

Indigenous research collaborations could better inform the future of psychology in Aotearoa

Carrie Clifford



Kia ora tātou. He uri ahau o Waitaha, Kāti Māmoe, Kai tahu. No Parauriki (Kaka Point) ahau engari i tipu ake ahau kei Murihiku. Ko Carrie Clifford toku ikoa. I am currently completing my PhD in Psychology at the University of Otago and I am also a student in the Clinical Psychology programme at Victoria University Wellington - Te Herenga Waka. I am passionate about Māori storytelling practices and child psychology. I was honoured to be the 2019 co-recipient of the Karahiwi Tumuaki - President's Scholarship from the New Zealand Psychological Society.

The Fulbright-Ngā Pae o te Māramatanga Awards reflect a joint partnership between Fulbright and Ngā Pae o te Māramatanga (New Zealand's Centre of Māori Research Excellence). One student and one established academic are awarded a Fulbright-Ngā Pae o te Māramatanga Fellowship annually. To have received support from both Ngā Pae o te Māramatanga and Fulbright was a great honour.

In this piece, I will provide a brief overview of my experience in the United States as a Visiting Student Researcher and share some of my key learnings, research implications, and recommendations for the field of psychology in Aotearoa. The Visiting Student Researcher programme is a fantastic opportunity as it allows students to continue their PhD studies in Aotearoa while also gaining valuable overseas experience.

A brief overview of the experience

I spent five months at the Centers for American Indian and Alaska Native Health, University of Colorado, working alongside Professor Nancy Whitesell and Associate Professor Michelle Sarche (Lac Courte Oreilles, Ojibwe) followed by three months at the Center for American Indian Health, Johns Hopkins Bloomberg School of Public Health, working alongside Assistant Professor Victoria O'Keefe (Cherokee).

I worked on a range of research projects including, community mental health and suicide prevention initiatives, substance prevention in youth, family-based parenting interventions, and a project evaluating the cultural appropriateness of early childhood screening measures, many of which are the first to ever be adapted in direct partnership with native communities.

Key Learnings

As time goes on, the impact of my experience will become clearer. Most importantly, the experience has allowed me to better understand how my research fits internationally and as a result, I have extended my PhD to include a more international Indigenous perspective around storytelling. In addition, as a clinical psychology student, I learned a great deal from the discipline of Public Health and saw the value of the ability to develop and evaluate health interventions at a population level, and the importance of interdisciplinary research teams.

Specifically, I have taken away from my experience:

1. The power of paraprofessionals: Paraprofessionals with trusted relationships in the community are essential to delivering better services and community support.
2. That mother-child relationships play an essential role in stopping the impact of historical trauma from being passed on.
3. That understanding the similar history and unique differences between Māori and Native American tribes will allow for more effective research collaborations. Māori and Native American tribes have similar experiences of colonisation, language loss, and dislocation, but important differences in political power, treaties, visibility, and population statistics.
4. That the linear nature of Western academic research vs the holistic nature of Indigenous worldviews is often what causes tension in research.

Research implications

Globally, the field of psychology has largely ignored Indigenous peoples – our culture, worldview, and language. Given my experience, I offer a number of

research implications for the field of psychology in Aotearoa moving forward.

Research must be done to:

1. Identify tangible ways to stop the cycle of historical trauma.
2. Explore the cultural appropriateness of psychological tests and screening measures.
3. Prioritise community-informed suicide prevention initiatives.
4. Recognise and revitalise Māori language, Mātauranga Māori, and Māori understandings of health and psychology.
5. Explore intergenerational behavioural health and behavioural health disparities.

Recommendations for the field of psychology

More broadly, but of equal importance, I would make the following recommendations based on my experience in the US.

1. Explore and understand the history of the field of psychology. In understanding where the discipline of psychology comes from, we will better understand how it impacts our ability to service and understand different populations. We can then act to rectify any disparities.
2. Establish interdisciplinary approaches and research as a model of best practice.
3. Consider how task shifting - moving specific tasks, where appropriate, to health workers with shorter training and few qualifications (World Health Organisation, 2008 p.7) could be used to create a coordinated and multilayer approach to psychology in Aotearoa.
4. Deliberate discussion around healing historical trauma.
5. Collaboration across disciplines

to bridge the silos within academia: Of particular relevance, the fields of Māori Studies, Psychology, and Public Health.

6. Considering how we can make our work accessible to other Indigenous populations: Academic networks and relationships, platforms for sharing, translate te reo Māori (so that other academics can access our articles), collate Indigenous research.
7. Building capacity and capability of Māori psychology as a discipline in addition to individual psychologists and academics is key to advancing the field of psychology and improving the mental health of all New Zealanders.

I left the US with a deeper appreciation of the importance of Indigenous peoples coming together in solidarity to improve the wellbeing of our people, language, and culture.

I finish with a quote that speaks to the aims of the establishment of the Fulbright programme in 1946 but remains equally true today and is relevant to Aotearoa and the field of psychology at present.

“The essence of intercultural education is the acquisition of empathy—the ability to see the world as others see it and to allow for the possibility that others may see something we have failed to see, or may see it more accurately. The simple purpose of the exchange program...is to erode the culturally rooted mistrust that sets nations against one another. The exchange program is not a panacea but an avenue of hope....”

Finally, I want to mihi to and acknowledge those who contributed to and supported the development

of the Karahipi scholarship as well as the mentorship and support I have had - from those both in the US and in Aotearoa. To those who have supported me, I say, Poipoia te kakano kia puawai: Nurture the seed and it will blossom - my achievements reflect your mentorship.

References

World Health Organization. (2008). *Task shifting: Global recommendations and guidelines*. Geneva: World Health Organization.