



# Navigating the unhidden shadows of racism in Psychology: A journey towards change

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## Abstract

Racism is a complex issue often avoided due to the discomfort it creates and the need for meaningful action. In Aotearoa, psychology training began in the 1970s during a period of social and political change, yet it was heavily influenced by British frameworks. This imported model failed to address the unique cultural needs of Māori and Pacific communities, inadvertently reinforcing colonial ideologies within psychological practices. To create a more inclusive practice, it is crucial to integrate cultural principles like tikanga Māori and Tauhi vā into training. Building cultural competency within psychology will help create a more equitable, responsive mental health system that respects Aotearoa's diverse cultural contexts, reduces racism, and improves trust and mental health outcomes.

**Keywords:** Racism, psychology, culture, institutional racism, Māori, Pacific

**Authors Note:** There are many layers to consider in how we address issues on racism in psychology and how we communicate them. Writing this article has presented numerous challenges and prompted significant self-reflection on what to include. I've had to limit the depth of many situations and their impacts on myself and others so as not to offend or perpetuate feelings of racial bias. I remind myself that even in writing this, I must conform to the expectations of those who will publish it, and those who will read it. My expression feels constrained, as I feel an expectation to fit within the 'box' of what is deemed acceptable. Nevertheless, I aim to write this article in a way that gives a small voice to my perspectives on racism in psychology within Aotearoa.

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## Introduction

Racism is a term that many find uncomfortable to address. It carries the implication that acknowledging its existence would necessitate taking action. However, far too often, people choose to ignore racist behaviour, allowing it to persist unchallenged. I am a psychologist with Pacific heritage and raised with a close connection to Te Ao Māori. I look White, and I do not speak Tongan, yet I faced constant racism growing up in Tāmaki-makau-rau. I currently work as a psychologist, a lecturer, and a researcher dedicated to including cultural practice in psychology and integrating Pacific values into Western psychological ideologies. These roles have contributed to my motivation to write this article.

I have chosen to write this article employing a reflective approach, where I will critically analyse my experience with the complexities of racism within psychological practices in Aotearoa. This approach involves reflecting on the historical and contemporary challenges in psychology training, particularly how British frameworks have shaped practices in ways that overlook the unique cultural needs of Māori and Pacific communities. By taking a reflexive stance, this article aims to provoke critical self-awareness among psychologists and highlight the need for more culturally inclusive and relevant practices. The intended outcome is to promote a shift towards integrating Indigenous cultural principles, such as tikanga Māori and Tauhi vā, into psychological training and practice. Ultimately, this article seeks to contribute to a more equitable mental health system in Aotearoa, where racism is actively addressed, and the psychological well-being of Māori and Pacific communities is enhanced.

One of my motivations for entering the field was to raise awareness to the existence of racism within the field of psychology. As psychologists we have a responsibility to work clinically and culturally effectively with our clients.

*“... Racism is a form of prejudice that generally includes negative emotional reactions to members of the group, acceptance of negative stereotypes, and racial discrimination against individuals; in some cases it leads to violence”* (American Psychological Association, 2023).

According to the NZ Health Survey 2020/21, Māori, Pacific, and Asian (MPA) adults are more likely to experience racial discrimination compared to non-MPA. In the 12 months leading up to the survey, 13.8% of Māori, 9.5% of Pacific, 12.3% of Asian, and

4.8% of non-MPA adults reported experiencing racial discrimination, with 16.8% of Māori women being particularly affected by racial abuse. Verbal abuse is the most common form of racism. Racism is a significant determinant and contributing factor to health inequities in Aotearoa. Racial discrimination is associated with increased psychological distress, poorer self-rated health, and a higher unmet need for primary healthcare (Manatū Hauora, 2023).

## Racism in Aotearoa in the 1970s

As a very young Polynesian female growing up in Tāmaki-makau-rau during the 1970s, I witnessed rampant racism, often perpetuated by the government. The All Blacks toured apartheid South Africa in defiance of the United Nations, angering African nations, New Zealanders, and many countries around the world. During that tour, for the first time Māori rugby players were permitted to be part of the team to tour South Africa but were termed as ‘honorary Whites’ so, accordingly, many supporters opposed the tour saying it was demeaning to Māori and the New Zealand government was supporting apartheid (Te Ara, 2023). Additionally, there was the ongoing conflict between the government and local iwi in Tāmaki Makaurau.

Ngāti Whātua occupied Takaparawhā (Bastion Point) to protest the government's decision to sell land that had been wrongfully taken from the local iwi. After 506 days, on May 5, 1978, Prime Minister Robert Muldoon sent 800 police and army personnel to evict the occupiers, destroy their settlement and food supplies. Those who resisted were arrested, resulting in 222 arrests. I remember as a young girl seeing the footage on television and seeing the brutality meted out on the protestors. Police brutality was not uncommon especially in racial disputes. I know because I experienced it firsthand!

*“The particular forms and ideologies experienced by Māori are intimately linked to colonisation and are rooted in the dispossession of land and rights, and the devaluing of Māori ways of knowing, spiritualities, systems and practices”* (Smith et al., p.195)

For Pacific people, the Dawn Raids against Pacific peoples intensified. These racially motivated prosecutions and deportations of Pacific migrants were carried out despite the “majority of overstayers at the time being British or American” (New Zealand Parliament, 2021). These actions orchestrated by governmental bodies of power perpetuated and condoned the racial divide in Aotearoa.

The 1970s in Aotearoa were marked by significant upheaval as various societal groups opposed government decisions that often disempowered the Māori and Pacific population. It was during the tumultuous 1970s, that professional training in psychology first became available in New Zealand, but only to a small number of students (Kennedy et al., 2022). This period also saw the formation of the New Zealand Psychological Society (NZPS). The early history of New Zealand psychological practices and teachings were primarily shaped by the British educational and clinical frameworks (Haig & Dannette, 2012).

### **Navigating Racism: My Experience with Psychologists in Aotearoa**

The Eurocentric frameworks established in early psychological practice likely perpetuated colonial ideologies when working with the local population. With a strong overseas influence shaping psychological practice in Aotearoa, the question arises whether these practices have evolved over time to better suit the needs of local populations.

Through my life journey, I have been fortunate to have access to psychologists when needed briefly. My first encounter with a psychologist was a male Māori psychologist who acknowledged my culture and understood the importance of spirituality in my healing journey. This enabled us to develop an effective therapeutic relationship and utilise non-conventional strategies to enhance skill development. The next psychologist I worked with was a female Samoan/Māori psychologist. Once again the cultural nuances I exhibited were acknowledged, understood, and embraced throughout the healing journey. My last psychologist I have had the privilege to work with was a Samoan male who challenged my belief systems, embellished my cultural attributes, and encouraged me to pursue a career in psychology to work with our Pacific population. These psychologists were all encountered in a faith-based setting with cultural inclusion in the therapeutic process being an organic aspect of the work we did.

However, due to unforeseen circumstances I did meet a couple of other psychologists.

Both were Pākehā highly recommended for their expertise in a specific field. One was engaged to work with a young adolescent Pacific male. The first thing I noticed was the lack of acknowledgment to family members who were there to support the young man. The exclusion of the family and lack of cultural understanding were evident. The young man was

disempowered in that setting and the psychologist did not exhibit any cultural awareness of how to engage with this young Pacific male. Her lack of cultural awareness or consideration was concerning. It did not take long before her services were terminated. What was concerning is that this psychologist was a senior staff member and lecturer at a university. If their knowledge and competence were so lacking, it raises questions about what psychology students are learning about cultural engagement and awareness.

Another psychologist had a profound impact on me, leading to feelings of anger, frustration, disappointment, and experiences of racial profiling. Her lack of respect towards me was evident from the first day we met. When I discussed the relationship I had with my 'soulmate', she laughed and said, "oh, your cellmate." She made little comments and jibes, showing little respect for both Māori and Pacific cultures. She even referred to my Māori friends as my 'brown friends'. Her incompetence and the authority she wielded, which led her to dismiss and mock my cultural identity, were crucial in igniting my passion to become a psychologist. This blatant display of racism was unacceptable. Her disregard for my cultural background and identity motivated me to develop a therapeutic approach that would be a stark contrast to hers.

*"If racism is a belief that members of minority groups are inferior in various ways, it is hoped that most educated people would be able to state honestly that they do not hold this belief".*

*"However, racism is rarely intellectual. It is intuitive and emotional. It concerns making assumptions with or without awareness about a person's culture, background, or religion, based on their race" (Milton, 2010, p.235).*

I felt a responsibility to advocate for the Māori and Pacific communities, who often had to work with psychologists lacking training or concern for understanding or acknowledging racial bias in their practice. If all Pākehā psychologists were like her, then who would be there for Māori and Pacific clients like me? Who would protect them from psychologists who demean their mana, their cultural identity, the position they hold in their family, and their place in society? From that meeting, I decided to be a catalyst for change. I did not know what that would look like at the time, but I knew that if I was going to influence change in the psychology realm, I needed to become a psychologist myself. Fast forward a few years to when I graduated as a psychologist. I had the privilege to attend a training and recognised this problematic psychologist in the

group. I proudly stood up and introduced myself as Hilda Port, a psychologist. By morning tea, she had left the training. I do not know why she left the training, but I do know that her assessment of me may have been seriously inaccurate. Maybe if she had taken time to get to know me without her skewed Eurocentric lens and taken a moment to engage effectively in a therapeutic relationship, then maybe she might have seen the incredible person sitting before her. This reflects more than a mere assumption; it conveys a stereotypical and prejudiced impression, implied through indirect comments and innuendo, casting me as an uneducated, tattooed Polynesian single parent on a benefit, perceived as lacking prospects.

*“Cultural identity, community, unity, courage and the resilience of Pacific peoples enabled them to stand up for their rights despite the systemic barriers which, intended or not, marginalised, discriminated and victimised them”* (Anae, Tamu, & Iuli, 2015).

As I look back on my experiences with the various psychologists, I see some distinguishing differences. Despite all being trained as clinical psychologists, it became abundantly clear that the holistic approach and understanding of my worldview exhibited by the Māori and Pacific psychologists were not derived from their university studies but from their cultural heritage. Bringing their cultural understanding and interweaving that with their psychological knowledge, enabled them to engage with me in an effective therapeutic relationship with no racial barriers.

### **Institutional Racism Neglects to Culturally Inform Psychologists in Aotearoa**

As a psychology student at a university in Aotearoa between 2010-2016, I encountered a curriculum predominantly centred on Western ideology. An education system designed to enhance formal learning through blending knowledge acquired through “European global expansion” (Akena, 2012). Research by Mayeda et al. (2014) found that integrating cultural aspects into curricula increase student achievement in a university setting where their participants viewed the institution as a “White place” with Eurocentric curricula and on-campus racism. Over the course of six years, I was given minimal exposure to any form of bicultural training. Most of my postgraduate lecturers were from overseas with one exception who was NZ Pākehā. The education I received did not fully support my development as a future psychologist, nor did it adequately prepare me to meet the needs of the diverse demographic I would serve.

*“Indeed, despite the espousal of frameworks such as a Treaty statement, equality and diversity policy, and Māori advancement plans that aim to achieve equitable outcomes for Māori, across all universities in Aotearoa, little has fundamentally changed to improve the material conditions for Māori in universities”* (Waitoki et al., 2023).

One of the significant challenges I faced was the expectation to conform to a Eurocentric way of thinking to pass exams designed to meet colonialist standards. This expectation perpetuated the racial divide and disempowered me as a non-Western student. I had lecturers who were knowledgeable and experts in their fields. I held them in high regard, yet I was worried. I knew I could never be like them. If they represented the standard for psychologists, I feared I would struggle in this profession because I did not think, look, or act like them. I did not fit the mould I was being presented with. When I graduated and began practicing as a psychologist, the way I interacted and worked with my clients was different in many aspects to my lecturers, now colleagues. It was not until I attended a Pasifikology workshop that I had a significant realisation. The Pacific psychologists there were like me! They understood my perspective and resonated with my way of thinking. The way we engaged with clients, emphasising the co-construction of therapeutic relationships through culturally resonant connections on multiple levels, created an environment conducive to collaboration, trust, and empowerment. This approach was particularly significant for Māori and Pacific clients, as it aligned with their cultural values and relational practices, fostering a sense of respect and mutual understanding that enhanced the overall therapeutic process. This response mirrored my experience during my PhD, where significant alignment emerged between my research and psychological practice. This connection becomes evident when considering the following quote, particularly if the research setting is substituted with a psychological context:

*“When Indigenous peoples become the researchers (psychologists) and not merely the researched (client), the activity of research (therapeutic experience) is transformed. Questions are framed differently, priorities are ranked differently, problems are defined differently, and people participate on different terms”* (Smith, 1999, p.193).

I became acutely aware of this issue when engaging with other Māori and Pacific psychologists. While we shared similar perspectives on culturally aligned approaches, I felt a sense of disappointment and frustration. Our collective viewpoints, which

emphasise Indigenous and Pacific knowledge systems, are not reflected in the academic curriculum in Aotearoa. Instead, psychology programmes continue to adhere rigidly to Western frameworks, neglecting the diverse cultural contexts of Māori and Pacific peoples. The shortage of mātauranga Māori content in the curriculum is lacking furthermore, when delivered, universities often rely on guest lecturers to deliver the content (Waitoki et al., 2023, p. 09). Additionally, research by Waitoki et al. (2023) highlights a significant scarcity of resources available for incorporating cultural knowledge and values, attributed to an undervaluing or lack of recognition of mātauranga Māori within academic settings (p. 10). This situation highlights concerns about the education systems, policies, and processes of universities. It suggests the presence of institutional racism and implies that the material exposed to students may be influenced by racist pedagogy shaped by wider societal biases. Psychology originated in Europe and later developed substantially in the United States, largely shaping the field as we know it today. This evolution has primarily depended on research involving Western, educated, industrialized, rich, and democratic (WEIRD) populations, which has greatly influenced psychological theories and practices (Henrich et al., 2010). Consequently, much of contemporary psychology reflects perspectives and assumptions relevant to these WEIRD contexts, which may limit the applicability of psychological findings across diverse cultural and socioeconomic backgrounds. Research by Groot, Le Grice, and Nikora, (2018) suggests that psychology in Aotearoa has been criticised for its predominantly Eurocentric focus, prioritising Western cultural perspectives and historical contexts while neglecting broader global and Indigenous worldviews. This limited scope has drawn significant critiques from Indigenous psychologists, who argue that such an approach fails to adequately address the unique cultural and social realities of Māori and Pacific peoples (Groot, et al., 2018).

Waitoki, Tan, Hamley, Stolte, Chan, and Scarf (2024) examined the responsiveness of professional psychology programs to Indigenous Māori needs in Aotearoa, emphasising the monocultural and Eurocentric nature of the curriculum. Their findings suggest that without structural changes, institutional racism continues to impact Māori participation in psychology, often marginalising Indigenous knowledge. Kuokkanen (2007) critiques universities' approaches to inclusivity, arguing that they often fail because they do not effectively integrate Indigenous perspectives. Programs that aimed to bridge

Indigenous and Western academic frameworks generally do so without integrating key ontological and epistemic differences and overlook Indigenous worldviews. It is essential to include Indigenous lecturers on staff to ensure that Indigenous knowledge is delivered authentically through an Indigenous lens.

According to Waitoki et al. (2023), the absence of Māori staff in psychology programs hinders the effective integration of mātauranga Māori. This issue is further exacerbated by limited funding, lack of established relationships with Indigenous communities, and concerns about approaching Māori perspectives in a culturally appropriate and respectful manner (p. 9). These barriers highlight the complexity of integrating Indigenous knowledge within academic frameworks that have historically been, and still are predominantly shaped by Western paradigms. The integration of specific knowledge into academic curricula is influenced by institutional priorities and the resources available. As a result, the materials and journal articles available to both the academic community and lecturers often reflect what is considered acceptable and desirable by publishers. This reliance on publishers to provide these resources raises the question: Are publishers the gatekeepers of knowledge, determining what we learn and endorse as evidence-based practice? Such a dynamic can limit access to a diverse range of perspectives, especially Indigenous knowledge, as publishers may prioritise materials that align with mainstream academic frameworks, often sidelining alternative worldviews and epistemologies. This reinforces the dominance of certain knowledge systems while restricting the inclusion of diverse, Indigenous knowledge that may not fit within traditional publishing criteria (Kuokkanen, 2007; Waitoki et al., 2023).

Roberts et al. (2020) examined over 26,000 empirical articles published between 1974 and 2018 in top-tier psychological journals to explore how often these journals acknowledge the importance of race in development, behaviour, and cognitive processing. It would be reasonable to assume that such an important life factor and determinant would be a key psychological topic across most journals particularly from those who work with diverse populations. However, among 1,149 articles published in 2015 and 2016 across 11 psychology journals, 73% did not mention the race of their participants which questions, is this possibly the result of publishers' gatekeeping (Roberts et al, 2020). Is this a form of covert racism that maintains systemic inequality and perpetuates the marginalisation of racial minorities

by embedding discriminatory practices within the fabric of society.

What are we exposing students, lecturers and any stakeholder in psychological practices to if we limit exposure to research with Indigenous populations by Indigenous researchers. Is it feasible to expect an intern, international, or previously trained psychologist to implement culturally effective approaches in Aotearoa if they have not been exposed to research and articles that discuss Indigenous ideologies, belief systems, cultural practices, and worldview. Smith (1999) highlighted the imperialistic 'collective memory' that knowledge of Indigenous cultures is collected, classified, and then disseminated back to the community by and through a Eurocentric worldview. Individuals in positions of power, such as psychologists, psychology lecturers, and authors, promote psychological competency from a perspective that lacks awareness of Māori and Pacific knowledge. For effective healthcare to be delivered to Māori, professionals must work collaboratively to have positive outcomes for Māori, their hapū, and iwi (Cram, et al., 2003).

Indigenous knowledge is compiled and enhanced by the ancestral knowledge and the "legacies of diverse histories and cultures" (Akena, 2012 p. 601). An essential factor is understanding the nuances of cultural identity for the individual and the impact this may have on their whānau, hapū, and iwi. According to Pihamā and Smith (2023) mental health and wellbeing are directly correlated to cultural identity. A strong essence of cultural identity can lead to positive mental health outcomes. Psychologists working with Māori must recognise and acknowledge that oratory healing is a cultural component for many Māori individuals. Therefore, effective healing through talk therapy must be "framed within tikanga and mātauranga Māori understanding" (Pihamā & Smith, 2023, p. 24). This extends to our Pacific population where implementation of Tauhi vā (building and nurturing relationships), talanoa (free flowing talk), and Pacific values such as faka'apa'apa (respect), loto fakatokilalo (humility), fe'ofa'aki (love, compassion), fetokoni'aki (reciprocity and responsibility for each other), and feveitokai (caring, generosity) are essential components to the effectiveness of psychological practice when working with Pacific peoples. For example, complications in this may arise when a client experiences complicated grief.

According to Spiwak et al. (2012) the specific role of cultural factors like religion, language, and beliefs in the bereavement process may not be fully

understood, nevertheless it is clear that culture plays an important role in shaping how individuals experience and process grief. For Māori it is understood that during the tangihanga process wairua is heightened and the presence of tupuna (ancestors) are often felt and talked about with one another (Valentine et al., 2023). It is similar in the Tongan culture. When my father passed away, our home was quickly filled with my mother's Kainga (extended family). They arrived with Kai (food), Fala (Fine mats), money and most importantly fe'ofa'aki (love, compassion), to support my mother through her grieving. She had now become a migrant single parent of six children. Shortly after my father was buried, my mother felt the yearning to reconnect with her kainga, the fonua (land), and her tupu'anga (ancestors).

*"Te toto o te tangata, he kai: te oranga o te tangata, he whenua*

*The blood of people is from food, the sustenance/wellbeing of the people derives from the land.*" (Pihamā et al., 2023, p.211).

My mother took me, who was 10 years old at the time, back to Tonga so she could mourn with her kainga in a culturally safe and appropriate way. There was a sense of collective grieving as her family gathered around her in Tonga to share her grief. During this traumatic time, she was embraced and immersed in her culture. Despite her commitment to raising her children in a 'White world' and in the 'White way', when her heart ached, she turned to her cultural roots to help heal her grief. During her grieving process, my mother reconnected with her tupu'anga (ancestors) and experienced spiritual visitations from my father and others who had passed away. She possesses a unique gift, with a thin veil between herself and the spiritual realm. From a clinical perspective aligned with DSM-5 criteria for grief-related conditions, these experiences could be misinterpreted by a psychologist unfamiliar with Tongan cultural practices. Such a clinician might categorise these spiritual visitations as hallucinations, both visual and auditory, or attribute her subdued emotional expressions to affective flattening commonly associated with grief-related psychopathology.

This misunderstanding could lead to an inaccurate diagnosis, such as persistent complex bereavement disorder or even a psychotic disorder, which would fail to recognise the cultural context and spiritual significance of her experiences. Furthermore, even without a formal diagnosis, the culturally specific support my mother required at that time would likely

have been difficult to obtain from a psychologist trained under the standards of that era, which often lacked the cultural competency necessary for understanding and addressing such nuanced expressions of grief. Misinterpretation of her spiritual experiences could have been detrimental, emphasising the need for culturally informed mental health practices.

*“The Indigenous knowledge systems of the Pacific incorporate technical insights and detailed observations of natural, social and spiritual phenomena, which in turn are used to validate what is important in life – what sustains people and what connects them to particular places and spaces and is crucial to their identity”* (Du Plessis & Fairbarin-Dunlop, 2009).

As a psychologist of Pacific heritage, I understand the profound importance of spirituality and its central role within our communities. However, for some practitioners, engaging with clients' perspectives on spirituality, whānau, culture, and Māori and Pacific values and belief systems may not be an intuitive part of their practice. Therefore, it is crucial to integrate these cultural fundamentals into our educational institutions, ensuring that future psychologists are equipped to work effectively with and accurately formulate treatment for our communities. During my psychology training, I worked with a psychologist who had adapted a Dialectical Behaviour Therapy (DBT) group programme to suit the needs of our specific setting. As an intern, I was new to this approach and deferred to the psychologist, who was the expert. However, after completing my internship and gaining further training and conducting research in DBT, I was disappointed to discover that the psychologist had removed prayer from the programme and replaced it with planning. Given that our clients were predominantly Māori and Pacific, whose cultural values often integrate spirituality, I perceived this omission, rooted in the psychologist's personal belief system, as a culturally insensitive action that perpetuates racial inequities. It reflects a discomfort with cultural or spiritual practices that falls short of the cultural competence expected in psychological care. The inclusion of prayer or the acknowledgment of spirituality would have been a valuable tool in fostering a therapeutic environment more aligned with the clients' beliefs and practices. As a psychologist trained in an institution in Aotearoa, this highlights the cultural ignorance that persists within certain aspects of these programmes.

What the students learn regarding Pacific studies is often the result of Western scholarship and research that has been conducted for their own purposes with

a misconception that the research they were conducting would benefit the population they were studying (Thaman, 2003). Therefore, it is imperative that we increase our Pacific and Māori student in areas of research so that the research is conducted by and for Māori and Pacific populations. Research in areas of psychology for our Pacific people, is where knowledge is collectively created, sanctioned, passed on, and utilised with the goal of achieving a good life for all members of the community (Du Plessis & Fairbarin-Dunlop, 2009). As psychology programs evolve and new knowledge is developed, it is vital that Māori and Pacific voices are included in the conversation and represented at all levels of university psychology programs.

*“For starters, most psychology academic staff in Aotearoa come from overseas. For Māori and Pacific psychology students, there are just three professors of psychology who are Māori and only two who are Pacific in the whole country. The discipline doesn't reflect the knowledge that is held in communities, or the solutions that are needed by those communities”* (Waitoki, 2024).

### **Māori and Pacific Advancement in Psychology Programs**

According to Te Poari Kaimātai Hinengaro o Aotearoa/NZ Psychologist Board 2021-2022 annual report, there are currently 4532 registered psychologists, 3795 practising psychologists with 21 accredited training programs available. Among the current psychologists practicing in Aotearoa, 232 (6.5%) identify as Māori and 72 (2%) as Pasifika which represents less than half of what would be expected based on the proportion of Māori and Pasifika in the general population (Kennedy et al., 2022).

This reflects another layer of institutional racism in psychology when we consider the statistics on the number of Māori and Pacific psychology students gaining entry to and graduating from their chosen universities with a psychology qualification. Universities need to create and implement proactive policies to promote Māori and Pacific students into postgraduate programs. Currently, final selection at most universities is determined through an interview process. Balhara et al. (2021) suggest that when making selections for the interviewers, they must reflect the values, diversity, and goals of the program. Institutions like Te Wānanga Aronui o Tāmaki-makau-rau (AUT) propose to incorporate Māori values and adhere to Te Tiriti o Waitangi principles, emphasising a framework rooted in pono (integrity), tika (justice), and aroha (compassion). However, Stewart et. al. (2021) make it clear that “they may be the ‘AUT Values’ but they are not and could never be ‘AUT’s values’: they are value concepts derived from, and belonging to, te ao Māori me ōna tikanga (the Māori world and its philosophies)”. These values hold significant importance across generations, and their adoption as institutional principles signals a serious

commitment and responsibility, particularly for institutions like AUT (Stewart et. al. (2021).

According to Ahu (n.d.), research conducted by Whakahui highlighted key practices that Māori participants identified as essential for creating inclusive and empowering interview experiences. These practices emphasise a recruitment process that aligns with Māori values and principles, taking a holistic approach to understanding candidates beyond their technical abilities and recognising them as individuals with unique identities and connections. This process should integrate appropriate tikanga, such as the use of Karakia (prayer) and Pepeha (introductions reflecting whakapapa and heritage), to ground interactions in cultural respect and authenticity. A Māori competency framework can guide the recruitment process by reflecting key Māori values such as Manaakitanga (kindness and support), Kotahitanga (unity and collective action), and Whanaungatanga (relationships and family connection) ensuring these principles are embedded within the organisation's practices. Structuring the interview process to incorporate a Māori worldview from the outset demonstrates a commitment to equitable and culturally grounded practices.

From my own experience as a psychologist and a researcher, I have found that for our Pacific people, it is a similar process. A culturally grounded interview process for Pacific candidates is underpinned by core Pacific ethical values such as Faka'apa'apa (respect), Loto Fakatōkilalo (humility), Fe'ofa'aki (love and compassion), Fetokoni'aki (reciprocity and shared responsibility), and Feveitokai (caring and generosity). These values create an environment that honours the cultural identity of the candidate and fosters meaningful engagement. Central to this process is the practice of Tauhi Vā, which involves building and nurturing relationships between candidates and panel members. This relational approach ensures that the interview environment is characterised by safety, mutual respect, and authenticity. Additionally, the integration of talanoa—a free-flowing and open dialogue—enables both candidates and panel members to connect on multiple levels beyond the formalities of the interview, promoting deeper understanding and rapport.

Cultural awareness among all panel members is critical, as it ensures acknowledgment and appreciation of the cultural nuances' candidates bring to the interview. By incorporating these principles, the process becomes more inclusive and aligned with Māori and Pacific values, enhancing the candidate's sense of belonging and the authenticity of the interaction. These attributes and considerations for selection panel members are innate when they understand the complexities and biases that are often present in the interview process. To embrace this ideology would mitigate the racial bias and disempowerment of Māori and Pacific candidates in the selection and interview process. Changes to the interview process may see an increase in the selection of Māori and Pacific candidates as they are interviewed in an environment where their cultural identity is acknowledged, honoured, and embraced rather than the possible cause of

cultural discomfort. Implementing the suggested changes in the interview process requires those in power to first recognise the issues in the selection process and then demonstrate a willingness to work collaboratively to implement these changes.

*“Institutional or structural racism is when government, organisations, education, and wider society use laws, policies and practices that create unfair advantage for some groups, and disadvantage for others. It builds over time and though not always intentional, drives inequality and disempowerment”* (Ministry of Justice, n.d.).

Racism can be subtle and so ingrained in everyday life that it goes unacknowledged, making it difficult to address (Waitoki et al., 2023). Campinha-Bacote (2002) identified that cultural competence in healthcare requires the “integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire” (p.11). For change to occur, we need to address this with those who are in authority and can instigate change. This may begin with acknowledging a lack of cultural awareness, knowledge, skill, and connection with Māori and Pacific in the community. If there is no desire to engage with cultural development, then change may be met with resistance. In my little experience, when issues of racial bias and disempowerment have been raised, voices of change have been marginalised, and disempowered by those with authority and power. Remember the 1970s and the racial divide created by governments in power. Oppression is real and can lead to feelings of mana being trampled, feeling undervalued and insignificant in spaces where being Māori or Pacific should be celebrated.

## Conclusion

Unfortunately, racism persists in psychology in various forms and aspects. It is crucial for us as psychologists to recognise our own cultural identity and biases and reflect on how they impact our practice and sphere of influence. We must actively work to make the necessary changes to ensure that everyone who interacts with a psychologist feels valued, particularly in terms of their cultural experiences. While some universities are working to align curricula with cultural values, progress can be slow, and resistance to change remains. We must all proactively move forward together to amplify the voices of Māori and Pacific peoples in a field that has not always been informed enough to provide appropriate care.

By acknowledging the existence of racism within psychology, we become better equipped to implement changes that eliminate racism and uphold the ethical standards we are committed to as psychologists in Aotearoa.

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