further areas that psychologists should consider to mitigate risk of harm issues. The first pertains to the practice of psychological assessment. When completing an assessment, psychologists can hold on to information for extended periods of time prior to finalising a report. As some assessments may take several months to write, acute risk concerns can significantly change during this time. Therefore, it is crucial that any identified intent to harm be reported promptly, rather than at the time of the report being released. The other major challenge relates to the treatment setting. Treatment, particularly in forensic settings, requires a delicate balance between therapeutic integrity and client/public safety. Psychologists are well versed in responding to concerns around suicide during the course of treatment. Commonly practitioners employ compassion based enquiry to formulate an understanding around the likelihood of an intention being acted upon. However, when comments are made by clients in relation to harming others, the most suitable response is not always clear. Instead, psychologists may respond with empathy or attempts at reason, believing that comments arise due to anger or frustration. Yet, these comments should be treated in the same manner as any concerns relating to suicide. Ultimately, remarks about harming others, demand enquiry into the underlying antecedents of the comment or threat. Consequently, "it is imperative to be unequivocal about the unacceptability of using death threats as a way to communicate distress" (Warren et al., 2011, p.151).

At times psychologists are required to make high stakes decisions. This may mean rupturing the therapeutic

relationship to prevent harm. When these situations arise practitioners can feel trapped and uncertain about how to respond. Due to this, it is important that psychologists consider their practice processes, particularly when working with a complex referral/case. Psychologists need to anticipate where issues may arise in respect to risk of harm to others. Two steps can assist in foreseeing some of these challenges. Firstly, where possible take an extensive patient history in the early stages of treatment, identifying all relevant people within the client's life. This avoids situations where threats may be expressed, yet, the potential victim is unknown, or unidentified. Secondly, where possible, gain the consent to speak with other parties at commencement of therapy. This allows for open communication with relevant sources, providing valuable additional risk information, and the opportunity for information sharing should the situation permit.

Psychology is about helping people. More often than not, it is our clients, but occasionally it about protecting those that may be harmed. There are many challenges ahead when it comes to foreseeing the risk of targeted violence; however, with the knowledge of the various forms of targeted-based offending, an understanding of risk fluctuations and warning behaviours, and minor adjustments in practice processes, psychologist can continue to work through these challenging situations.

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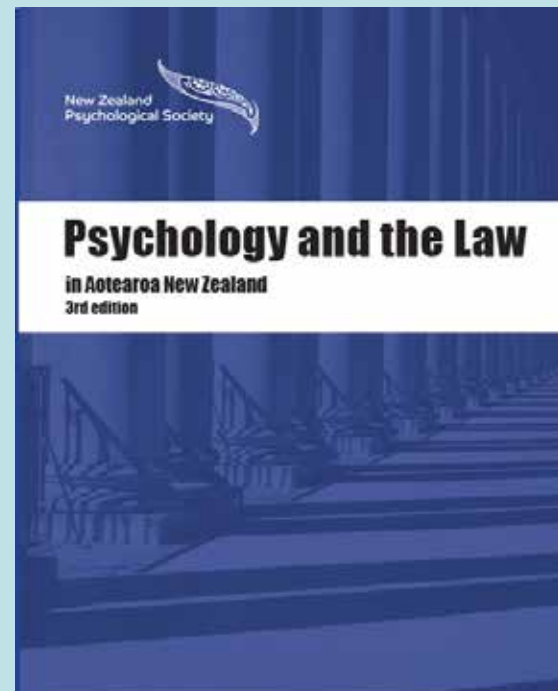
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Live illustration by Pepper Curry of Gwenda Willis' Hunter Award Address: Challenging societal norms for improved wellbeing of stigmatised persons and groups: My experiences in the field of child sexual abuse prevention

## Institute of Criminal Justice and Forensic Psychology (ICJFP) Symposium

By Nick Farrelly, Chair ICJFP

The Institute of Criminal Justice and Forensic Psychology (ICJFP) were pleased to hold a symposium as part of the 2021 NZPsS Annual Conference. The symposium ran over two days and featured four paper presentations and one mini-workshop. The presentations covered a range of topics such as risk factors for intimate partner violence, the impact of early life adversity and parental externalising on offspring, whether family courts reduce offending, how geographic profiling may

help solve crime, and a mini-workshop on the evolution and importance of forensic psychology. These were well attended and stimulated some interesting conversations. Thanks to our student presenters Apriel Jolliffe Simpson, Emerald O'Neill-Murchison, and Sophie Curtis-Ham, as well as Dr Jacinta Cording and Dr Nathan Brooks for their presentations

## Summary of the Institute of Organisational Psychology (IOP) Symposium at Society Conference 2021

By John Eatwell, IOP Chair

Our symposium was well attended with over 70 participants at each session. The clear theme of mental health in the workplace this year reflects what many organisations and our Members are focused on.

Lev Zhuravsky and Aleksandra Gosteva started our 7th of September Symposium day with a mini-workshop on the complexity of relationships within health work environments and the pressure this puts on work relationships. The consequent incivility that can result from these interactions were identified as a key risk for the mental health of employees. A range of strategies were explored to help individuals working in such environments to build relational resilience and manage as best they can these difficult identified workplace dynamics.

Amanda Wallis presented some very interesting research on the differing experiences of stress, resilience and wellbeing for leaders and non-leaders. The finding from analysis of 4000 participants was that leaders and non-leaders experienced different stressors – with team members stress being more likely to come from non-work sources and for leaders stress from work sources such as work demands and poor peer support. The leaders overall stress however was mediated by other work factors such as autonomy and from personal resilience factors such as mental fitness and purpose.

John Fitzgerald showed some preliminary data analysis on what a good day at work looks like for different demographic groups in NZ and how this could be used to start to create mentally healthy workplaces across NZ.

Hillary Bennett finished the symposium with a mini-workshop outlining the work she completed for the NZ Safety Leaders Forum on helping employers identify the factors that impact on people's mental health at work and what they can do to eliminate, or minimize these, or provide protective factors.

The Symposium tried to provide a real focus for what organisations can do to reduce or eliminate negative factors impacting on people's mental health and to look for some practical suggestions to protect against such factors and to improve mental health in workplaces. We noted an appreciation of how this may need to be targeted differently for different demographic groups or levels in the organisation. Our overall focus was however, on how to create environments where all in the workplace can thrive – not just avoid being harmed.

## Symposium on Psychology and Climate Resilience NZPsS Conference 2021

Brian Dixon, Co-Convenor, Climate Psychology Task Force

The symposium was hosted by the New Zealand Psychological Society Climate Psychology Task Force (CPTF) and consisted of several presentations following the keynote address of Prof Susan Clayton. The morning session, chaired by Jackie Feather (Co-Convenor of the CPTF), began with the presentation of Terri Morrissey, an Irish researcher and former president and chief executive of the Psychological Society of Ireland. Terry has provided the following summary of her presentation "*Changing Beliefs of a Lifetime*":

The main thesis of my presentation was that promises and targets in relation to climate change are not enough. We need to see action now and we need to encourage people to change habits of a lifetime.

Habits are fixed patterns of behaviour which are difficult to change. The key barriers to change are discomfort of the unknown and the consequences (unknown) of change.

I use Prochaska's model of change to help navigate the way through changing behaviours from: Pre-contemplation to Contemplation to Preparation to Action to Maintenance to Re-evaluation- and look at actions that we can start doing now in relation to individual and systems changes as they impact on climate change.

I concluded with an observation from Michael Mann's book where he states: "the surest path to catastrophic climate change is the false belief that it is too late to act" *Michael Mann, Scribe 2021, The New Climate War*

The second presentation was by Brian Dixon (Co-Convenor of the CPTF). "*Facilitating community climate actions – A role for local government and how psychologists can help*", considered the role of local government in facilitating action and how psychologists can be involved in that process and assist in conveying messages and hearing people's views.

Brian described how expert commentators, both local and international, have recognised the important role played by local government in promoting and encouraging citizen actions in response to the climate crisis. This has been identified as an essential component in implementing both mitigating and adaptive responses to climate change and its effects. The presentation discussed ways in which local government can be encouraged to take more responsibility and presented models for effectively engaging the community in

collaborative efforts. The first of these, from the Irish Government’s Department of the Environment, Climate and Communications (March 2021) “*Climate Action – what you can do in your community*” offers a range of approaches to community action and facilitation of change. The second source, also from Ireland, is Revez & Mullally’s (2019) report, “*Innovative Methods of Community Engagement: towards a Low Carbon Climate Resilient Future Workshop Proceedings*” that identifies key messages of the value in understanding community engagement as diverse, evolving and contextually linked to social and institutional settings, and the value of engaging communities within a greater network of activities, techniques and groups. It is useful for us in Aotearoa New Zealand to consider the strategies these authors present to engage more alienated or disengaged groups.

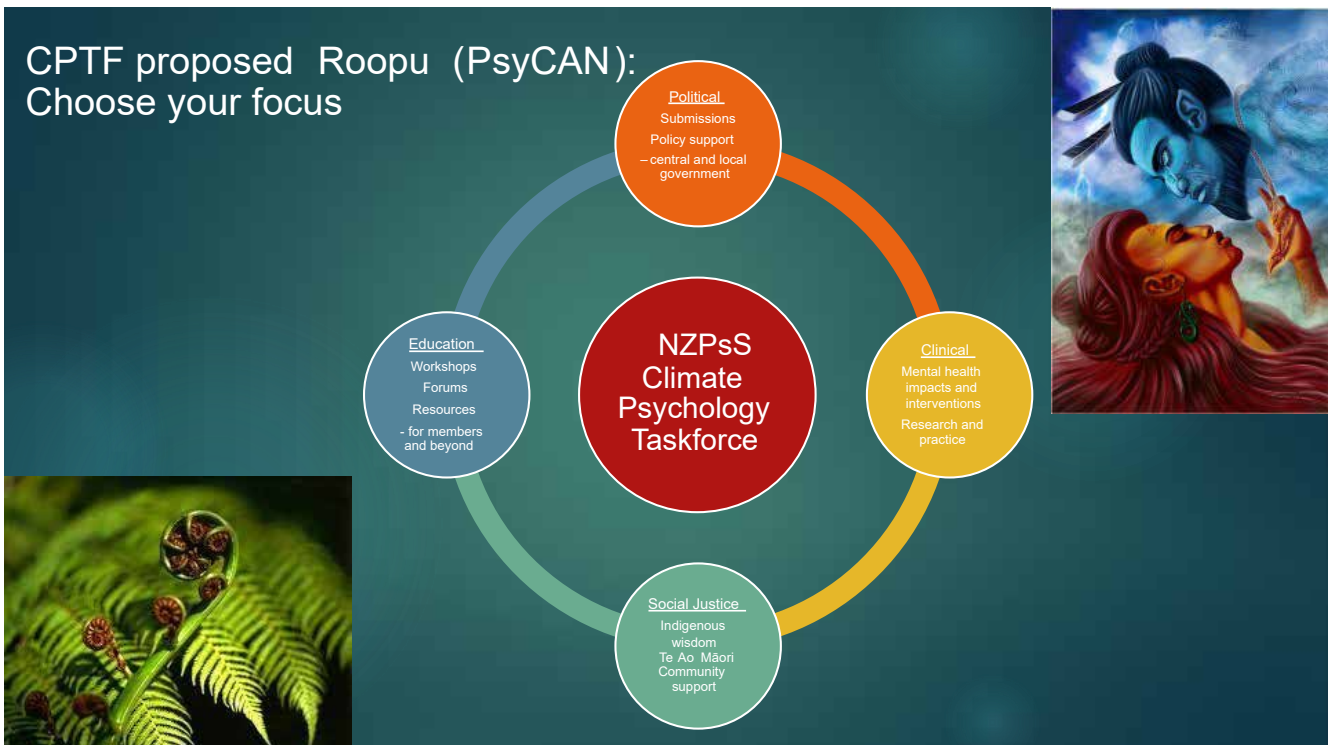
Prof Marc Wilson (of Victoria University, Wellington, and member of the CPTF) presented next on

“*Thoughts on assessing eco-anxiety, and some preliminary data on adolescent eco-anxiety*”. A summary of his presentation follows:

In spite of the decades-long concern over climate and environmental change, and the popular and growing discourse around “eco-anxiety” (particularly among young people), it’s only relatively recently that we have started to systematize how we ask people about their concerns relating to the environment. Perhaps the most robust step in this direction is the development, by Clayton and Karaszia (2020) of a multidimensional measure of climate change anxiety. Use of this (relatively) new measure in a sample of New Zealand young adults shows that concern varies, but that between 5 and 10% of young people report concerning levels of anxiety about climate change, and that this level of concern is moderately to strongly predictive of symptoms of depression and anxiety.

The symposium resumed later in

the day in a session chaired by Brian Dixon. Dr Philippa Pehi (member of CPTF) addressed “*The Essential Role of Indigenous Wisdom to Survive Global Crises*”. Her presentation asserted that for humanity to survive and overcome the global crises we are faced with today (e.g. pandemic, global warming, poverty), Indigenous wisdom needs to be accorded and honoured its tuakana (elder/senior) status in creating viable solutions. Indigenous wisdom holds the keys to healing the world and all its inhabitants from the trauma humanity has inflicted upon Her and Her Children. One of these keys, is the intimate knowledge Indigenous cultures have of the sacred and delicate balance between man, the spirit world and nature (see Kawageley, 1995; Royal, 2003; Suzuki, 2007) and the ways in which we as humans need to honour the processes that uphold this balance. Pip shared her views of the possible role of psychology at the individual, group and global level within this process.





Following this, members of the CPTF reported back on the work of the group since the previous such forum at the Society conference in 2019 and then outlined the plans for work over the next year or more. These are summarised in the sidebars. The final presentation involved responses to participants' questions and proposed a model for greater engagement of members of the Society interested in climate actions. This included a proposal to form a membership network that might later be extended to include non-members and others with expertise. The suggested name for this was the Psychology Climate Action Network (PsyCAN) and the model is presented in the accompanying figure. The CPTF invites members who are interested in being part of this network to contact us through the Executive Director of the NZPsS, identifying the nature of the interest and what skills you might be able to offer to assist with this work.

### Climate Psychology Task Force activities over the past 24 months (since the Lisbon Summit)

- NZPsS submissions/Select Committee hearings on Zero Carbon Act & related legislation.
- Response to the Climate Change Commission report to Govt.
- Helping establish Global Psychology Alliance/ climate group - projects & sharing of resources.
- Work on establishing support for an Asia-Pacific climate psychology group.
- Planning for a joint Aus/NZ climate psych conference in 2021/2022– deferred in March 2020.
- Planning annual conference keynote addresses and symposia; (online 2020 and 2021).
- Workshops for members, public meetings (e.g. Psychology Week
- Media interviews, podcasts, forums etc.
- Articles for NZPsS publications - Connections, Psychology Aotearoa.
- Liaison with other organisations.

### Climate Psychology Task Force Plans for the next 12-24 months

- Increasing attention to the needs of Māori and Pacific peoples re direct and indirect effects of climate change.
- Hearing, supporting and amplifying indigenous voices and knowledge.
- New Zealand Journal of Psychology special issue – climate psychology.
- Increase CPTF role & visibility – in the profession, with our membership, in wider (interdisciplinary) collaborations and with the public.
- Developing educational resources.
- International collaboration – GPA, publications, joint Aus/NZ climate psych conference, Asia-Pacific network.
- NZPsS outreach to business, local govt, politicians/policy makers on our potential contributions.
- Promoting the urgent need for action from psychology and psychologists.
- Response to the IPCC reports on social effects, mitigation & adaptation due Feb/Mar 2022

## One on One - with Rose Black



**Researcher in Public Health and Māori Equity Strategy and Research teams at Waikato District Health Board**

### *One aspect of your role(s) that you find really satisfying*

Working with Māori and Pākehā/Taiwi colleagues to build understanding of knowledge and relationships that promote Te Tiriti o Waitangi and equity focused research, writing and presentations. This included being in a team to research and write the Waikato DHB Equity Report “Rapua Te Ara Matua: Equity Report”, (2020). Rapua Te Ara Matua, was a first for Waikato DHB and provides a snapshot of equity gaps in service provision throughout the DHB with the aim to see rapid improvement. Another focus has been to understand, apply, and teach “Critical Tiriti Analysis” (see Came, H., O’Sullivan, D., & McCreanor, T., 2020) as a Te Tiriti o Waitangi tool to analyse policy, strategy and research documents that guide the provision of health services. This work draws on all the knowledge, learnings, and skills I have built up through Community Psychology, engagement with the National Standing Committee on Bicultural Issues, and earlier community based anti-racism and Treaty of Waitangi training.

### *One event that changed the course of your career*

I missed out on a research position in a DHB because a BSc in Psychology was not regarded as a research or professional qualification. This led me to do graduate study in Community psychology which has been an excellent fit to further explore and understand the psychology of social change at every level of people interactions across societies.

### *One alternative career path you might have chosen*

Studying more neuropsychology and possibly doing research in that area!

### *One learning experience that made a big difference to you*

Learning critical theories about how power and language work, then observing how Pākehā tend to operate in intercultural settings. Learning about how to de-centre myself as a Pākehā and to live with the uncertainty of not being the one who always has the knowledge or authority to control what is happening. That means I need to listen more closely and carefully to what people say, and who is doing most of the talking. This learning is ongoing about when to speak/share/challenge and when to stay quiet and allow others to fill the silences. I do not need to be ‘right’ and ‘in the know’ all of the time.

### *One book that you think all psychologists should read*

Rather than any one book, read the following Society publications: “Ka Tū, Ka Oho: Visions of a Bicultural Partnership in Psychology”; “Kua Tū, Kua Oho” a second book of bicultural keynote addresses and “Te Manu Kai i Te Mātauranga: Indigenous Psychology in Aotearoa/New Zealand”. Also read widely about Te Tiriti o Waitangi and colonisation, firstly from Māori viewpoint/experience, and then from many other viewpoints, with a particular focus on learning about and understanding the impacts of colonisation in the areas where we live and practice.

### *One challenge that you think psychology faces*

The decolonisation of knowledge. The notion that western psychological knowledge developed using a scientific paradigm is the only valid form of knowledge. While I do acknowledge the power of this way of developing knowledge, there are other forms of knowledge acquisition that are both valid, reliable, and culturally acquired. I would argue that all knowledge has a cultural context; that it is culturally acquired and passed on within cultural frames of reference such as educational institutions.

### *One thing that psychology has achieved*

The increased voice of Māori within the profession, supported by NZPsS through the National Standing Committee on Bicultural Issues, albeit with limited institutional goodwill, and resource over the years.

### *One aspiration for New Zealand psychology*

That psychologists in Aotearoa know who we (whānau/family) are, where we stand in Te Tiriti o Waitangi, and recognise and stop the harmful practices of colonisation. That we learn to teach, research, and practice in ways that are accepting of indigenous, tangata whenua, and

different forms of knowledge, and psychologies.

***One social justice issue psychology should focus on***

Equity across all areas of psychology that would lead to greater wellbeing, achievements, and outcomes for Māori (and other minority populations), in Education, Health, Justice, Economic and Environmental areas to name but a few.

***One big question***

Are the current ways in which psychologists train and practice improving the social, health and economic wellbeing of Māori in Aotearoa?

***One regret***

That addressing Te Tiriti and social justice issues to achieve equity has met with such resistance within psychology.

***One proud moment***

The strength of relationships, which lead to giving a joint keynote address with Waikaremoana Waitoki at the NZPsS Annual Conference in 2013!

***One thing you would change about psychology***

That all training programmes for psychologists place a greater emphasis on learning about context, culture, and colonisation as they are experienced in Aotearoa and globally.

***One piece of advice for aspiring psychologists***

Learn about your whānau story; learn as much as you can about a range of psychologies, then practice with humility, welcoming diversity, and new learning opportunities.

## **NZPsS professional development training and events early 2022**

### [Liberation Psychology: The Future of “Cultural Competence”](#)

Online Workshop: 17th February, 2022, 11.00am – 12.30pm presented by Broderick Sawyer

In this presentation, Dr. Broderick Sawyer will unpack How individualism influences how we treat patients and conduct research, how “liberation psychology” can be used to validate experiences of oppression while still addressing individual problems, and how the concept of “countertransference” applies to cultural humility in psychology professionals.

### [Assessment and Diagnosis of Pedophilic Disorder](#)

Online Workshop: 24th February, 2022, 10.00am – 11.30am presented by Michael Seto

In this seminar, Prof Seto will provide an overview of current methods for assessing pedophilia (sexual attraction to prepubescent children) in light of current diagnostic criteria in the World Health Organization’s ICD-11 and the American Psychiatric Association’s DSM-5.

### [Enhancing competence in supervision: Essential elements of effective practice](#)

Online Workshop: 2 half-days Monday 7th & 14th March, 2022, 9.00am – 12.30pm presented by Fiona Howard

This workshop aims to develop the awareness, knowledge and skills required for effective supervision practice and is suitable for both new supervisors, as well as for those more experienced who wish to augment or refresh their skills..

### [Suicide Risk Mitigation](#)

Online Workshop: 2 half-days Tuesday 1st & 8th March, 2022, 8.30am – 12.30pm presented by Dr Annette Beautrais

The seminar will cover current best practice in suicide risk mitigation for practitioners.

# Poipoia te kākano kia puāwai – A reflection of my PhD journey so far

Alana Haenga-O'Brien



Tēnā koutou katoa  
 Ko Hikurangi me Te Ahi a te Atua ngā maunga  
 Ko Waiapu me Makatote ngā awa  
 Ko Rāhui me Hiruhārama ngā marae  
 Ko Te Whānau a Hinerupe ki Waiapu me Te Aitanga a Mate ngā hapū  
 Ko Nukutaimemeha me Horouta ngā waka  
 Ko Ngāti Porou te iwi  
 Ko Alana Haenga-O'Brien tōku ingoa  
 Mauri ora ki a tātou!

Kia ora koutou. My name is Alana Haenga-O'Brien (Ngāti Porou) and I am a Doctoral and Clinical Psychology student based at Te Herenga Waka - Victoria University of Wellington. My Doctoral research focuses on exploring how rangatahi Māori understand, experience, practise, and nurture wairuatanga and hauora using Kaupapa Māori research methodologies. In this piece, I discuss my research and provide brief insights into how rangatahi Māori understand and experience wairuatanga in their everyday lives.

As a young girl growing up, my whānau had told me many 'scary stories' about taniwhā in the Waiapu river, kēhua that roamed around at night, and patupaiarehe that lived in forests which normalised a negative understanding of Te Ao Wairua (the unseen world) for many of my generation living in our papakāenga (hometown). Very rarely had anyone spoken about the healing elements of wairuatanga (Māori spirituality), our ability to tap into our own matekitetanga (sense of heightened intuition: Ngata, 2014), or the important role our tīpuna and kaitiaki have in guiding us ā-wairua (through wairua) to live as authentically and meaningfully as we can before heading back to Hawaiki (spiritual homeland). While some rangatahi were privileged to be brought up by kaumātua and whānau that could guide their understandings of Māoritanga and matekitetanga, many continue to be disconnected from their whānau, whakapapa, and whenua, thereby impacting their ability to consciously engage with wairuatanga.

## Reconnecting with Wairuatanga

Reconnecting with our wairua (spirit/soul), and in essence our Māoritanga, is "about reclaiming the ancient world to come back into our true light" (Māori Movement, 2020). Prior to the introduction of the Tohunga Suppression Act in 1907, Māori healing knowledge systems and institutions were well established (Jones, 2000), with much of the values, practises and beliefs underpinned by knowledge of wairuatanga

(Valentine, 2009). Wairua is understood to be "the source of existent being and life" (Māori Marsden, as cited in Royal, 2003, p.47), yet, as a consequence of colonisation, the cultural transmission of wairua knowledge and practises have largely been disrupted and denigrated over time. Prevalent within society today are negative connotations of wairuatanga as "airy fairy" and "high in the sky", suggesting that wairuatanga is an 'abnormal' way of engaging with the world. In recognition of the importance of wairuatanga to Māori wellbeing, some Tohunga, Matekite, and Māori healers are working towards the conscientisation and normalisation of wairuatanga and rongoā Māori (Māori modalities of healing) as a way of life for the empowerment of our people (See for example: Manawa Ora, 2020; NiaNia et al., 2017; Valentine et al., 2017).

## My Research

In a world dominated by modern medicine, where Tohunga and Māori healers are marginalised and Indigenous knowledge systems of healing are viewed as 'alternative', 'ineffective', or not 'real science', reclaiming our sense of wairuatanga and our interconnection with the universe, our Atua (deities, Goddesses/Gods), tīpuna (ancestors), and kaitiaki (spiritual guardians) is both necessary and challenging. My research is intended to support this current work, by exploring how rangatahi Māori understand wairuatanga and maintain wellbeing. Rangatahi Māori are the future leaders of Māoridom (Walsh-Tapiata, 2002), however, in conjunction with

managing cultural obligations and life challenges, rangatahi are also forced to address the physical and spiritual impacts of historical and intergenerational trauma. Therefore, to support rangatahi in maintaining wellness from a mātauranga Māori perspective, my research explores how rangatahi Māori understand, experience, practise, and nurture wairuatanga and hauora. While the analysis of my interviews with rangatahi is ongoing, the following summarises one of the key areas of my research which was to explore how rangatahi at the beginning of their wairua journey understood and experienced wairuatanga:

- Wairua as energy:
  - ◊ Ngā wai e rua: two constantly flowing rivers, male and female energies, vibe/vibration, spirituality/soul, balance/process of utu
- Wairua as guidance in life:
  - ◊ Tohu: Spiritual/physical signs or sensations within the physical body, wairua, or within a space e.g. ghosts/spirits, dreams, animals/kaitiaki, 'heebee jeebees'
  - ◊ Matekitemanga: Developing a higher sense of intuition to guide one in life and fulfil one's purpose
- Wairua as connection:
  - The divine relationship with Rangī and Papa, our Atuatanga, interconnection of all things, connection with tīpuna, whānau & whenua, and with self
- Wairua as a way of life:
  - ◊ Wairua as healing, identity affirming as Māori, a state of being, living, and doing, wellbeing
  - ◊ Wairua understood as normal: dependent on connection with Te Ao Māori, own/whānau understandings/experiences with wairuatanga, and access to knowledge holders (e.g. Tohunga, Kaumātua, healers)

...understanding wairuatanga and rebuilding this knowledge base is paramount to the healing and maintenance of wellness for rangatahi Māori and their whānau

Overall, what was clear throughout the interviews with rangatahi was that wairuatanga was fundamental to their health and wellbeing, particularly to their understanding of their identity as Māori. Having an understanding of wairuatanga empowered rangatahi to be Māori, to

know who they descend from and where, and to move forward in life guided by wairua, with the recognition that their tīpuna were with them. Moreover, rangatahi understandings of wairuatanga were dependent on their level of engagement with Te Ao Māori, whether they had access to whānau/friends/role models/healers within their lives who could educate and guide them through their wairuatanga and Māoritanga.

In summary, understanding wairuatanga and rebuilding this knowledge base is paramount to the healing and maintenance of wellness for rangatahi Māori and their whānau. Wairuatanga is fundamental to Māori wellbeing and has the potential to reconnect our people with their past, present, and future. Next steps forward should look to ascertaining how we work with Tohunga, Matekite, and Māori healers to support the eco-system of wairuatanga to thrive within Aotearoa/New Zealand today.

**Aku mihi maioha ki te New Zealand Psychological Society** mō te pūtea tautoko kia whakanui i āku mahi rangahau. Kia ora rawa atu!

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# A-Justing Climate Policies: Neoliberalism, Neighbourliness, and the Responsibilising of Climate Migrants in Aotearoa

Olivia E. T. Yates, Shiloh Groot; Sam Manuela

*Some people feared that if they are relocated to another country, maybe our ways as I-Kiribati will be, no, overturned, overcome ... But, it is important for our language and culture to remain. And it's us to do that. Emeri\*<sup>1</sup>, 52, Kiribati*

Confronted with inadequate global climate and mobility action, low-lying nations like Kiribati and Tuvalu are negotiating alternative solutions to protect their well-being and cultural legacies. Relocating to Aotearoa offers a tangible solution to climate change threats, but navigating Aotearoa's neoliberal immigration approach and non-existent climate mobility policy (Namoori-Sinclair, 2020) creates new well-being challenges. Drawing upon the Palagi first author's PhD research (e.g. Yates et al. 2021), this article outlines how Aotearoa's neoliberal immigration and climate mobility approaches structure the lives of the Kiribati and Tuvaluan communities in Tāmaki Makaurau. We note impacts in the legal, social, spiritual, and cultural domains, and relay the communities' calls for change.

Aotearoa New Zealand's government approach to climate mobility favours economic productivity (Enoka, 2019) and securitisation (Zaman & Das, 2019) over justice. Although connecting climate change to migration is complicated by entangled historical, cultural, socioeconomic and political domains (Hoffman et al., 2020). Some I-Kiribati and Tuvaluans in Aotearoa cite climate change as a key driver in their decision to migrate. Yet, Aotearoa has stalled when implementing a "climate visa" (Zaman & Das, 2020; Ministry of Foreign Affairs and Trade [MFAT], 2020). People who migrate on climate-related grounds must navigate existing immigration channels on a highly individualised case-by-case basis. Yet, these pathways are built upon imaginings of the "ideal" neoliberalised migrant - compliant, self-responsible and economically-productive (Stanley, 2021). Accordingly, there is little government-funded resettlement assistance within immigration policies. This defers responsibility for resettlement onto aspiring migrants (Namoori-Sinclair, 2020) who must navigate climate change and convoluted visa schemes (e.g. the Pacific Access Category, the Skilled Migrants visa, [Immigration NZ, 2019]) without Government support. Combined, this climate mobility-resettlement gap responsabilises I-Kiribati and Tuvaluans for filling gaps in

service provision (Namoori-Sinclair, 2020). Hopeful newcomers are confronted by resettlement obstacles including language barriers, non-recognition of qualifications, and time-limited windows to secure employment. Tight-knit communities can act as a social safety net (Siose, 2017), providing transitional housing, immigration advice, and financial and emotional support (Namoori-Sinclair, 2020; Malua, 2014). However, many migrants must navigate the transition on low-wages, un(der)employed, or as irregular migrants whilst stigmatised by populist rhetoric (Greaves & Vowles, 2020), denied compassion (Offner & Marlowe, 2021) and excluded from most Government services. Negotiating these barriers can take significant toll on migrants' physical, financial, and psychological well-being, as well as the households upon whom they come to rely (Namoori-Sinclair, 2020).

... climate justice involves looking across the Pacific, alongside gazing inwards to support Aotearoa-based Pacific peoples' well-being. Kiribati and Tuvaluan communities should not be expected bear the disproportionate burden of our shortcomings in immigration, climate mobility and climate change policies.

These policy gaps also impact the cultural and spiritual well-being of I-Kiribati and Tuvaluans in Aotearoa (Panapa, 2012; The Kiribati Working Group, 2015). Without targeted climate-related support to compliment community initiatives, some I-Kiribati and Tuvaluans fear that their languages and cultures will "be overturned" in the face of the dual threats of assimilation and forced displacement. Pressures to 'fit in' to dominant (Pākehā) society can be compounded by the risk of sea-level rise undermining their spiritually place-based identities, languages and cultural practices (Tschakert et al., 2020). Tuvaluan and Kiribati participants know that they will "continue to adapt and evolve as [they] have always done", yet some felt wearied by the scale of their collective responsibility to sustain their cultural legacies for future generations.

Policy-related pressures experienced by Kiribati and Tuvaluan communities are amplified in light of Aotearoa's weak climate ambitions. Aotearoa's emissions

<sup>1</sup> Names of participants in the PhD study are pseudonyms, indicated by \*

reduction targets are “highly insufficient” according to the Climate Action Tracker (2021) and a far cry from our “fair share” of reductions on the grounds of equity (Oxfam Aotearoa, 2020). Even with deep, global emissions cuts, sea levels are ‘virtually certain’ to continue to rise (IPCC, 2021). Some Kiribati and Tuvaluan youth have absorbed the blame for this injustice, as Meli\* pointed out, “*There’s always that feeling like you’re not doing enough. For [Tuvalu]... You’re like trying to fight mountains.*” Youth climate activists feel they must fight harder to compensate for these shortcomings whilst caring for their mental health (Nairn, 2019). This ‘double-burden’ (Nairn, 2019) is heightened for many Kiribati and Tuvaluan youth, who feel a duty to prepare for climate mobility and to safeguard their peoples’ safety, lands, and intangible cultural heritage.

Remediating the resettlement-climate mobility gap requires action beyond symbolic gestures of Pacific neighbourliness (de Bres, 2021; Lewis, 2015). The New Zealand Government asserts that it seeks to uphold the rights of its “Pacific neighbours” (Ardern, 2019) to remain in their homelands and maintain their cultural identities (MFAT, 2018). Many participants agreed with these tenets, but want to see evidence of professed neighbourliness in tangible changes to their everyday lives. Some community leaders called for responsibility to be pushed back onto the New Zealand Government and enacted through wraparound resettlement support, total amnesty for irregular migrants, and climate visas for future climate migrants (with embedded resettlement assistance). Furthermore, many Tuvaluans and I-Kiribati want affirmation of their right to belong by pairing greater visibility of their rich languages and cultures with increased funding for community-led initiatives.

As this issue of *Psychology Aotearoa* is released, Aotearoa is heading to the 26th UN Climate Change Conference of the Parties (COP26) where it will be announcing updated climate policy pledges (Shaw, 2021). If Aotearoa is to move beyond platitudes, its announcements on this global platform should be matched with parallel commitments to its Pacific residents. As outlined, climate justice involves looking across the Pacific, alongside gazing inwards to support Aotearoa-based Pacific peoples’ well-being. Kiribati and Tuvaluan communities should not be expected bear the disproportionate burden of our shortcomings in immigration, climate mobility and climate change policies. They are calling for the balance to be righted; for the New Zealand Government to accept responsibility for (climate) mobility justice and materially support their visions for a thriving future.

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# Musings from a year spent on the Society's Executive as the student representative – general

**Katie Harrison**



He uri tēnei no Taranaki iwi, engari i tipu ake au i Papakura (Tāmaki Makaurau). I am currently studying toward the Masters in Educational & Developmental Psychology through Massey University. My goal is to then complete the PGDIP to become a fully fledged Ed Psych in order to best serve the school and whānau communities I will be working in.

Coming into a place and role on a governance board where I had never stood before was admittedly, slightly daunting. Meeting with the warm and welcoming executive team eased this feeling as they bring not only an incredible wealth of experience and knowledge across various aspects of psychology, but also enact a strong ethos of care for each other and for the profession.

What has become clear to me during my time on the Society's executive is that student voice is paramount. Whitney Houston sings it best with her wise words (with the addition of a little poetic license), "I believe the students are the future, teach them well and let them lead the way". Yes, taurira are needed around the decision making table to ensure that the challenges and opportunities that face the future psychological workforce are seen from our unique point of view. What is wonderful is that the executive team value our student input and create spaces for us to learn, make mistakes and gain governance experience. The welcome addition of a permanent taurira Māori student representative position also ensures that we continue to strive toward Te Tiriti

partnership from executive and beyond. Working alongside Carrie Clifford has been one of the highlights of holding this position and I thank her for her great enthusiasm and humour.

What I've also come to understand about leadership is that it can be quiet and thoughtful, just as it can be bold and humorous. I urge students to consider putting themselves forward for leadership opportunities to contribute their ideas and aspirations to the future of the profession. What you will give in time and energy to these roles will be reciprocated back to you in the form of learning opportunities, contributing to issues that affect psychology students and the added bonus of being able to meet a whole bunch of fabulous and extremely knowledgeable humans who care deeply about the place of psychology in Aotearoa.



# Establishing the Taurira Māori NZ Role on the Psychological Society Executive

Carrie Clifford



Carrie Clifford (Waitaha, Kāi Tahu, Kāti Māmoe) is a Fulbright-Ngā Pae o te Māramatanga Scholar, currently completing her Doctorate in Psychology (University of Otago) and clinical psychology training (Te Herenga Waka, Victoria University of Wellington). Carrie is passionate about ensuring that the psychology workforce and the broader discipline of psychology reflect the needs, hopes and values of Māori communities'. Driven to recognise and revitalize Māori intergenerational healing practises, Carrie's PhD explores the use of pūrākau in mental health settings in Aotearoa.

It has been an enormous honour and privilege to sit on the New Zealand Psychological Society as the taurira Māori representative, especially in the year in which the Society established this role.

Some background. In 2020, He Paiaka Tipu students wrote to the NZ Psychological Society, advocating for a taurira Māori position on the executive to sit alongside the already established student representative. We felt that it was important that taurira Māori were actively involved in governance conversations and could speak directly to the unique perspective we bring, challenges we face and ideas that we have. We were thrilled that the executive could also see the value in this role, and I was lucky enough to be co-opted to fill this role. As such, my primary focus for this year was to establish and secure the taurira Māori role on the executive, demonstrate its worth and the contribution having a taurira Māori on the board could make. At the recent AGM, the taurira Māori position was passed and is now a permanent role on the executive. This position aims to reflect the Tiriti partnership at a student level and mirror the more senior positions that the executive had already established (i.e., bicultural directors).

The governance experience associated with a role such as this helps build the succession of Māori students into Māori leadership roles on the executive in the future and other governance roles in health, community and iwi spaces. Reflecting on the 30th NSCBI birthday and the new constitution for the NZ Psychological Society, and with the Waitangi Tribunal *Wai2725 Psychology in Aotearoa claim* in the background, this was a particularly special year to sit on the executive and establish the taurira Māori role.

During my time on the executive, I saw many people (students, psychologists, board members) eager to be better in the bicultural space. This made me hopeful for the future. Roles that honour Māori voices and people are one part of this, as is an investment in Māori psychology, and meaningful partnership and power-sharing – it is clear that it will take a concerted effort from everyone of us in psychology to ensure equitable health outcomes in Aotearoa and a profession that we can all be proud of.

I feel very fortunate to learn and work alongside Katie and the wider executive, who were incredibly welcoming, kind, and generous with their time and knowledge. There are

three reflections which I would like to share with you all:

1. Students genuinely are the future of psychology in Aotearoa: It is encouraging to see so many taurira passionate about hauora broadly, equity, being diverse and respecting diversity, and developing the discipline of psychology. It is equally exciting to see those who invest so much time and knowledge into our taurira.
2. NZ is small, and psychologists are a relatively small profession: During my time on the executive, it was clear that one person, group, or intuitive, can have an impact to the field of psychology in Aotearoa; whether this is in research, governance, practise, teaching, mentorship or professional development.
3. Being part of the executive enriched my studies. It provided the opportunity to connect with others who have similar interests and learn from others with different expertise. The experience broadened my perspective and understanding of psychology, scopes of practice, curriculum development and training programmes beyond my own, registration processes, and

professional development. This exposure strengthened my research and clinical work and helped me consider where I might best fit now and in the future. Practically, I also learned many governance skills and processes transferable to other areas and positions, such as iwi trusts and community and non-governmental organisations.

In watching my tuakana in this leadership space, it reminds me of the sentiments of Justice Jo Williams, another courageous, hardworking, visionary:

*“Courage, vision and hard work are necessary for a leader. If you are going to lead you need courage, but courage without vision is just obstinacy. Vision is the most important thing, but if there is no work behind it the vision will just be empty words. And hard work without courage or vision is just labour. You have to have all of those things – they can’t operate one without the other.”*

Joe Williams (Ngāti Pūkenga, Waitaha, Tapuika)

Exert from *Tē Kai a te Rangatira: Leadership from the Māori World*

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# Māori graduate students' hopes, reflections and recommendations for psychology in Aotearoa

**Finley Ngarangi Johnson, Annalisa Strauss-Hughes, Ririwai Fox & Carrie Clifford**



Finley Ngarangi Johnson (Rongomaiwahine, Ngāti Kahungunu ki Heretaunga) is a PhD student in the Te Herenga Waka's (Victoria University of Wellington) Kura Mātai Hinengaro (School of Psychology). Supervised by Professor Paul Jose, Associate Professor Priscilla Wehi and Dr Tia Neha, his thesis explores Māori wellbeing through the development of a psychometric scale. Passionate about research and teaching in the interface between Mātauranga Māori and Science, Fin is pursuing a career in academia and aims to grow Māori capacities through education.



Annalisa Strauss-Hughes is a PhD candidate and clinical psychology student at Te Herenga Waka, Victoria University of Wellington. Annalisa's whakapapa is unknown as a result of whāngai and whānau disconnection, which heavily drives her interest in understanding the impact of historical and sociocultural factors on individual health and wellbeing. Her mahi rangahau is supervised by Prof. Tony Ward and Dr. Tia Neha. Annalisa is particularly passionate about working at the interface between Te Ao Māori and Te Ao Pākehā and what the lessons learnt here can mean for all peoples, but especially those who come from similarly disconnected backgrounds.



Ririwai Fox (Ngāti Kahungunu ki Wairarapa, Ngāti Porou) is a PhD candidate and clinical psychology student at Te Herenga Waka (Victoria University of Wellington). His thesis introduces the concept of Māori cultural embeddedness - the integration of cultural values, beliefs, and practises into general behaviour and identity. He is developing a measure of cultural embeddedness and is supervised by Professor Paul Jose and Dr. Tia Neha. He is passionate about the interface between mātauranga Māori, Psychology, and wellbeing, having been educated through Kōhanga Reo and Kura Kaupapa before moving to mainstream secondary and tertiary education



Carrie Clifford (Waitaha, Kāi Tahu, Kāti Māmoe) is a Fulbright-Ngā Pae o te Māramatanga Scholar, currently completing her Doctorate in Psychology (University of Otago) and clinical psychology training (Te Herenga Waka, Victoria University of Wellington). Carrie is passionate about ensuring that the psychology workforce and the broader discipline of psychology reflect the needs, hopes and values of Māori communities'. Driven to recognise and revitalize Māori intergenerational healing practises, Carrie's PhD explores the use of pūrākau in mental health settings in Aotearoa.

This paper explores Māori students' experiences and reflections studying psychology in Aotearoa. In documenting their experiences as young scholars, the authors and their respective narratives both challenge and provide hope for the future field of psychology. This article aims to validate and inspire other taura Māori while providing valuable insights for non-Māori through the authors' lived experiences. This article concludes by summarising key themes shared across and within the kōrero and provides clear recommendations for enacting positive change. These recommendations are not exhaustive and included are several reading recommendations to facilitate meaningful understanding and action.

## Fin

*Describe your experience studying psychology as a Māori student and your hopes for those following in your footsteps.*

I started studying psychology in response to seeing my own whanaunga struggle with mental health issues and the desperate need for more Māori in the field of psychology. Majoring in Māori Resource Management alongside Psychology was key to how I came to understand and engage with psychology. Papers on Māori Science and Indigenous Knowledge championed Indigenous ways of knowing and Cross-Cultural Psychology classes further challenged the dominant Western psychological paradigm. This opened my eyes to kaupapa Māori research and nurtured a more critical lens in which to view psychology. I hope future taura Māori can also engage with these more critical and culture-focused areas of psychology that highlight the Eurocentric biases in the psychological literature

and further promote research that empowers and gives voice to marginalised communities.

Throughout my study, the warm, whānau-oriented Māori classes were a stark contrast to the individualistic and competitive psychology environment. I remember being specifically disappointed leaving an enriching Te Reo class where we discussed the atua and wairua to attend a lecture that pathologised paranormal beliefs. It was disappointing to see key cultural beliefs being reduced to hallucinations and delusions. At that moment I understood why I didn't see more Māori faces in the lecture theatre. I later met taura Māori from other universities who had similar uncomfortable experiences in studying psychology. This demonstrates the importance of Māori involvement and oversight in the development of the Aotearoa psychology curriculum. We need psychology to be taught in a culturally safe way that respects our unique local context and is ultimately predicated on Te Tiriti.

I am extremely privileged to be in a position to pursue doctoral study and being Māori, I feel compelled to use this privilege to serve and empower my community. Further, I am blessed to have two pou rangahau in my supervision team to ground and guide the tikanga and kaupapa Māori aspects of my research. I would not feel safe conducting my research into Māori wellbeing without my pou rangahau as they provide a priceless level of cultural security and support. Due to the underrepresentation of Māori academic staff in Aotearoa's psychology departments, it saddens me to know that this same support and supervision is not available to all taura Māori. I hope there comes a day when Māori psychology

students can have the option to conduct research relevant to Māori with the confidence that comes with appropriate guidance from a Māori supervisor.

## Annalisa

*Describe some of the challenges that you have faced as a taura Māori and some of your hopes for the future workforce.*

Being a taura Māori in a Western academic setting is a multi-faceted experience. My particular position as someone who cannot show their whakapapa - although not an uncommon one - is accompanied by lots of feelings of inauthenticity and has a deeply significant impact on my work and wellbeing. What I often find especially difficult is explaining this position to those who take a more biological-genealogical perspective of whakapapa. This is complex and intersects with other experiences, particularly the many common scenarios for taura which result in a significant sense of disempowerment (such as being treated as unpaid experts and having to play the perpetual 'bad guys' when identifying individual and systemic discrimination and inequality). On the other hand, if I had not pursued this pathway, there are so many things I would have missed out on learning about which have greatly enriched my wellbeing and knowledge of myself. Working with my awesome supervisors on a project that seeks to weave together Western scientific and Indigenous epistemologies is empowering as it is not just an academic enterprise but something that teaches me how to best understand and care for myself and my community. Especially impactful and awe-inducing has been connecting with other taura Māori, who are truly some of the most inspiring learners and teachers I have ever seen.

My hopes for the future of the psychology workforce are manifold. The ongoing impacts of intergenerational trauma cannot be overstated, which is no less true for taurira (and we remain among the privileged who are able to access this level of training and study). I feel very strongly that the solutions lie in Indigenous empowerment and self-determination, the right and the resources to utilise our own knowledge systems, and the active and meaningful commitment of our Tiriti partners to this relationship between our peoples. Not only do we need better representation of Māori (and the diversity that characterises tāngata Māori) in psychological research and practice, but also better representation of our own systems of governance and knowledge in addressing the multi-faceted domain of mental health/behavioural issues. Part of this is the necessity of non-Māori allies who are willing to take on the risks that are associated with disrupting systemic and intergenerational racism. There is much rich potential available to us if real biculturalism can be achieved, where there is equity across the autonomy and resources of each cultural partner.

## Ririwai

*How would increasing the number of Māori staff members in Psychology departments support Māori graduate research and wellbeing?*

Being a Māori graduate student in Psychology is both empowering and overwhelming. Empowering because I have the privilege of representing my whānau and hapū through educational success and because I can bring Māori perspectives to the academic forum; but overwhelming because of the significant pressures that come with being a Māori graduate student. When there are

little to no Māori staff in psychology departments, the burden of cultural issues can often sit squarely on Māori graduate students.

As a social science, it seems intuitive to me that psychological research can benefit greatly from the mātauranga of a culture that is grounded in relationships. However, in order to receive these benefits, it is imperative that psychology departments are drawing on the expertise of senior Māori researchers who have roots in kaupapa Māori methodology. Having senior Māori academic staff is also important for nurturing a groundswell of research by Māori postgraduate and postdoctoral scholars. As a postgraduate Māori student, it is important to me to have a tuakana who can guide me through the academic process.

My own research seeks to incorporate Māori cultural values, beliefs, and practises into our scientific understanding of behaviour. There is a very real risk that, without appropriate guidance, these concepts become diluted or appropriated. I have many support networks within my whānau, hapū, and iwi, but having a supervisor who can provide guidance through the academic process and who also understands how to navigate the issues that are pertinent to Māori is critical. An example of such is how to appropriately incorporate mātauranga Māori into psychological research.

Although there is still a lack of Māori staff in Psychology departments across Aotearoa, I have noticed an increasing support for Māori research, as well as attempts by non-Māori to increase their cultural capability. I applaud and appreciate all of these efforts, but especially the efforts of people in positions of authority within

academia. Seeing these efforts fills me with hope for the future – one where Māori worldviews are understood, appreciated, and integrated where appropriate. Having grown up in overtly discriminatory communities and environments, I am pleased when I see positive changes in society, big or small, towards the true collaboration

## Carrie

*What are your hopes for Psychology in Aotearoa?*

Having learned the stories of my tipuna and personally experienced how they provided me with strength, belonging, and purpose as a young wāhine Māori, I knew I wanted to bring Māori intergenerational storytelling practices into my own clinical work and provide this for others, in the same way, our tipuna would use storytelling to promote many aspects of wellbeing and respond to those experiencing difficulties. This desire led to my PhD exploring the use of Māori storytelling practices in mental health settings in Aotearoa.

While I have hugely enjoyed my PhD research, in pursuing this Māori-centered kaupapa, there were several challenges; there was limited research to work from, and little of my earlier psychology education helped prepare me - having never sat in a class that discussed Māori ethics, research methodologies, or hauora Māori. Nevertheless, like many Māori academics, these experiences (or lack of) drive me to create space for others and build a strong foundation for further mahi.

My hope for psychology in Aotearoa is that it honours tangata whenua, our language, culture, and worldviews, and increases the visibility of and access to Māori healing practices. Much knowledge and wisdom lie within mātauranga

Māori and recognising Mātauranga Māori has the capacity to enhance and advance the discipline of psychology. It is essential we move away from the deficit framing and “othering” of Māori in research, teaching, and practice. Te ao Māori and mātauranga Māori need to be genuinely valued and considered more than an “add on” - cultural tailoring in efforts to meet cultural responsibility - and instead embraced as an integral part of psychology in Aotearoa. Looking at the inclusion of Eastern mindfulness practices, we can see the knowledge and huge potential benefit that lies outside of Western psychology’s current parameters. Moreover, we can also see the limitations of extracting knowledge and practices from one culture without fully appreciating and incorporating broader values and worldview. However, there are several barriers to achieving this, in particular, Māori only make up around 5% of all academics and psychologists, and the psychology curriculum in Aotearoa continues to reflect overseas peoples, research, and knowledge systems (Ruru & Nikora, 2021).

Moving forward, I am excited to draw upon my Western clinical psychology training and Te Ao Māori to develop the discipline of psychology further and contribute to the hauora of all. I encourage others to consider how they can do the same.

## Synthesis

From the above narratives there are several recurring themes and ideas from each person’s korero which highlight challenges, barriers, opportunities and hopes for the discipline of psychology. Considering these narratives alongside existing research and

legislation, we make the following recommendations to achieve the hopes identified in this article.

- **Increase the hiring and retention of Māori staff:**

It is paramount that psychology departments employ more Māori academic staff. Senior Māori academics are especially important in their capacity to nurture and mentor junior Māori academics, further supervise postgraduate Māori students and provide leadership in the department. This requires a dramatic increase in the enrolment, retention and growing of Māori students from undergraduate studies into senior academic positions.

- **Establish a bi-cultural curriculum and review training programmes:**

It is critical that all those engaging with psychology in Aotearoa understand Te Tiriti o Waitangi and their responsibility to the biculturalism relationship - which does not solely sit with Māori to uphold. As such, the course material that both Māori and non-Māori students engage with should prepare every student to become a part of the local workforce and reflect everyone’s responsibility to Te Tiriti of Waitangi. This requires meaningful integration of a Māori lens across learning outcomes and course content, rather than singular Māori classes.

- **Increased visibility and respect for Mātauranga Māori:**

There needs to be a greater respect for and visibility of Māori language, history, culture and worldviews in Aotearoa’s psychology curriculum. Mātauranga Māori is a complex and extensive knowledge system that spans a range of important domains and is legitimate in its own right. We believe that psychological research,

practice and understanding can be greatly enhanced through aligning and cooperating with Indigenous knowledge systems like Mātauranga Māori. We believe that further education in Mātauranga Māori will nurture a greater respect and appreciation among Psychologists.

- **Safe spaces:**

More spaces need to be put aside for Māori within psychology departments to further foster tūrangawaewae, whakawhanaungatanga and tuakana-teina relationships. These spaces provide Māori students and staff with a place to be Māori and develop Māori research and practise. Above all else, these spaces are crucial for providing Māori an area to express Māoritanga in the often isolating, sterile and segregated psychology departments.

- **Māori workforce development - Meeting the unique needs of Māori tauira:**

Māori students often utilise different research methods, face additional ethical considerations and carry extra expectations of fulfilling leadership and supervisory roles in the department. This often results in tauira Māori having a greater workload than their non-Māori peers and therefore need to be supported with opportunities for extra development and training. This is inclusive of community, cultural and academic events that foster the growth required to complete their research and fill the roles they are being hired for.

There is no single solution. The recommendations outlined above are among many steps critical to fostering Māori psychology and the revitalisation and understanding of Mātauranga Māori and Te Ao Māori. The implementation of these key

points is vital to the development of both the Māori and Pākehā psychologist workforce, ultimately leading to a more equitable future for all who live in Aotearoa. Equity is the only acceptable outcome and until it is achieved, ka whawhai tonu mātou mō te āke, āke, āke - we will fight on for ever and ever.

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## Friends without benefits: Taking a break from social media improves wellbeing through sleep quality

Andre Mason



Andre Mason is a PhD student and clinical psychology trainee at the University of Otago. He is primarily interested in the mental health and wellbeing of adolescents and young adults, with a particular focus on youth suicide. Andre orientates his research towards mechanisms that we can practically use to more effectively understand and intervene during times of mental distress.

Andre is a member of NZPsS, ICP, and NZCCP

Andre is the conference student poster winner

### Abstract

As social media use has increased in prevalence, so have concerns that social media may be detrimental to mental health and wellbeing. The primary aim of the current study was to investigate whether limiting social media use leads to increases in wellbeing. A secondary aim was to assess whether sleep quality contributed to the hypothesized relationship between social media use and wellbeing. One hundred and thirty-two individuals participated in the current study, with half the participants limiting their use of Facebook, Instagram, and Snapchat for 1 week. Social media use was monitored by having participants email screen shots of their battery usage, which included information on the level of usage for Facebook, Instagram, and Snapchat. Relative to a control group that did not limit social media use, taking a break from social media led to a small improvement in wellbeing. This improvement, at least in part, appears to be due to changes in sleep quality

See his poster overleaf.

# TIME TO TAKE A BREAK?

## DOES TAKING A BREAK FROM SOCIAL MEDIA IMPROVE WELLBEING?



Andre Mason, Sarah Graham, Ben Riordan, Taylor Winter, Damian Scarf

<https://doi.org/10.1089/CYBER.2020.0217>



### CURRENT SITUATION

Increases in the prevalence of social media have raised concerns that social media may be detrimental to mental health and well-being

Recent experimental studies requiring participants to limit their daily use of Facebook, Instagram, and Snapchat has produced mixed results

### AIM

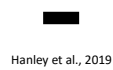
- 1: Does a 1-week vacation from social media affect wellbeing
- 2: Are any observed effects explained by sleep quality

### HYPOTHESES

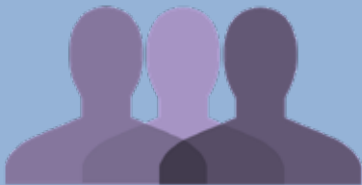
**Wellbeing:** Intervention > Control

**Sleep Quality:** Intervention > Control

Social Media Use → Sleep Quality → Wellbeing

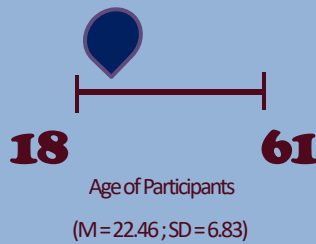


### METHODS



Undergraduate New Zealand University Students

$N_{\text{COMPLETED}} = 124$  75.8% female



**Control Group**  
"Use social media as usual"

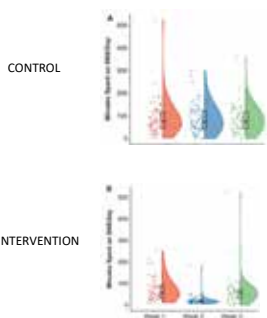
**Intervention**  
Limit app usage to 10 mins/day



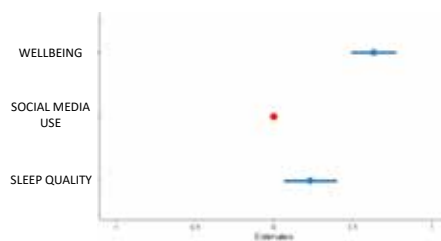
**We recorded:**  
Social Media Usage,  
Mental Wellbeing,  
Sleep Quality

### RESULTS

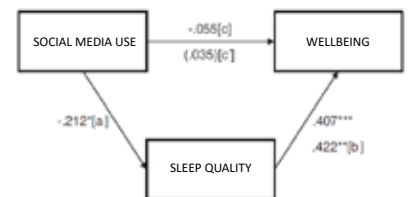
SOCIAL MEDIA USE ACROSS THE 3 TIME POINTS



ANALYSES REGRESSING PREDICTORS ON WELLBEING AT TIME 2



ANALYSES EXAMINING MEDIATORS FOR WELLBEING AT TIME 2



### SUMMARY

- Limiting social media use to 10 minutes per app/day for 1-week improved wellbeing
- Limiting social media led to improvements in sleep quality
- Social media use did not uniquely predict wellbeing over and above sleep quality
- Sleep quality indirectly mediated the relationship between social media use and wellbeing

### TAKEAWAYS

- Taking a break from social media led to a small improvement in wellbeing
- This improvement, at least in part, may be associated with changes in sleep quality





## Insights into Institutes, Branches and Special Interest Groups

Each issue we will spotlight a few of the institutes, branches or special interest groups that are part of the NZ Psychological Society, as well as the Chairs and/or Committee members of those groups. If you are interested in joining or becoming more involved with one of these groups please contact [membership@psychology.org.nz](mailto:membership@psychology.org.nz)

### Auckland Branch

The Auckland branch has a history of organising several events each year, with a mix of networking and professional development which are always well attended. Issues we consider when organising events are the large geographical area the branch covers and how to make them easy to get to. Alongside this, as with everyone else during the pandemic we've had to think of ways to keep in touch and support our members, which has meant switching to using online platforms. Although we hope to be able to return to in-person events soon, we expect to have a mix of online and in-person events in the future as the online events have proved popular and easy to get to! We thought in this issue we would spotlight a few of our online initiatives, their purpose and how they work. Natasha Wilkinson, Waheeda Goga and Kirsty Job talk about the groups they have set up.

**Natasha Wilkinson:** For those who have recently graduated from being an intern psychologist to a fully registered and practicing clinician, it can be a scary journey to embark on. Especially during the testing times of a world attempting to progress alongside Covid-19. That's why the Auckland branch of the NZPsS committee decided to support and create a safe and friendly space for early career psychologists to meet and share their unique experiences of navigating the psychology profession as fresh faces.

The vision of the group is to provide psychologists with encouragement, validation, guidance and a shared understanding that they are not alone in the process. Our first in person group supervision took place on the 1st of July with all in attendance agreeing that a group such as this had been sought after for some time. The ability to lean on those who are in similar positions with similar questions has thus far been encouraging and validating for those in attendance.

Although in its infancy, we have discussed two relevant and interesting topics across the three group sessions thus far. The Power Threat Meaning Framework and its ability to give psychologists a fresh and different perspective on client presentations (rather than relying solely on the DSM) as well as Formulations; discussing who they are really for and the key points needed to

create useful and functional options for treatment trajectory.

Although currently a closed group to protect and enhance current member and group dynamics/ expectations, the Early Career Psychologist peer supervision group is likely to be reviewed in the new year with the possibility of expansion.

**Waheeda Goga:** The Auckland Branch provides East Auckland members with the opportunity to participate in monthly online meetings. These meetings are aimed at creating a sense of connection by offering psychologists a platform where they can engage with fellow members. The meetings focus on creating a space for professional dialogue, support and social connection. We also provide professional development opportunities by way of interactive webinars (which are often open to the wider Auckland Branch members) and discussions around current issues impacting our practice and the psychology world today.

Members have noted that engaging in meetings (especially during lockdown) has been a valuable support and has created a space for productive discussions around current practice. Members have also enjoyed the professional development webinars which have been beneficial in reinforcing or enhancing professional development. We aim to continue supporting our members by having access to monthly online meetings and look forward to having an opportunity for meeting our East Auckland Branch members in-person in the near future (hopefully – Covid pending).

**Kirsty Job:** I facilitate a group for postgraduate psychology students called 'collective calm'. We meet monthly, online. The group is for any student who wants to contribute and connect with other like-minded students. It is casual so there is no fixed agenda, it's a chance to have some interesting discussions on relevant topics and articles. Students can gain support with study, ask and answer questions and, most importantly, meet people and have a laugh. Our first meeting was in June and we have had a steady turn out since then, we have tackled a range of topics from internships, to applications, podcasts, research and juggling life and study. I feel it's been particularly valuable for those in

lockdown to connect. I've had some really nice feedback from the group and look forward to seeing how the group continues to grow and develop.



*Clockwise from top left are: Kirsty Job, Jonathan Miller, Katya Gus and Navneet Kaur. The Akld student committee working online to plan for the upcoming Scopes event.*

These three groups are great examples of how we can support each other and continue our professional development in these trying times. The committee will continue to support and encourage members in other areas of Auckland to set more of these groups. We have a large membership (558 members and 326 students) and are keen to facilitate activities which are relevant and accessible to everyone.

As the Chair I would like to thank our dedicated and hard working committee comprised of: Kelly Howard (secretary), Shreena Hira (treasurer), Waheeda Goga, Edit Horvath, Natasha Wilkinson and Richard Smith, Kirsty Job (our student rep) and Katya Gus (student member).

Abbey Marshall

## News from The Deep South: Otago-Southland Branch

Kia ora koutou

As many of you know we are a small but active regional Branch. One example of our 'loud and proud' work are the two remits we proposed at the 2017 annual Society conference which were both actioned and supported by National Office. This was to argue for a discount for Senior retired members and to extend and improve communication and services to student members. With only 102 members in our region, yet a Committee that includes a past Society President (Jack Austin) and two current executive members (Brian Dixon and moi), along with an active committee, we southerners do 'punch above our weight' it appears. Our committee meetings retain a steadfast attendee rate of around 5-8 members including the Chair, Secretary, Treasurer and our current 2 student liaison/ student reps.

**Some trials and tribulations:** Like other Branches we have had an ebb and flow of members overall with difficulties attracting a bi-cultural rep (ongoing) and some years student reps to our Committee. Of personal and professional angst to me is that our regional name does not fully represent the Central Otago or Southern areas of our region. We have tried proposing lunches and dinner midway in our region (Gore? Cromwell? next time); we have attempted to include Zoom or conference call audio to our monthly Monday lunchtime meetings with little uptake to date. On the plus side, during lockdown 2020, we hosted a warm and informal social networking forum via Zoom which captured about four members in our wider region. We will attempt to make our Annual General Meeting available via Zoom for our more southern and central members to join us. Alas my specific phone calling recruiting methods for a southern and/or central rep did not produce any outcomes as many people were very busy with other commitments.

### ***Some of our unique regional activities and idiosyncrasies include:***

- Holding our AGM in early December (and not mid-year) followed by a warm luncheon gathering.
- Engaging psychology students in our "PsyChat: What you can do with your Psychology Degree" seminars (yes we know others have done this too, but we were the first o.k?) So popular have these become that we lose track of the student numbers (over 130 this year), have rooms bursting at the seams (not good in a pandemic) and certainly insufficient ordered pizzas for the hordes let alone

our 4-5 presenters. A personal triumph in the last year is that we have made solid warm networks with the Head of Psychology Department at Otago University; and he and his academic staff promote our student events vigorously. This free event is important to your regions and the Society as most of our undergrad students move elsewhere to study at post graduate level and commence their psychology work elsewhere. We receive consistent rave reviews from students attending this event -we next need a huge lecture theatre - which is a move away from our psychology staff lounge informal 'speed dating' format originally...a victim of our own success!

- Our regional power company Aurora sponsor an annual Science Fair for intermediate and high school students. This is usually held in August every year and includes the work of Central Otago and Deep Deep South children and teens. We carry on the torch of Dr. Louis Leyland, a beloved prior branch member, and continue to sponsor prizes across age ranges for interesting and somewhat amusing psychology-related science posters. This year we renamed our awards "the Louis Leyland Psych Society awards". This is great PR for psychology and our Society incidentally.
- We attempt to engage psychology peers across our region in professional development, mainly via Zoom in the past 18 months with "Tall Tales from Conference" and other peer social networking and PD events where possible. We have requested (badgered?) National Office Staff and Presidents to join us for PD events face to face and try to roll out our southern hospitality red carpet -and this a great drawcard for peers and students alike, when such diary wrangling is possible. We are open to new ideas and to build further bridges with peers in our community and students.

All in all, it is a privilege for me to be the Chair of this region – we are a great bunch and nice folk professionally and personally. Haere mai – let us know if you are travelling southwards to meet up.

Diane Bellamy

## Update from the Institute of Clinical Psychology

New Zealand  
Psychological Society  
Rōpū Mātai Hinengaro o Aotearoa



# INSTITUTE of CLINICAL PSYCHOLOGY

The Institute of Clinical Psychology committee members has been busy thinking about our discipline's significant challenges. We have settled on focusing on identifying and addressing needs at the four key stages of our professional development, from students to early career, mid-career, and senior clinicians. The following provides a summary of what we have been up to and what is to come.

### *From our Student Representatives Marike and Lizzie:*

The student representatives and cohort of the ICP have been busy over the last few months with several exciting projects running. We hosted our first Psych Talks event in July, a zoom session that saw five students present their research to the wider ICP community. Not only did this give students the opportunity to practice their presentation skills in a safe and supportive environment, but it also allowed our members a glimpse into the broad range of research being undertaken by our students. We are proud to highlight the variety of passions and depth of capacity amongst our student membership and look forward to hosting more evenings like this year in the New Year.

We've also continued our advocacy to raise the cap on EFTs for clinical psychology students. Unfortunately, our recent letter to the Ministry of Health did not receive the response we were hoping for; but we will continue to advocate for clinical psychology students to be treated in alignment with other professional health students. We appreciate all the support we've gotten from the wider ICP membership and are particularly proud of all the work our previous student reps (Taylor-Jane Cox & Carrie Clifford) have contributed to get this kaupapa up-and-running.

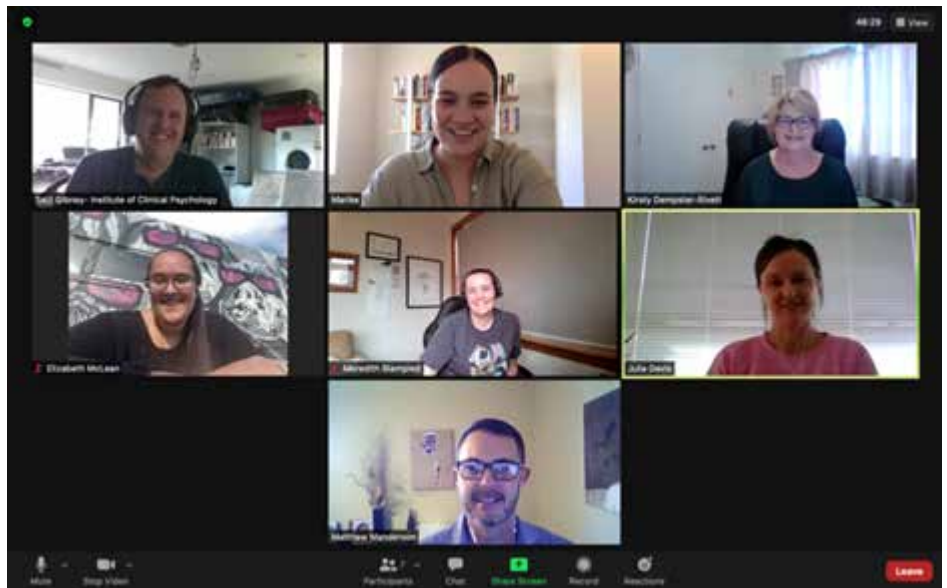
Keep an eye out for our new Instagram page (@nzinstituteofclinicalpsych) launching in the coming weeks! We look forward to connecting with all students in the New Year.

**Early Career stage (facilitated by Meredith and Saul):**

The first 10 years after graduating can be quite daunting. There is a lot to learn, it is so exciting to finally be finished studying and to be working the field you've aimed towards for so long. For some of us, our first job as a clinical psychologist might be our first professional job as well, so there is a lot of adjusting. How do we learn to manage a workload of potentially distressed and unwell clients? How do we transition from student-based supervision to more professional supervision and is that even a necessary distinction?! When everything feels like it needs a lot of attention and time, how do we prioritise our life as well as our work and strive towards balance? Can an early-career psychologist be a leader in psychology, or should we be deferring to people of more seniority? These (and more!) are all questions many of us had as we moved through our first decade of being a clinical psychologist. The ICP committee wants to bring us together to talk about these issues in a two-part seminar series in 2022, to help early career and graduating clinical psychologists prepare and cope for what can be some challenging years! In the first session we will explore the concept of **Burnout** and how to manage our time and life around our work. Our second session will focus on **Leadership** and how crucial it is that early career psychologists have permission to step into and explore this space in their first 10 years. We hope to see you there!

**Mid-Career stage (facilitated by Julia and Matthew):**

One of the challenges is burnout stemming from balancing clinical practice and being increasingly called into senior psychology roles at earlier stages due to the number of senior clinicians leaving services. We also identified that we are often beginning to move into leadership positions but often without training. Our current focus is investigating the best way to support mid-career psychologists, such as through leadership training forums and mentoring with peer and senior



from top left: Saul Gibney, Marike de Wit, Kirsty Dempster-Rivett, Lizzie McLean, Meredith Blampied, Julia Davis, Matthew Manderson

clinicians.

**Senior Clinicians stage (facilitated by Kirsty):** We have conceptualised this group as being people with 20 years or more experience in the field of clinical psychology. We began by hosting two webinars centred on the practical work experience of senior clinical psychologists focusing on their sage words of wisdom for early mid-career clinicians. The inaugural webinar was with Dr Olive Webb and the second with Jeannette Shennan with both being so successful we have had requests for more! However, we also identified that this stage of the clinical psychologists' career has its own challenges and after robust discussions at our ICP AGM this year we have decided to call a virtual meeting of all interested senior clinicians to talk about where to next. Watch this space and come and join us senior clinicians!

**Social media presence:** In the 21st century, opening the newspaper is no longer the way you learn about things. These days, it's all about the socials- Instagram, Facebook and Twitter. One of the key goals of the ICP is to communicate with clinical psychologists, but also with the community, upskilling Aotearoa to understand mental health, psychology and improve science communication. Four brave souls from the ICP committee have decided to drag the ICP into the 21st century with a bang, launch an Instagram page and a Facebook page. The *Instagram page* will be focused on engaging the wider non-psychological community, to help people understand who we are as clinical psychologists and what we do, with the aim of improving psychological knowledge and upskilling the

community in the area of mental health.

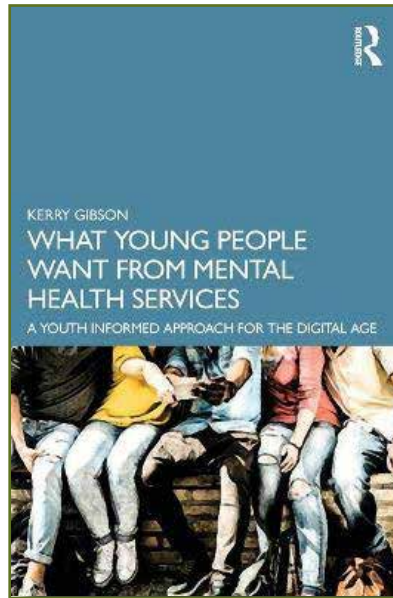
The *Facebook page* will be focused on engaging with clinical psychologists around Aotearoa, providing interesting resources, connecting with each other and perhaps in the future using this as a place to seek information and find referral options for clients. We are really looking forward to the challenges of bringing these pages to life and hope to #seeyououtthere.

Ngā mihi nui,

Kirsty Dempster-Rivett,  
Meredith Blampied,  
Saul Gibney, Julia Davis,  
Matthew Manderson, Lizzie McLean and Marike de Wit

## Kerry Gibson (2021) *What Young People Want from Mental Health Services: A Youth Informed Approach for the Digital Age*

*Reviewed by Dr Kirsty Ross, Senior Clinical Psychologist, Cancer Psychology Service, Massey University Psychology Clinic, Palmerston North.*



I was truly delighted to be asked to review this book, as I have closely followed for some years the work Kerry Gibson has done with her research with young people – the Mirror Project. Arising from this project, this book beautifully presents the views, voices and needs of young people in Aotearoa New Zealand today. This is a book that is easy to read and skilfully weaves together quotes and findings from The Mirror Project with other research conducted here and overseas.

The developmental needs of young people (adolescents and young adults) are unique, and this book presents the challenges facing young people today. Some of these issues will resonate with

readers of all ages and generations, but others are specific to this time and place and thus, highlights the contextual issues for young people that impact on their wellbeing today. This book is written in a way that it will appeal to professionals currently working with youth, as well as those that are interested in developing their skills in this area; but the book also has content that many parents, educators and community leaders would find beneficial and that would bring confidence to have conversations with young people about the issues that are relevant for them and their needs. The style of writing is clear and digestible, with quotes from young people bringing the content to life. Summaries at the end of each chapter and a section “What do young people want” means that the key messages are evident, and the voices of young people remain at the forefront.

Often discussions of young people take on a narrative of them being naïve, in need of adults directing them, and being unaware of harms that may befall them (social media and the internet being the latest iteration of this). This book beautifully presents the counter narrative of young people who have some sophisticated and insightful ways to navigate current challenges and also support each other in meaningful ways. The need for trusted adults to provide support, normalise distress arising from life’s challenges, validate, listen and provide safe spaces to explore and develop identity is evident; but young people are clearly looking for collaborative, long-term, trusted relationships with adults and services that they can use when they need to that supports their agency and choice, and that are tailored to who they are as people – all of who they are. Trauma informed approaches have highlighted the need to change our conversations from “what is wrong with you” to “what has happened to you”; this book points to the need to first ask “who are you” as well as finding out about the experiences and challenges the young person in front of you is

facing that are impacting on their wellbeing. A further imperative to recognise the power of informal social networks (including online and through technology) reminds the reader that working with young people requires a unique approach and set of skills, that demands listening to young people and developing ways of working that recognise their needs but also their strengths.

The concluding chapter presents a 'Youth Informed Approach' (YIA) that provides a blueprint for respecting the needs and strengths of young people. Key themes of agency, individuality, and trusting relational connections are elucidated into nine principles that point to the need for not just adjusting the way we work with youth, but totally redesigning services to represent young people's lived realities. It is a timely reminder that therapists and professionals need to be visible in communities, be relatable, and to build trust and connections with young people that will facilitate them seeking us out when they need support. Being a warm, kind, trusted and relatable person was a repeated requirement for young people from the people they seek help from; it takes time to develop those relationships and a time of high distress or crisis is unlikely to be the optimal time to do so. A system that is crisis responsive rather than proactively involved with young people risks perpetuating a revolving door of admission to services during times of crisis, brief intervention to address the immediate needs, but misses the long term needs of young people around their development of their identity and sense of self in relation to others, and the world we live in.

Kerry Gibson has done a brilliant job of representing the voices of young people and being their advocate and their champion. Young people need to be at the table when discussions of their needs are being held. This book hopefully will dispel some of the myths that young people are unable to articulate their needs and what they want from help services. As I read this book, I recognised the stories and voices of the clients I have worked with for 20 years, which mirror the work presented here. And I feel so delighted that young people's voices have been heard and presented so carefully and respectfully with this book.

What Young People Want from Mental Health Services: A Youth Informed Approach for the Digital Age

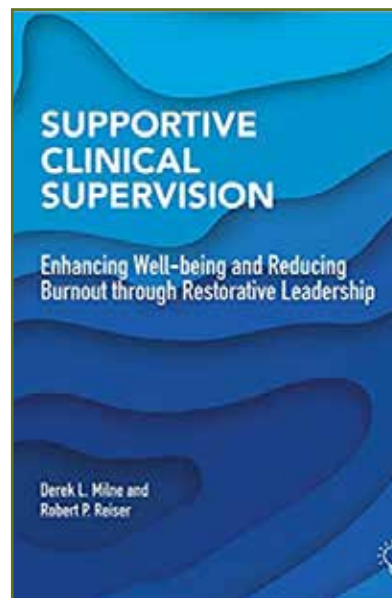
Kerry Gibson (2021)

Taylor & Francis Ltd ISBN 9780367338596

162 Pages (\$72.42, Book Depository)

**Milne, D.L., & Reiser, R.P. (2020). Supportive Clinical Supervision: Enhancing Well-being and Reducing Burnout through Restorative Leadership. Brighton: Pavilion Books.**

*Reviewed by Fiona Howard*



Derek Milne and Bob Reiser's latest book on supportive supervision aligns with my thoughts about an important but neglected focus for clinical supervision. With the strongly felt impacts of increasing complexity and challenge in health and related workplaces, and more recently with Covid

bringing added risk and uncertainty, this book is timely. Milne and Reiser, established experts in this field, are unapologetically asking how we can minimise harm and maximise professional thriving in health professionals through supervision, this being a form of restorative leadership. Whilst this is vital both for the preservation of professional wellbeing and for the maintenance of competent and effective practice, there are significant gaps in the supervision literature about how to provide the restorative function of supervision, that is, provide emotional support, help to manage stress and deal with the reactions we may have to client or workplace challenges. With distress and burnout being prevalent in many healthcare professions, the field needs guidance to clarify and develop this function more, and Milne and Reiser have written a comprehensive and practical text that spans relevant theory, research, and practice on this neglected area. As such this book would be useful for supervisees and supervisors who want to improve their practice with respect to aspects of well-being, trainers who need to bring better balance to their coverage of the various functions of supervision, and researchers who wish to contribute to a thus far under-researched area of supervision.

Derek Milne and Robert Reiser are both clinical psychologists with significant experience in the field

of clinical supervision and related research. Both have authored numerous books and articles, and most recently co-authored together 'A Manual for Evidence-based Clinical Supervision' in 2017. Given their emphasis on evidence-based practice, and the relatively scarce research on this particular topic, supportive supervision, Milne and Reiser have approached this book with a creative approach to establishing an evidence-base. In their literature review, they have 'sampled more broadly and inclusively' from the 'best-available' evidence and extrapolated from 'high-quality' neighbouring literature. On the back of this, they have developed their model of supportive supervision. In chapters one to three, Milne and Reiser describe this research and their process of developing the model. Chapters four and five chart the territories of how we manage some key individual differences of the supervisee and how we reach beyond and influence the organisations our supervisees work within through supportive supervision. These authors take a contextual view of supervisee distress, supported by the literature, and include a combination of both the individual and the organisational context in their consideration of what factors influence the supervisee and where interventions may be needed. This broadens the scope for the supervisor's role especially when up against negative team or organisation dynamics.

Chapter six presents a competence framework which includes six competencies along with twelve accompanying techniques and their associated change mechanisms. This is an example of the highly practical nature of the book - techniques are recognisable and clearly described, for example, from questioning, facilitating, and formulating, through to observing, giving feedback and challenging. Such detail, along with examples of how you might apply each to common supervisory dilemmas, will appeal to those who like to understand change processes and validate experienced supervisors for whom such interventions are automatic. Chapter seven is devoted to the supervisee, another surprisingly neglected aspect of the supervision literature. This is a great resource for any supervisee, especially a student or early career health professional, but also for those in the business of their training and development. Trainers and supervisors have long known the supervisee is a key participant in optimising the supervision partnership. Milne and Reiser again present evidence-based ways to be 'ready for work', 'professionally able', and 'interpersonally effective'. You will know they are talking your language when you read vignettes describing ways of addressing perfectionism and performance anxiety. The suggestions covered in

this section are a must for those designing preparatory programmes, especially in view of the often-disparate notions of what makes for a competent trainee (and by association, supervisee).

Subsequently, in chapter eight, Milne and Reiser turn their attention to the ongoing support and development of the supervisor who is working restoratively. They apply the 'support cascade' idea whereby the same factors that influence the well-being of supervisees also affect the supervisors. In pointing out the limitations of training itself, Milne and Reiser turn their attention to the importance of processes of consultation, mentoring, supervision of supervision, peer consultation and support. Following on from this, they make brief mention of how organisations can play a key role in establishing and maintaining a facilitative environment for such supervision to take place.

Milne and Reiser conclude with a diagrammatic overview of proposed methods, anticipated outcomes (primary, secondary and tertiary prevention) and purpose (prevent harm and promote wellbeing) and a set of recommendations for supervisors, supervisees and managers.

Whilst the evidence-base is weak, they conclude, 'the research consistently indicates that supportive supervision works'. The effects are understood to reach beyond the supervisee benefits of enhanced resilience and adaptive coping, to better organisational functioning (including improved morale, relationships, peer support, climate, feelings of control, satisfaction and retention).

In conclusion, once again, Milne and Reiser have championed supervision in the way others champion areas of clinical specialty and this volume shows their dedication to analysis of the relevant research and theory, along with expert consensus statements. They have integrated their findings in a coherent manner and produced a theory of how supportive supervision works and to what ends. Their approach is not without limitations however, they candidly critique their creative, 'best-evidence synthesis' approach, acknowledging the lack of quality research in the area. Their review also included studies that described the supervision interventions under study or included qualitative methodologies which afforded rich information which might not otherwise have met the grade. This practical approach has enabled Milne and Reiser to build the base for their model and make recommendations to future researchers such that an evidence base. This being said, it is disappointing to note the research or theory included does not extend more into areas of cultural diversity which could usefully inform their approach

about, for example, what matters in a supervision relationship or a workplace context to a wider variety of health professionals. Cultural and diversity competence is mentioned in the context of individual differences and measurement devices but does not in itself take up a large part of the text. How different cultural groups experience and respond to workplace stressors and what constitutes these stressors and what constitutes wellbeing are fields of knowledge that would be a welcome addition. With regard to its applicability to supervision in Aotearoa New Zealand, researchers, practitioners, trainers and supervisors would need to weave in Indigenous knowledge and research, for example Kaupapa Māori supervision (Eruera, 2012) and or models of health and well-being (e.g., Durie, 1994). The authors do indeed encourage the reader to flexibly take up suggestions in their own style or framework, so readers should be encouraged to consider how they can extrapolate from the core interventions and techniques for example so as to fit with their preferred and or culturally relevant approach.

In addition, and perhaps considered beyond the scope of this book by the authors, I feel the importance of how a supervisor might intervene within a system is not afforded the attention warranted given the contextual model the authors present. Guidance for supervisors, trainers or managers as to how to foster a culture supportive of supervision so that sufficient employees can access it for example, seems to be a primary consideration. How have successful organisations managed this; what type of policy is useful and what practical solutions to supervision attendance and quality assurance have been found to work? To their credit, this topic is given some additional attention in the last chapter but more detail would be desirable.

Overall, I found this book to be very easy to read and understand and useful for the clarity it provides. It gave me a better grasp of what lies within my scope and how I can extend my range of interventions as a supervisor (and trainer). I am mindful of the limitations of the western framework from which recommendations are derived but encouraged by the relational and systemic lens used to understand the workplace and create interventions to alleviate distress and burnout, a most deserving and admirable goal.

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Milne, D.L. & Reiser, R.P. (2017). *A Manual for Evidence based Clinical Supervision*. Chichester: Wiley-Blackwell.

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Pavilion Publishing and Media Ltd

ISBN: 9781913414542

250 Pages (\$87.30, Book Depository)