

VIEWPOINT

He Wero Ano: Don't Just Tell Me, Show Me How Science and Psychology Are Racist in New Zealand

Arna Mitchell, DClinPsych

Keywords: Decolonisation, Racism, Maori, Cultural competence, Scientist-practitioner model

The psychology profession in New Zealand is undergoing a period of transformation, driven by regulatory reforms. These changes are notably shaped by highly selective opinions, many of which originate outside the profession itself, rather than being rooted in empirical evidence. This approach stands in direct contrast to the principles of the scientist-practitioner model, which has long underpinned the training and practice of psychology in New Zealand. A recent report by a research group who call themselves WERO (Working to End Racism and Oppression) make broad claims, which they fail to substantiate, that racism and oppression is a serious concern in psychology across all levels of the discipline. The researchers claim that science itself is a social construct of white Europeans, and that it is this association with perceived white power and prestige alone that justifies the dominance of scientific ways of knowing in the practice of psychology. This supposed truth is interpreted as an injustice against what they see as Māori ways of knowing. The researchers go on to claim that in order to irradicate racism and oppression in psychology, Māori ways of knowing, should be given equal weight, to scientific ways of knowing in the training and practice of psychologists in New Zealand. This article addresses and critiques the claims presented in the WERO report, the evidence provided in support of those claims, and the logical - or rather illogical - connections established between the data and the researchers' extreme recommendations for change. Finally, it argues for the maintenance of the scientist-practitioner model as a way of maintaining professional integrity and boundaries in psychology.

Broad Professional and Political Context of Reform in the Profession of Psychology

In the last 3 years, the psychology profession in New Zealand has experienced more direct intervention and influence from external parties than at any other time in my 10-year career. The codes that regulate the training and practice of psychologists in New Zealand are in the process of a drastic overhaul. Refer to the New Zealand Psychologists Board's (NZPB) website for further information regarding the changes (New Zealand Psychologists Board, n.d.). As yet, no compelling evidence has been shared with the public or the psychology profession that genuine and critical concerns exist in the discipline of psychology in New Zealand to justify these changes. I believe we deserve to be shown, not just told, that the new proposed regulations for psychologists, which other health professions in the mental health workforce will not be subject to, will be more likely to positively than negatively impact outcomes for our clients.

If the NZPB were still acting as a statutory authority committed to ideological, political and cultural neutrality (as it once was), these changes would be less concerning. However, the NZPB now describes itself as a 'values-based organisation' and appears to justify its reforms by positioning itself as an extension of the crown and therefore acting to '...deliver its obligation as a treaty partner...' (New Zealand Psychologist Board, n.d.). This newly assumed role seems to facilitate a drastic expansion of the NZPB's authority and scope far beyond its legal function, which is to regulate psychologists according to the Health Practitioner's Competence Assurance (HPCA) Act (2003). Although crown entities have an obligation to Te Tiriti o Waitangi, the NZPB is not legally considered a crown entity (*Crown Entities Act*, 2004).

The NZPB is paid for by psychologists, not by taxpayers (New Zealand Psychologist Board, n.d.). I fully support the NZPB's function to regulate the profession according to the legislative requirements of the HPCA Act. However, the profession was not consulted regarding the Board's claim of expanded authority according to Te Tiriti, and I would like to understand whether this decision is in fact legally valid. Although I am not a lawyer, my understanding is that Te Tiriti does not directly concern the regulation of professions in New Zealand. And if the Board's invocation of Te Tiriti is in fact legally valid, is there any limit to the power that the NZPB can claim over psychologists and our clients through Te Tiriti? It is, after all, highly unusual in New Zealand (and perhaps not lawful at all) for individual private citizens working outside of the government—psychologists in this case—to be held personally accountable to Te Tiriti o Waitangi so that (alleged) collective Māori aspirations and interests can be imposed on us and on our individual Māori clients (who are also private citizens) in their psychological assessment and therapy processes (New Zealand Psychologists Board, 2024b, 2024a).

In the 2019 amendment to the HPCA Act (2003), the term 'cultural competence' was replaced with 'cultural competence (including competencies that will enable effective and respectful interaction with Māori)'. This is a change I can easily understand and fully support. But the HPCA Act does not mention any responsibility on the part of health practitioners to treat Māori individuals according to some activists' claims about what Māori as a group think, value or desire. Therefore, the NZPB's claim that modern Māori in New Zealand constitute a collectivist culture is an assertion of collective rights over individual rights that has no basis in the Act. A poignant example of these significant changes can be found in the draft Code of Ethics (2024) in how the NZPB's new conceptualisation of confidentiality is applied specifically to Māori clients and to clients from 'collectivist cultures'. On page 12 of the draft, it states:

In the case of Māori and other collectivist cultures, concepts of privacy and confidentiality may be somewhat altered when the sharing of information leads to additional support and culturally appropriate processes between members of the community. Determining the appropriate balance between this and the individual's right to privacy will need to be determined on a case-by-case basis.

This change has far-reaching implications for Māori, potentially undermining their trust in psychologists. Crucially, the document does not define who qualifies as being from a 'collectivist culture', which opens the door to overly broad interpretations that potentially encompass nearly all peoples living in New Zealand. While the intention may be to reflect collectivist values, the changes risk overgeneralising Māori as a homogenous group and assumes that all Māori prioritise collective processes over individual rights. Although traditional Māori culture was more collectivistic, in contemporary New Zealand my clinical and personal experience indicates the overwhelming majority of Māori individuals value confidentiality and autonomous decision making regarding their mental health care just as strongly as any other client. To racially discriminate against Māori clients' rights to privacy in this way could have a paradoxical effect by seriously eroding the confidence Māori have in the psychology profession's ability to protect their privacy. One must ask why this change is necessary at all when psychologists already have the ability to consult with any Māori individual in the room and gain their informed consent to involve their whanau, hapu, iwi or community members as they deem appropriate.

Scientist-Practitioner Model: the Accepted Mechanism for Change in the Psychology Profession

In the absence of political, legal or ideological pressure, psychology tends to evolve at a reasonably slow pace, adapting only when a sufficiently substantial body of empirical, quantitative research on client outcomes indicates the need for new development (Lovell et al., 2018). Significant changes at the practice level are typically grounded in this robust process, referred to as the *scientist-practitioner model*. This model, central to our training, aims to foster best-practices while safeguarding the profession from veering into unverified or unsupported directions that lack merit. The scientist-practitioner model provides an imperfect correction mechanism for the profession, which is yet to be replaced with a more effective approach (Jones & Mehr, 2007).

The profession has established mechanisms for change that, while slow—sometimes frustratingly so—are essential. Research informs new practices through a careful process, where one study alone is never enough to instigate change. Psychologists are trained to rigorously critique research before applying its findings. Only when evidence is strong and of high quality does it warrant shifts in best practice approaches to assessment and

intervention across the field (The American Psychological Association, 2006; Idaho State University: University Libraries, 2024). In individual practice, psychologists use a comprehensive, multi-method approach to assessment and monitoring in which quantitative and qualitative information is collected and collated, with different weight assigned depending on how the information was gathered (Garcia-Barrera et al., 2013). Qualitative and quantitative research designs are used to answer different research questions. Qualitative research, which explore the experiences of a small and select group of participants, can add valuable nuance to our understanding of individual participants' perspectives.

However, its ability to inform and influence applied psychological practice on a general level is inherently limited because of its subjective nature. Qualitative research yields outcomes that are less generalisable in a practice setting to individual clients who may or may not hold the specific viewpoints reflected in qualitative studies (Bourne et al., 2021; Idaho State University: University Libraries, 2024). In contrast, quantitative research, which is more generalisable, is particularly well-suited to studying the more stable aspects of human nature—traits and behaviours over the lifespan that persist over time across different contexts and groups. These more stable characteristics are best measured through quantitative studies, which are replicable and allow us to observe reliable patterns and trends over the lifespan. Although research with a quantitative component may progress more slowly and be more costly than qualitative research, it produces generalisable findings that are essential for evidence-based practice in psychology (Bourne et al., 2021).

Internationally, while quantitative and qualitative research are treated with respect and considered valuable, psychologists are taught to prioritise research in accordance with a hierarchy that guides psychologists in the quality and applicability of the types of research they should rely on to inform their practice. Quantitative studies are generally considered more applicable (Idaho State University: University Libraries, 2024), whereas qualitative studies tend to be at the bottom of the evidence-based practice pyramid. Research into unfalsifiable beliefs and practices—those that are infallible and untestable, regardless of their cultural or religious origins—necessarily relies heavily on qualitative approaches. Because of their highly subjective nature, such approaches are generally considered to have less applied value in psychology than those based on measurable data and replicable methods. It is critical that empirical methods of research evaluation remain foundational in informing practice in the psychology profession. Less reliance on quantitative methods could leave the field vulnerable to rapid, transient and unreliable changes driven more by social, cultural or political trends than by a stable and growing understanding of human behaviour (Bourne et al., 2021).

In this post-COVID era, in-group and out-group tensions and polarisation, although ever present in human societies, are in an exacerbated state. It seems particularly important that psychology maintains its current focus on evidence-based psychological practices. The current approach allows the field to remain relatively stable and develop cautiously, even as society, politics, popular culture and religious and spiritual beliefs shift around us. Does this cautious, considered approach make us outdated and rigid or has the scientist-practitioner model been considered the way to foster best practice for good reason?

The report *Systemic Racism and Oppression in Psychology: Voices from Psychologists, Academic Staff, and Students* (Waitoki et al., 2024) was produced by a group called WERO (Working to End Racism and Oppression). Against this backdrop of heightened societal division in New Zealand, the WERO report proposes a significant departure from psychology's stable, scientific foundation. For me, reading the WERO report raised more concerns and questions than it resolved. Its broad acceptance—or perhaps quiet, stunned, reception—appears to support sweeping reform of the psychology profession in New Zealand. If implemented, the report's recommendations would effectively sideline the scientist-practitioner model and replace it with an as yet undefined Indigenous version of applied psychology. I would argue that this will result in a net negative impact on students, experienced clinicians and the public. I believe a silent majority of psychologists in New Zealand do not agree that science and psychology should be deconstructed and replaced. Rather, it seems more plausible that many are reluctant to speak out publicly on this topic, perhaps because of fear of professional and social repercussions.

Although we should always consider arguments for change, I remain unconvinced by the WERO report, other unempirical New Zealand research or our regulatory body, that reform in the profession should involve a move away from science. The report presents no evidence that such a change would improve outcomes for Māori or non-Māori, nor that it would avoid causing more harm than benefit. A shift of this magnitude, if unjustified by compelling evidence, risks compromising both the effectiveness and the credibility of psychological practice in New Zealand.

In my experience, the psychology profession in New Zealand, especially compared with the broader mental health workforce, upholds high ethical standards and demonstrates strong clinical and cultural competence. Inclusivity and cultural relevance are widely valued and integral to the field. However, any changes to the profession must be balanced with the scientific rigour that underpins outcome-focused care. Any move away from this scientific foundation should be justified by clear evidence supporting the validity of what is to replace it and should come with an empirically

supported expectation of net positive benefits for all groups involved. This appears to be challenged by the WERO report that suggests that science in psychology should make room for alternative ways of knowing:

The NZPB, are urged to hold programme directors and staff accountable for the meaningful inclusion of Kaupapa Māori psychology, Pacific psychology, and Indigenous and culturally-informed psychologies, cultural competency and cultural safety.

In principle, there is no reason why mātauranga Māori should not be widely accepted and implemented within the profession, provided rigorous research demonstrates its effectiveness relative to other approaches in applied psychology settings. If some Indigenous practitioners want psychologists in New Zealand to be required to widely incorporate mātauranga Māori practices, they should be required to follow our profession's established scientific validation processes and not be permitted to influence practice without a sufficient empirical evidence base. In lieu of scientific evidence, these changes are being made with rules and regulations decided on by highly select reference groups and with oversight from current members of our statutory authority, the NZPB.

While I support diversity of all kinds in the profession, I am concerned that without representative consultation with the profession and without scientific evidence, New Zealand is moving away from a universal and internationally recognised model of psychological practice and towards an Indigenous model with no empirical support.

Why Review the WERO Report?

The WERO report has been widely circulated amongst the psychology profession by both the New Zealand College of Clinical Psychologists (NZCCP) and the New Zealand Psychological Society (NZPS). Its release coincided with the New Zealand Psychologists Board's (NZPB) circulation of the Draft Code of Ethics (2024) and the Draft Code of Conduct (2024). The recommendations in the WERO research report appear to strongly inform the extensive changes proposed in these regulatory documents. This alignment does not appear to be coincidental. The lead researcher of the WERO research group has been a member of Tūmaia Kaiārahi since 2019. Tūmaia Kaiārahi is a relatively new and formal Māori advisory committee to the NZPB, first mentioned in a 2019 newsletter from the Board and in subsequent annual reports. Its role is to advise the Board with respect to professional competencies. Although the Māori advisory group's scope appears to encompass the full range of NZPB functions, there is a clear emphasis on their responsibility to hold the board to account on all matters relating to Māori. Despite the wide circulation of this report and significant influence its recommendations appear to have on current regulatory reforms in the psychology profession, it appears the WERO report has not undergone a formal peer-review process at this stage. As such, a critique is offered

below. First, a brief summary of the report is presented, including the design, methods, results and limitations identified by the researchers. Further limitations and concerns about the study and report are then discussed.

Background Context

WERO is a multi-stage research programme with a stated aim of challenging racism and oppression in New Zealand. The programme was awarded \$10 million of funding by the Ministry of Business, Innovation and Employment (Waitoki et al., 2024). The report entitled, *Systemic Racism and Oppression in Psychology: Voices from Psychologists, Academic Staff, and Students*, was commissioned to 'fill a specific gap' to demonstrate 'the manifestation of racism within all levels across this discipline' for a Waitangi Tribunal Claim made in 2018 by Michele Levy (Waitoki et al., 2024, p. 6). This suggested that the authors knew their desired conclusions before gathering the data.

Objective and Conclusion of the WERO Report

The stated aims were to: 1) assess the extent to which current psychology training programmes have progressed in meeting Te Tiriti o Waitangi aspirations in training cohorts and course content; and 2) examine barriers and facilitators for Māori and other minoritised groups to participate effectively in psychology training and the workforce of practising psychologists.

The report concludes that 'psychology is yet to seriously address systemic racism throughout its systems' and makes 'specific recommendations for relevant stakeholders of each area of psychology to action' (Waitoki et al., 2023, p. 102).

Design, Setting and Participants

That mixed-methods study was a cross-sectional survey of 293 participants who were grouped according to their role: 1) professional psychology programme students ($n = 107$); 2) academic staff ($n = 28$); and 3) psychologists ($n = 158$). Participants were recruited through convenience sampling to complete an approximately 30-minute online survey that was available from 25 March to 30 June 2023. The recruitment ad for the survey stated the aim was to 'identify the sites of racism, oppression and marginalisation and the solutions to ending these' (Waitoki et al., p.117). Participants only completed sections of the survey relevant to their current role in psychology.

The age range of participants was 20–84 years, with the majority of students tending to be younger (59% aged 20–29 years). Approximately 80% across the three roles were women, 14% were men and 5% were transgender or non-binary. Almost one-quarter of psychologists, 36% of academics and 28% of students were Māori. Just over one-quarter of students and 15% of psychologists or staff had a 'rainbow identity'. The overrepresentation

of participants from minority groups was described as positive because the researchers wanted to elevate minority voices. Of the 28 academics who responded to the survey, 32% worked for less than 8 hours per week in teaching roles and 46% had been contributing to a psychology programme for less than 4 years.

Measures and Method

The survey included 116 questions taken from a medley of previous research, surveys and validated instruments, including six items from the Everyday Discrimination Scale (1997), the Colour-Blind Racial Attitudes Scale (2000) and the Anti-Racism Behavioural Inventory (2016). The research team developed additional questions to assess two terms they referred to as contemporary issues affecting minoritised groups in psychology: 1) cultural labour (no definition provided) and 2) monocultural training, which was defined as the lack of inclusion of diversity in epistemologies and cultural backgrounds (e.g. age, gender, ethnicity and 'rainbow identity') in the teaching and practice of psychology.

The survey included some open-ended questions where participants could type comments to provide more detail, which were selectively analysed for themes based on the stated aims of the research and preferences of the researchers. Quantitative data were captured using Likert scales and group differences were assessed using chi-square analyses for these categorical variables. One-way analysis of variance tests were used for continuous variables with Tukey post-hoc tests to explore group differences. Qualitative data from participants' optional comments were analysed using aspects of a reflexive thematic analysis (TA) approach (Braun & Clarke, 2006). The TA researcher identifies themes occurring in the data and their subjectivity in this process is embraced (Braun & Clarke, 2022). An inductive and cyclical sense-making approach was also used (Cresswell, 2013).

To read the full demographic details, research methods and survey measurement scales, please refer to the report (Waitoki et al., 2023).

Findings

The report divided the findings into quantitative survey results and qualitative themes from open-text responses, supplemented with captioned art that illustrated core issues (e.g. a leaking boat as a metaphor for 'cultural labour').

PART I (QUANTITATIVE)

The quantitative questions covered participants' subjective experience of knowledge and coverage of Te Tiriti o Waitangi, Māori health models, Kaupapa Māori and Indigenous psychologies across the three roles and relevant settings. The quantitative data analysis was presented without a clear rationale for the selection of reported analyses. This raised concerns about

potential data mining to support a predetermined narrative and outcome. Percentage results were frequently, but not consistently, presented using grouped Likert scale points. In some instances, percentages were broken down in a separate section of the report, whereas in others, they were not. For example, 61% of academic staff reported that 'monocultural psychology' was either 'somewhat of a concern' or 'a huge concern', although the majority (43%) had selected 'somewhat of a concern'. The grouping of response categories without consistent breakdowns can obscure important nuances and may unintentionally skew perceptions of consensus or concern. Importantly, inconsistent reporting of this kind introduces potential bias.

There were differences found between different psychology training cohorts in terms of reported exposure to and mode of delivery of Kaupapa Māori content as well as perceived competency and confidence in use and pronunciation of te reo (e.g. pepeha) and applying hauora Māori models. Before 2000, respondents were least likely to cover Te Tiriti, Hauora Māori or indigenous psychologies. Between 2010 and 2019, more respondents reported having received kaupapa Māori or Indigenous psychology training, experiencing noho marae or cultural workshops, and greater cultural competency and confidence. The cohort from 2020 to 2023 reported reduced accounts of these including noho mārae and reduced confidence in applying hauora Māori models. Māori were more likely (78%) than other groups to say that they felt there were implicit or explicit demands placed on them during their training, which the researchers termed 'cultural labour' (e.g. being asked to do a karakia or waitā). Rainbow (34%) and trans and non-binary participants (100%) felt they had been expected to educate colleagues about their experiences.

See the report for the full quantitative analysis, which also covers overseas trained psychologists, racism and bullying (including 'microaggressions') in the workplace and training programmes, and whether participants felt that an apology to Māori from the NZPB was due.

PART 2 (QUALITATIVE)

For academic staff, prominent themes included:

- Pākehā as having cultural dominance and power.
- Resource constraints and poor resource allocation.
- Scarcity of Māori staff and overload.
- Ally support: non-Māori embracing kaupapa Māori and advocating for minoritised groups.
- Affirmative recruitment: to use targeted schemes for minoritised groups.

Key themes identified for psychologists and students:

- Mono-culturalism in psychology: that the positivist universal model of Western science dominated training and practice leaving little room for non-Western approaches or tokenistic use of them.
- That this resulted in lasting tensions and gaps in the training programmes and discipline.

Minoritised students reported feeling pressure to both assimilate and 'fill in' by educating others on their cultures: 'cultural labour'.

Limitations

The researchers briefly noted several design limitations, including:

- Non-representative sample: convenience sampling may introduce bias, with those invested in the topic or the Waitangi claim more likely to participate, and that quotes selected for the report themes were only a subset of overall survey responses.
- COVID-19 effects: some respondents' experiences were shaped by pandemic related phenomenon including: 1) unprecedented changes in education, internships and delivery of teaching (e.g. reduced noho marae or in person classes), 2) more disruptive and stressful/emotional experiences, and 3) the rise of the Black Lives Matter movement in 2020.
- Negativity bias: framing survey questions around issues of race and discrimination may have primed respondents to highlight challenges over positive experiences.

The following additional research design flaws were not identified by the researchers; however, they are significant and warrant consideration.

I. PEER REVIEW

The report did not go through a peer review process, therefore it lacks a formal independent critique outside the WERO research group.

2. RESEARCH AGENDA AND ADVOCACY

The researchers' predetermined goal was to collect data to support an as yet unresolved Treaty of Waitangi Claim and explore systems of racism within Crown agencies responsible for regulation, training and employment of health professionals. They did not identify a hypothesis for testing but instead aimed to 'construct a collective case demonstrating the manifestation of racism across all levels within this discipline' (Waitoki et al., 2024, p. 6).

3. CONSTRUCT VALIDITY

The research relied on subjective perceptions rather than objective instances of racial discrimination. The limited instances cited may be deemed racist in accordance with some broad and ambiguous definitions of racism or oppression but may not universally be considered examples of racism. As construct validity requires that a study accurately measure the concept it intends to capture, the emphasis on personal perceptions rather than observable instances may mean that the study lacked sufficient construct validity for measuring actual racial discrimination. Without documented cases of clear discrimination, it is impossible to verify that the study was capturing real-world experiences of racism and oppression rather than priming questions or participants' general feelings of unfairness or marginalisation, which could stem from a variety of factors unrelated to race or from the cultural uneasiness that can exist even in the absence of racism.

4. DEFINITIONS

The study's focus on perceptions without rigorous definitions for terms such as 'systemic racism', 'oppression' or 'monocultural psychology' limited the interpretability. Crucially, there was no formal, succinct or specific definition of the term 'systemic racism', about which the report purported to draw conclusions.

5. CONFIRMATION BIAS AND MOTIVATED REASONING

The research method 'embraces researcher subjectivity', which suggested that confirmation bias was intentionally embedded in the design (Braun & Clark, 2006). Quotes were selectively chosen to support the researchers' stated aim of demonstrating the prevalence of racism across all levels of this discipline. No efforts appeared to have been made to mitigate subjective bias. Given the researchers' stated agenda, it seems that motivated reasoning was purposefully employed to arrive at the conclusion that science and psychology are inherently racist. This reliance on motivated reasoning undermined the validity of the research conclusions and application recommendations.

6. GENERALISABILITY AND APPLICABILITY

The self-selected sample was not representative of the wider population of psychologists, psychology students and staff, and the findings were not generalisable. Survey research of this kind should be considered descriptive and therefore can indicate new hypotheses that can be tested using empirical methodologies (Visser et al., 2000). However, the researchers instead drew causal conclusions from the survey and made recommendations for the psychology profession that went far beyond the scope of the provided data. The authors stated that:

The themes and selected quotes are not intended to create narratives that are generalisable to all psychologists, staff, and students in Aotearoa. Instead, the purpose of the analysis is to capture the breadth and depth of issues raised by our participants. (Waitoki et al., 2024, p. 72)

However, they did not present contrasting findings or perspectives, and went on to make generalisable recommendations for the profession of psychology, which if implemented, will fundamentally change psychology in New Zealand to the extent that it will be unrecognisable to the wider profession internationally. For example, the report recommends that:

Māori-focused content should reflect tino rangatiratanga (Māori independence), have equal weight to western psychology and be meaningfully woven across the curriculum...when mātauranga Māori is included as part of mainstream courses, this is genuine, and that content is not approached with an assimilationist purpose or conceptualised through an individualised and deficit lens. (Waitoki et al., 2024, p. 105)

The meaning of this recommendation could be interpreted in its most extreme form as requiring teaching staff and students in mainstream courses not only to engage respectfully but to be mandated to genuinely adopt mātauranga Māori beliefs, practices and protocols in their practice. Mātauranga Māori is grounded in a polytheistic culture with around 70 deities and includes region-specific kawa (protocols) and practices that are spiritually informed and belief-based (Roberts, 2012). If implemented to this extent, the recommendation could potentially encroach on the religious and cultural beliefs of teachers, students, clinicians and clients—including Māori—who may hold differing beliefs. Although many people in New Zealand, including Māori, engage with Māori cultural beliefs from a metaphorical perspective, not all Indigenous people are spiritual, and some may find it challenging to engage, even metaphorically, with spiritual practices that conflict with their own non-spiritual, spiritual or religious beliefs (Rahmani et al., 2024).

There are a number of scientifically validated therapeutic approaches that are secular, and while similar to religions, are not religious. For example, acceptance and commitment therapy draws on principles that resemble aspects of Buddhism yet remains grounded in empirical research and clinical outcomes. At present, Māori models of health, such as *Te Whare Tapa Whā*, are already widely accepted and incorporated into university psychology training programmes and implemented nationwide by Health New Zealand.

It would be highly unusual, both in New Zealand and internationally, for psychologists to be required to use any specific belief-based intervention solely selected on the basis of a client's ethnicity. In my opinion, prescribing

interventions based on race or ethnicity at a grand scale is inappropriate as it assumes homogeneity within cultural or ethnic groups that does not reflect individual diversity. Culturally competent practice means tailoring interventions to the individual in front of the clinician, taking into account their unique background, values and preferences, and not imposing presumed collective belief systems upon them. Elevating collective cultural values above individual autonomy risks infringing on a person's cognitive sovereignty, particularly when clinicians are mandated to apply belief-based interventions with all Māori clients, irrespective of those clients' own perspectives or preferences. This approach represents a case of 'the cart getting ahead of the horse', where decolonisation ideology is being promoted and applied before sufficient evidence or ethical safeguards are in place.

The report also recommended that psychology as a profession is mobilised to realise the researchers' vision that Te Tiriti:

...serve as the foundational framework within legal, political, economic and social structures in Aotearoa, aiming to engender equal outcomes for all. Decolonisation of Psychology requires an 'ethic of restoration' (Jackson, 2020) involving not only the deconstruction of unjust power structures, but also the reinstatement of a kawa (custom and protocol) that honour Te Tiriti. (Waitoki et al., 2024, p. 102)

Although such aims may be grounded in a broader vision of social justice, they raise serious concerns about the imposition of a mandated collectivist ideology and political activism onto the profession as a whole and onto individual practitioners. This statement reframes psychology as a collective tool to serve collective aspirations; aspirations that are often defined by a small group of academics and activists. In my opinion, this shifts the profession beyond its core remit and may lead psychologists to function more like agents of decolonisation or ideological representatives, rather than as healthcare professionals who respect a client's cognitive autonomy. Such a shift has serious implications for informed consent. Clients rightly expect psychologists to act as psychologists, not as advocates for a political agenda. The concept of 'mobilising' psychology in this context carries with it the risk of compelled speech and compelled belief. It effectively grants disproportionate power to a subset of Te Tiriti scholars to dictate the profession's direction according to their evolving interpretations of Te Tiriti, which cannot be easily inferred from a straightforward reading of Te Tiriti o Waitangi itself.

7. MISREPRESENTATION OF THE FINDINGS

The findings were misrepresented in the title, *Systemic Racism and Oppression in Psychology: Voices from Psychologists, Academic Staff, and Students*. This aligned with the general theme of the research, but the design and reported outcomes did not substantiate the claim in the title. Even if they did, this

would not support the proposed changes in the teaching and practice of psychology. Similarly, the report was supplemented with captioned artwork that visually represented concepts described in the research (e.g. an image of trying to rescue a leaking boat as a metaphor for 'cultural labour', p.77). While emotionally captivating and compelling, the artwork appears to reflect more extreme views than those reported by the study's participants, potentially aligning more with the researchers' critical perspective of psychology than participants' perspectives. The use of emotive and persuasive artwork, although engaging, resembles techniques often employed in propaganda, which raises concerns about whether it is being used to evoke agreement with a particular worldview rather than to neutrally inform or represent the data.

The researchers proposed recommendations for psychology training programme content but overlooked the limitations of their study design. Specifically, their use of a survey targeting a non-representative sample of psychologists and focused on a narrow range of topics lacked probative value for determining which psychological theories and methods should be taught or mandated across the profession from training to practice. Therefore, in my opinion, although this report could lead to further empirical research in this area, it should not be used to inform legislative or regulatory reform in psychology.

My Questions and Wonderings

Much of the reported analyses of the survey data involved descriptions of the data, which in my understanding of survey design research would usually lead to more questions or hypotheses for further research, rather than to strong conclusions. Following are some examples of the many questions that further research may explore.

1. Regardless of reported levels of Māori content in training programmes, the study labelled these levels as inadequate yet offered no recommendations for what would constitute an 'adequate' level of Māori content. Given that one stated goal of the research was to 'decolonise psychology', it is plausible that the researchers envision a programme where Māori content is fully integrated, potentially approaching 100%.
2. If the training programmes are to be decolonised, what content in the programmes should be removed, and with what, precisely, should it be replaced? Is there any empirical evidence that suggests the proposed changes will improve outcomes for Māori or non-Māori clients in New Zealand? Given that psychologists work with clients from diverse ethnicities and cultures, and given that Māori as a group are also incredibly diverse, will psychologists come out of training

better equipped if the training is to become predominantly informed by traditional Māori models of health? At face value, the answer to this question seems obvious to me; that they will be more poorly equipped.

3. When evaluating psychologists' clinical or cultural confidence and competence, it need not necessarily be discouraging that the youngest cohort of practitioners surveyed, who completed training during COVID restrictions, reported the lowest confidence in working with Māori models. Unlike in some other professions, psychologists are not expected to emerge from training with high confidence in their clinical or cultural competence. High levels of confidence that early in a psychologist's career may often signal a lack of competence and insight rather than true expertise. Many psychologists I have spoken with anecdotally reported that their confidence in their practice typically developed slowly, 3–7 years into their careers, post-training. As such, I would be interested in a survey that followed psychologists' ratings of their clinical and cultural confidence and competence over-time.
4. The WERO report focused primarily on what it identified as the major external and systemic barriers for Māori in training programmes and in the psychology profession. It also emphasized the need to increase Māori representation. As this research focused solely on external factors with a particular focus on racism and on what is framed as a racist system of knowledge (science), it can yield only a limited range of recommendations and therefore lacked nuance and a grounding in the complex nature of reality. Further research that also considers internal barriers for students could offer a more nuanced understanding and lead to more practical and relevant recommendations. For example, I hypothesise that students who report a higher exposure to adverse childhood experiences (ACEs) are likely to find the training programme more challenging. If this hypothesis holds true, a logical recommendation would be that both Māori and non-Māori students who have experienced more ACEs may benefit from engaging in therapy throughout their training process to improve their outcomes. There are many other practical supports the report could have recommended to help Māori students access and complete the psychology training programmes.

Conclusions

While the report concluded that ‘psychology is yet to seriously address systemic racism throughout its systems’ (Waitoki et al., 2024, p. 102) and recommended structural changes for employers, universities and registration or accreditation bodies, these conclusions lacked robust, empirical evidence. The research would benefit from a more comprehensive approach, including objective measures within training programmes and additional context for the reported experiences.

In summary, although the report effectively amplified concerns about monoculturalism in psychology and the opinions of a select few participants’ lived experiences, it provided little other information of value and certainly did not provide evidence relevant to the researchers’ stated intentions. The researchers’ claims could be better tested and strengthened by incorporating representative sampling, clear definitions and an empirically rigorous research methodology.

Where to From Here? How Can we Better Understand and Address Racism in Psychology in New Zealand?

Ironically, the science that this research project suggested we deconstruct, if embraced, could be a tool for researchers in New Zealand to more effectively explore the prevalence, severity and causes of racism and oppression in psychology. Roland Fryer is a behavioural economist from Harvard University who empirically analysed the racial differences in the use of force by police in America (Fryer, 2017) using a mixed quantitative and qualitative research design. Although there is no perfect approach, the results from Fryer’s research provided targeted feedback for police about the specific areas their profession would most benefit from improving on to reduce racial discrimination in their policing. Hypothetically, Fryer’s empirical research could be replicated to monitor police progress over time in attempting to address this issue. I have rarely met professionals more genuinely dedicated to professional improvement than psychologists; and as such, I am sure that other psychologists, like me, would welcome similarly rigorous empirical research to help inform our profession of areas that we can improve on to improve outcomes in our work with Māori and non-Māori clients in New Zealand.

Defining Terms

When searching for definitions, I found considerable variation in nuance; some definitions were so broad and ambiguous that they lacked the specificity required for meaningful use in empirical research. This reflects a broader trend in psychology and society known as ‘concept creep’ (Haslam, 2016), where terms expand in meaning over time. Although concept creep has pros and cons, it is not inherently good or bad, it is simply a descriptive observation of how language and common sense evolves over time. I believe it is important to keep track of these shifts, particularly when existing

constructs have already been well-defined and involve a wealth of accumulative international research. Failing to monitor changing definitions risks undermining scientific clarity and continuity. In some cases, I suspect that simply clarifying the definition could resolve the debate entirely; without a clear definition as a starting point, disagreements often persist unnecessarily. To better understand racism in science and psychology, it seems essential first to establish clear definitions.

Science: Two definitions of science from the online *Oxford Advanced Learner's Dictionary* (2024c) are 'knowledge about the structure and behaviour of the natural and physical world, based on facts that you can prove, for example by experiments' and 'a system for organizing the knowledge about a particular subject, especially one concerned with aspects of human behaviour or society'.

Psychology: The online *Oxford Advanced Learner's Dictionary* (2024a) defines psychology as 'the scientific study of the mind and how it influences behaviour.'

Racism: The online *Oxford Advanced Learner's Dictionary* (2024b) defines racism in two ways: 'The unfair treatment of people who belong to a different race; violent behaviour towards them' and 'The belief that there are different races of people with different characteristics and abilities, and that some races are better than others; a general belief about a whole group of people based only on their race'.

Mātauranga Māori: Mātauranga Māori as defined by the online *Te Aka Māori Dictionary* (2024) is 'Māori knowledge—the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices'.

It seems to me that based on these definitions, this discussion becomes clearer. Psychology is not psychology without science. Nothing about science itself, the scientific method or evidence-based practice is racist. Mātauranga Māori is a body of knowledge and a knowledge system. Science is a different body of knowledge and knowledge system (Moana & Tolbert, 2024). Psychologists are to science as Tohunga or Rongoā practitioners are to mātauranga Māori, just as clergy are to Christianity. These systems can work in parallel in society and in people's lives, and already do, but it is unclear how these systems of knowledge can be merged without compromising informed consent and the integrity of either or all, or whether and why this should be attempted.

Wendt et al. (2022) presented a nuanced description of the conundrum the field of applied psychology faces when trying to conceptualise 'best practice' priorities when psychologists are working with Indigenous populations. They described four different approaches, each with costs and benefits. The first approach involved the standard approach, where therapy is limited to 'empirically supported treatments' (p.1). This is the gold standard usually

expected of clinicians working with non-indigenous populations. The second approach involved the prioritisation or elevation of standard approaches with 'cultural adaptations'; adaptations are culture-based and not necessarily individualised. The third approach prioritised a focus on the common factors of psychotherapy that are considered evidence based. The final approach promoted 'grassroots Indigenous approaches and traditional healing'. This fourth approach could be considered to be based on the assumption that culture is treatment and does not involve empirical validation. This approach has been taken by members of the wider public mental health workforce in New Zealand for at least 20 years and has become far more accessible and widespread in recent years in New Zealand. It appears that this is the approach that researchers of the WERO project would prefer the discipline of psychology adopt in New Zealand. However, Wendt et al. (2022) were careful to distinguish support for this fourth approach from any redefinition of the role of psychology itself, emphasising that endorsing grassroots or traditional healing methods does not imply that psychologists should deliver these interventions or depart from their professional responsibilities:

We are not suggesting that this path would typically involve psychologists—especially non-Indigenous ones—providing traditional healing or grassroots cultural interventions (p.8).

I believe the costs and benefits presented by Wendt et al. (2022) do not fully account for the real-world application problems that I have observed, over and over throughout my career. So, despite my reservations about the generalisability of subjective and anecdotal evidence, I will reluctantly add my own experiences to the discussion.

Māoritanga and Me

I am of Māori and Pākehā descent. My koro, like many others, moved away from Waikawa, our iwi's region, with my Pākehā great grandmother when he was a child. Later in life, he returned to our marae, reconnected with our iwi and learned to carve. My mum began to reconnect with our Māori heritage in high school and later chose to enrol my siblings in Kohanga Reo and Kura Kaupapa. I was fortunate to attend Kura Kaupapa, a Māori immersion school, during my intermediate years.

Throughout my schooling, I was incredibly lucky with my teachers. Many left a lasting, positive impact, especially my teacher at Kura. He instilled in us a deep love of whanaungatanga, te reo, kapa haka and te ao Māori. The school's small, close-knit environment fostered a strong sense of community, unlike any other school I had attended. It was an experience I am grateful for to this day. Kura was a place where being Māori was positive, something to be proud of, not something to hide or feel ashamed of. We were taught to stand up for ourselves, voice our opinions and value debate. My favourite subject

was math, I discovered a love of basketball and even though English was not part of the curriculum for my age group, my teacher lent me novels from his personal collection to read at home.

I went on to mainstream high school and then university, where I studied Māori studies and psychology. Māori studies at university was different from Kura; it was not immersion, and while I enjoyed the depth of learning about our language, history, mythology and culture, there was a stark difference between that context and the more applied learning and implicit experiences at Kura. The difference is hard to describe but I will try. The relationships, warmth, humour and emphasis on connection and people was palpable across both contexts. However, there was something dogmatic and extreme about the university Māori studies department. I am told that universities in general tend towards more extreme ideas than in the general population. The atmosphere implicitly and explicitly encouraged students not only to take pride in mātauranga Māori, but also to reject Western ways of thinking, something I had not experienced at Kura. The knowledge gained in other departments was seen as colonised and not to be trusted. Something I was often warned about, as I was also studying psychology. Thankfully, I was not put off from science and instead saw psychology as a discipline with a comprehensive understanding of the human mind, human behaviour and mental health that was generalisable and applicable.

Students seemed to organise themselves into a kind of mātauranga Māori expert hierarchy. The same thing happened in the psychology department, which was at times more competitive in its own way. It seemed for many, the more they learnt about the language and cultural practices, the more they policed those who knew less than them for 'tokenism'. 'Token' is a derogatory term, used to describe a person or practice that is considered to be culturally inauthentic. I value authenticity and at the time, while I did not like tick-box cultural exercises, I thought that people should not be insulted or judged based on their stage of learning or just for ignorance. Now, I believe that policing tokenism is only necessary for those who wish to decolonise other people; to convert or assimilate them to the pono, tika or 'right' Māori cultural ways.

I was fortunate to learn my reo and my culture, when it was not mandatory. It was a taonga, freely offered and gratefully received. That was during the revitalisation movement, which aimed to keep our reo and our culture alive. It was not a compulsory movement. Things are different now; learning and applying the reo and culture has become a compulsory aspect in all schools and public employment settings in New Zealand. If the changes the NZPB has proposed are accepted, it will also be compulsory for psychologists who are not employed by the government, and by association, our clients as well.

The Draft Revised Code of Ethics for Psychologists, distributed for review by the NZPB in September 2024 refers to 'Māori' 75 times in only 23 pages. It states that

Understanding and recognising the importance of key Māori concepts and mātauranga Māori (Māori knowledge), and incorporating these in psychological practice with Māori is expected. Ensuring similar mana-enhancing approaches practiced with tauwiwi is also beneficial (p.19).

'Decolonisation is not a metaphor' they say (Tuck & Yang, 2012). I believe them now. This mandatory decolonisation movement does not sit well with me. Māori language and culture has been involuntarily imposed on people of all ages throughout the country, whether they do or do not want it, they have to engage if they want to keep their jobs or progress in their careers. These days, when I see what looks like reluctant tick-box engagement with mandated Māori cultural practices, I do not think of the behaviour as a micro-aggression, but rather, as a small form of protest; an understandable resistance. Government bureaucrats can regulate behaviour it seems, but not all hearts and minds.

The term 'cultural labour' used in the WERO report was interesting to me. It was used to describe the 'work' Māori students and staff had to do to uphold Māori language and culture in the psychology training programmes. When I reflect on my time in the programme and on my years in practice afterwards. I do not think of sharing my reo and culture with my peers as 'cultural labour'. They have valuable clinical and cultural expertise of their own to share with me as well; we value each other's knowledge base, something I am grateful for. However, I am not a spiritual person, as many Māori are not, and I do not want to decolonise or indigenise my colleagues or my patients. I can understand that if one's goal is to assimilate or to convert all New Zealanders to Māori beliefs and practices, then yes, that would feel like a mammoth task and yes, for those people, 'cultural labour' would seem to be an appropriate description.

In the Māori studies department, in-group and out-group lines were drawn and the atmosphere at times seemed to foster anger and resentment towards Pākehā, except of course for the 'good' ones. I now hear Māori talk about the importance of our Pākehā 'allies', they are described as the 'cultured Pākehā'. In the university environment, I watched friends, who before university, were warm and tolerant people, become increasingly judgemental and resentful towards not only Pākehā, but also towards other Māori who they saw as 'Westernised' or not 'Māori enough'. I was once told by a colleague about survey research that found Māori who had a strong Māori cultural identity had less mental health problems (a correlation) and therefore, as mental health clinicians, we must make our Māori clients more Māori (whether they ask for that or not) to make them more 'well'. I did not understand

decolonisation at that time, so like an earnest scientist-practitioner, I did try to explain that it is considered unethical to convert our clients without their consent; I also explained that therapies need to be empirically validated with randomised controlled trials and that interpreting survey research in that way was inappropriate. I was then reprimanded for my colonised thinking. At this time, there are still no empirical studies in New Zealand which have validated the claim that making Māori more Māori is an effective intervention for an individual seeking treatment for mental health difficulties. And yet, this belief seems to not only be growing in NZ, it is also seeping into the new regulations proposed by the NZPB. Similar beliefs are held around the world, that when working with Indigenous populations, culture-as-treatment should be elevated above scientifically validated approaches (Wendt et al., 2022).

An alternative perspective of culture, which is more closely aligned with my university training, was explained to me by an international colleague who observed that in New Zealand, a Māori person's cultural identity can sometimes be conceptualised as something to be measured or judged against an 'ideal' rather than simply a description of who a person is. I am inclined to agree with this observation. In my clinical training, we were taught it is essential to try to understand our clients' culture. One's culture should be treated as a description of who they are, it should not be an indication of unwellness or a prescription of who they should be striving to be. Many Māori clients shared with me feelings of being judged for not being 'Māori enough'. The assumption that all Māori are—or should be—culturally embedded and spiritual can be unhelpful for many of my clients. It is this experience that often alienates Māori from Māori cultural spaces. Although *mātauranga Māori* is important to me personally, I have come to see it as *an* answer, not *the* answer, for myself and for most of my clients. I came to this conclusion reluctantly over time by following the evidence of my own experiences, which I eventually had to concede, disproved my own aspirations that *mātauranga Māori* was *the* answer for Māori mental health outcomes.

- My own research at university with Māori women did not find that the whakapapa exchange process was comparatively better for the therapeutic alliance than standard protocol.
- In every workplace I have been in, I have watched non-Māori clinicians connect with Māori clients and get good outcomes, disproving the 'by Māori, for Māori' slogan, which I do not think applies in this field.
- I have seen Māori clients actively avoid Māori services and Māori clinicians, worried they will get a less effective intervention, and in some, but not all cases, I have to concede they are right.

- I have clients who have tried mātauranga Māori approaches, without improvement.
- I have seen Māori clients who secretly seek out Western psychology, unable to tell their whānau and hapu for fear of being reprimanded as I have been, for turning to Western, colonised, Pākehā ways.

And now, over a decade into practice, I feel more confident in the scientist-practitioner model and more cautious about the push for mātauranga Māori in applied psychology. I believe that mātauranga Māori, in its unassimilated form, has a place in parallel to psychology, with rongoā practitioners and tohunga, and should not fall under the NZPB's jurisdiction. My clients—and anyone—already have access to mātauranga Māori or any other belief system, but those approaches do not need to be subsumed into the psychology profession. It is not clear to me how the NZPB could regulate practitioners who follow a belief-based instead of a scientific knowledge system.

The scientific method, which underpins the scientist-practitioner model, provides me with a framework for ethical, culturally appropriate and clinically effective practice. In the wider mental health workforce in New Zealand, I have witnessed cultural practices being prescribed as therapeutic without accountability or verification, often leaving Māori clients more isolated and unwell than when they sought help. In New Zealand's public sector, vulnerable Māori clients are often considered to be more well if they are made more Māori by being taught traditional Māori beliefs, including practices that would not typically be considered therapeutic. In the name of tikanga, Māori children are taken out of school, people are prescribed tamoko, evil spirits are ceremoniously exorcised, some clients can even get high with their government employed mental health worker. If the deconstruction of science in psychology is successful, I worry that these practices may spread from the unregulated or loosely regulated mental health workforce to the psychology profession.

I have self-censored my opinions for years, because I am aware they do not align with collective Māori aspirations and I have not wanted to exacerbate conflict by undermining Māori perspectives in New Zealand. However, I can no longer turn a blind eye to the harmful narratives that threaten to impact clinical decision-making in fundamental ways that will harm the public and make psychology indistinguishable from Māori studies and other belief-based disciplines. With the proposed changes from the NZPB, I worry that skilled psychologists will be required to engage in endless box-ticking idealistic exercises, with the expectation that making New Zealand more Māori will somehow improve mental health outcomes for Māori. Instead, I feel I must speak up, even at the risk of backlash and even at the cost of alienating members of my own culture and community which is very important to me. Aue! Kaua e mate wheke, mate ururoa.

The Scientist-Practitioner Model and Me

When I reflect on my relationship with the scientist-practitioner model, it does not evoke strong feelings of warmth in me like how I feel when I reflect on mātauranga Māori. I think of the scientist-practitioner model as the constraints within which I *must* work. I do not adhere to the model for the sake of it. If I found it unhelpful and irrelevant, I would have abandoned it long ago. I respect the scientific method and when indicated elevate it above other systems of knowledge in my practice. This is because:

1. It works smoothly alongside other systems of knowledge, even religion and polytheist cultures.
2. It provides answers, even cheat sheets, for many aspects of my job that are otherwise so complex they can seem overwhelming and unknowable.
3. I have seen it work across most people, in most contexts, in practice for 10 years.
4. It gives me a common language to efficiently communicate with colleagues, even those I have not met or who come from other countries. It is universal.
5. It gives us ways to measure outcomes and improve best practice for clients, which is at the centre of what we do.

The greatest value I have found in the scientist-practitioner model has nothing to do with status, or science as a concept, it is the real-world predictability, efficiency and outcomes that the model facilitates many of my clients to achieve in their everyday lives. I understand that the university and academic ecosystems are closer to the perceived power of science, but in my job, I am (thankfully) far removed from the university; so my perspective of power in science is only based on the end products of science, or the social sciences, which are either relevant or irrelevant to my everyday work.

In my experience, it is science that is humble and errs towards understating rather than over-stating its outcomes. The researchers and scientists themselves are less important than the knowledge they produce. In my experience, it is knowledge from other disciplines that are less scientifically rigorous, which seem to me to confidently overstate the applicability of their findings and recommend societal level changes with passion and little logic. Oftentimes, these bold statements seem more like a researcher's list of hopes and dreams turned into demands, disconnected from reality and over-reaching into disciplines with scientific expertise in these areas.

I can see how people could come to believe that there is power in science, and while in general I see science as humble, I can understand how the power of nature is often misattributed to the scientific study of nature, instead of to nature itself. My perspective and experience of that power is not of the people or the concept of science. Rather, I think that the natural world is where most, if not all the power lies. Science is merely the knowledge system that, at this point in history, best understands the natural world. Science is the study of nature; in psychology, we study the nature of the human mind, including human behaviour. Science must always follow nature. Scientist-practitioners have to follow reality, and that in practice can be a heavy and hard task. Many clinical decisions are out of my hands, nature decides.

I see my job as predominantly involving the compassionate facilitation of difficult conversations every day. I am outcomes driven, and that is why I have stayed in this profession. The scientific method, in my experience, is the most consistent way to achieve outcomes. We all wrestle with reality in our own way, at our own times. The scientific method forces me to wrestle with and eventually accept reality every day. The scientist-practitioner model and our professional ethics limit a psychologist's capacity to give the client exactly what they want, it limits the clinician's ability to impose our own will and wishes on the client and limits the extent to which we can act as an advocate for our clients, something most psychologists genuinely try to do. Being a psychologist from a marginalised group, any marginalised group, is difficult; it is difficult to wrestle with the reality that groups of people you identify with are struggling more than other groups. In New Zealand, postmodern concepts of knowledge and social constructionism seem to be quite mainstream worldviews. I would expect all students with these strongly held beliefs to struggle more in clinical psychology training than in another profession, like social work, which is likely to align better with those nurture over nature worldviews.

Although my opinions are strong, please understand that I think we should embrace diverse approaches in the helping and well-being professions in New Zealand. As a minority profession, psychology takes an approach that is more closely aligned with science than many other professions that provide therapy in the wider mental health workforce. I cannot see a benefit for our clients in deconstructing science and psychology, they can go to other professionals already if they wish; in fact, those professionals, for better or worse, are far easier to access than psychologists are in New Zealand. Many Māori clients access psychological support secretly from their wider whanau and hapu because of narratives inside the Māori community that express distrust in science and psychologists and therefore alienate many Māori from a tool that could be an answer for them.

Conclusion

The WERO report posits that science is powerful, psychology is powerful and power must be deconstructed, because power and hierarchies are inherently racist. Science and mātauranga Māori are systems of knowledge, the way they were developed is what makes them different. You can look at mātauranga Māori through a scientific lens and poke holes in it and vice versa, but my thinking is that in my practice, there is not much point of that. While psychology sprung from philosophy, and I am sure most of us dabble, applied psychology is not philosophy.

Psychologists do not sit down with clients with spiritual beliefs and try to disavow them of those. Of course, there is value in both knowledge systems, but the applicability of those knowledge systems in psychology is vastly different. There are spaces where mātauranga takes precedence and spaces where science does. This is a description of what I see as something to accept, rather than my prescription of something we should fight to change. A tohunga or a rongoā practitioner, without doubt, will elevate mātauranga Māori. And people who want to go to them, can and do. A psychologist who adheres to the scientist-practitioner model, as we were trained to, should ultimately be constrained and restricted by science, which may limit how much mātauranga Māori they can apply in their practice as a psychologist. The regulatory changes proposed in 2024 to the Code of Ethics and Code of Conduct for all psychologists in New Zealand risk blurring the boundaries between science and mātauranga Māori to such an extent that applied psychology in New Zealand may no longer adhere to the scientist-practitioner model.

What is psychology as a profession without science? It would be unaccountable, untestable, infallible and unable to be differentiated from: religion, polytheism, politics, marketing, law, activism, social trends, propaganda, snake oil salesmen, conversion therapies, brainwashing and cults. So please, look to the science, use your critical thinking skills, and carefully consider if we as a profession should allow our regulators and government bureaucrats to force us to embark on this journey, ki wiwi, ki wawa, without a viable destination or a better approach to get us there.

I want better mental health outcomes for Māori and non-Māori in New Zealand. I am so fortunate to have had opportunities to learn from both my international and kiwi colleagues. People who regardless of culture and ethnicity, work towards better mental health outcomes with their Māori and non-Māori clients every day. Compassionate, caring people, with integrity, skills and clinical and cultural competence who generously share their hard-won expertise. It is easy to point fingers, it is easy to deconstruct, it is much harder to build. We are all on the same waka, supposedly fighting for the same outcome, so please stop trying to paddle the waka backwards, making our jobs on the ground harder than they need to be.

Submitted: November 23, 2024 NZST. Accepted: July 13, 2025 NZST. Published: August 10, 2025 NZST.

REFERENCES

- American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271–285. <https://doi.org/10.1037/0003-066X.61.4.271>
- Bourne, V., James, A. I., Wilson-Smith, K., & Fairlamb, S. (2021). *Understanding quantitative and qualitative research in psychology: A practical guide to methods, statistics, and analysis*. Oxford University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3. <https://doi.org/10.1037/qup0000196>
- Cresswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications, Inc.
- Crown Entities Act. (2004). <https://guides.unitec.ac.nz/apareferencing/legal-materials>
- Fryer, R. G., Jr. (2017). An empirical analysis of racial differences in police use of force. *Journal of Political Economy*, 127(3), 1210–1261. <https://doi.org/10.1086/701423>
- Garcia-Barrera, M. A., Drenfeld, E., Frazer, J., & Moore, W. R. (2013). Psychological assessment: From interviewing to objective and projective measurement. In C. A. Noggle & R. S. Dean (Eds.), *The Neuropsychology of Psychopathology* (pp. 473–492). Springer Publishing Company.
- Haslam, N. (2016). Concept creep: Psychology's expanding concepts of harm and pathology. *An International Journal for the Advancement of Psychological Theory*, 27(1), 1–17. <https://doi.org/10.1080/1047840X.2016.1082418>
- Idaho State University: University Libraries. (2024). *Psychology: Levels of evidence; Resources to facilitate research in the field of psychology*. <https://isu.libguides.com/psychology/levels>
- Jones, J. L., & Mehr, S. L. (2007). Foundations and assumptions of the scientist-practitioner model. *American Behavioral Scientist*, 50(6), 766–771. <https://doi.org/10.1177/0002764206296454>
- Lovelock, H., Hone, M., Mathews, R., Vujic, A., Roufeil, L., Sciacchitano, L., Curnow, F., & Meneghini, S. (2018). *Evidence-based psychological interventions in the treatment of mental disorders; A review of the literature* (4th edition). Australian Psychological Society Ltd.
- Moana, K., & Tolbert, S. (2024, October 10). Many ways of knowing: Mātauranga Māori, indigenous knowledge, and science education [Broadcast]. In *Raising the bar Christchurch*. Apple podcasts.
- New Zealand Psychologist Board. (n.d.). *Fees and levy*.
- New Zealand Psychologists Board. (n.d.). *About us*. <https://psychologistsboard.org.nz/about-us/>
- New Zealand Psychologists Board. (2024a). *Proposed tikanga matatika/Code of ethics; Draft for broad consultation 25/7/24*.
- New Zealand Psychologists Board. (2024b). *Proposed tikanga whanonga/Code of conduct; Draft for broad consultation 25/7/24*.
- Oxford Learner's Dictionary. (2024a). *Psychology*.
- Oxford Learner's Dictionary. (2024b). *Racism*.
- Oxford Learner's Dictionary. (2024c). *Science*.
- Rahmani, M., Adds, P., & Senanayake, R. (2024). Māori atheism: a decolonising project? *Kotuitui: New Zealand Journal of Social Sciences Online*. <https://doi.org/10.1080/1177083X.2024.2333544>

- Roberts, M. (2012). Mind maps of the Māori. *GeoJournal*, 77(6), 741–751. <https://doi.org/10.1007/s10708-010-9383-5>
- Te Aka Māori Dictionary. (2024). *Mātauranga Māori*. <https://Māoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=Mātauranga+Māori>
- Tuck, E., & Yang, K. W. (2012). 'Decolonisation is not a metaphor.' *Decolonization: Indigeneity, Education & Society*, 1(1), 1–40.
- Visser, P. S., Krosnick, J. A., & Lavrakas, P. J. (2000). Survey research. In H. T. Reis & C. M. Judd (Eds.), *Handbook of research methods in social and personality psychology* (pp. 223–252). Cambridge University Press.
- Waitoki, W., Tan, K., Hamley, L., Scarf, D., Stolte, O., & Chan, J. (2023). How far are we withIndigenising psychology training curriculum in Aotearoa New Zealand? *New Zealand Medical Journal*, 136(1577), 91–95.
- Waitoki, W., Tan, K., Hamley, L., Stolte, O., Chan, J., & Scarf, D. (2024). *Systemic racism and oppressionin psychology: Voices from psychologists, academic staff, and students*. WERO and University of Waikato.
- Wendt, D. C., Huson, K., Albatnuni, M., & Gone, J. P. (2022). What are the best practices forpsychotherapy with indigenous peoples in the United States and Canada? A thorny question. *Journal of Consulting and Clinical Psychology*, 90(10), 802–814. <https://doi.org/10.1037/ccp0000757>