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**Operationalising Bicultural Practice with Māori in Aotearoa New Zealand: Registered Psychologists' Experiences, Approaches, and Challenges**

A thesis

submitted in fulfilment

of the requirements for the degree

of

***Master of Science (Research) in Psychology***

at

**The University of Waikato**

by

**ALICE WILSON**

THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

22nd of February 2026

**Abstract**

Registered psychologists in Aotearoa New Zealand are required under Te Tiriti o Waitangi to integrate Māori worldviews and culturally responsive practices into their therapeutic work. However, empirical research examining how psychologists operationalise bicultural practice in everyday clinical settings remains limited. This qualitative study addressed two research questions: (1) How do psychologists operationalise bicultural principles in their psychological practice? and (2) What are the biggest challenges psychologists have experienced in engaging in bicultural practice? Semi-structured interviews were conducted with 24 registered psychologists, and results were analysed using reflexive thematic analysis. Eight themes were identified: (1) Prioritising Whakawhanaungatanga, (2) Client-Centred Cultural Responsiveness, (3) Te Whare Tapa Whā as a Fundamental Framework, (4) Cultural Practices Integration, (5) Ongoing Commitment to Preparation and Learning, (6) Fear and Anxiety as Barriers to Engagement, (7) Barriers to Engagement: Bicultural Training and Educational Preparation, and (8) Navigating Practitioner Positionality and Client Cultural Identity Complexity. Together, these findings illustrate how psychologists are actively incorporating bicultural practice across diverse clinical settings while navigating systemic, educational, and personal barriers. Results are discussed within the He Awa Whiria (Braided Rivers) framework, with implications for training, professional standards, and the ongoing development of bicultural psychological practice in Aotearoa New Zealand.

**Keywords:** Bicultural practice, Māori, Psychologists, He Awa Whiria,

**Acknowledgments**

He mihi tēnei ki a koutou katoa.

This thesis would not exist without my supervisor, Dr Simone Mohi. Thank you for your expertise, your honesty, and your belief in this research. Your guidance has shaped both this work and my growth as researcher.

To Nicole, Nandita, and Priyanka, it has been a privilege to be part of this research team. Your knowledge and generosity made this journey richer than I could have anticipated, and made the tough moments much easier.

To the twenty-four psychologists who shared their time, reflections, and vulnerability ngā mihi nui. Your mahi is often unseen and under-recognised. I am humbled by your trust, and I hope this work honours the communities and clients you serve.

To my whānau and loved ones, Mum and Dad, your love and steady belief in me made this possible.

Ngā mihi nui ki a koutou katoa.

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## Glossary

| | |
|---|---|
| *Aotearoa* | New Zealand |
| *atua* | God/gods; spiritual beings |
| *hauora* | Health, wellbeing |
| *He Awa Whiria* | Braided Rivers; a framework conceptualising Western and Māori knowledge systems as parallel streams that sometimes converge |
| *karakia* | Traditional prayer; incantation |
| *Kaupapa Māori* | Māori approach; Māori principles and philosophy |
| *kawanatanga* | Governance; government authority |
| *mana* | Status, power, prestige, authority |
| *manaakitanga* | Support, respect, hospitality; upholding the mana of others |
| *mātauranga Māori* | Māori knowledge |
| *Meihana Model* | A Māori health framework developed by Pitama et al. (2007), extending Te Whare Tapa Whā to support structured clinical assessment |
| *Pākehā* | New Zealander of European descent |
| *pepeha* | Traditional oral introduction connecting a person to their ancestral landmarks and people |
| *pōwhiri* | Formal welcome ceremony |
| *rangatiratanga* | Self-determination, sovereignty, chieftainship |

| | |
|---|---|
| *tangata whenua* | People of the land; Indigenous people of Aotearoa New Zealand |
| *Tauiwi* | Non-Māori; people from other lands |
| *te ao Māori* | The Māori worldview |
| *te huia* | A huia feather that stands upon the forehead; said of someone who stands out in the crowd. Can also mean to be unique. |
| *te reo Māori* | The Māori language |
| *Te Tiriti o Waitangi* | The Treaty of Waitangi |
| *Te Whare Tapa Whā* | The four-sided house; a Māori health framework developed by Mason Durie (1985) conceptualising wellbeing across four dimensions |
| *Te Wheke* | The octopus; a Māori health framework developed by Rose Pere (1991) representing eight interconnected dimensions of health |
| *tikanga* | Customs, rules, rituals; correct procedure |
| *tohunga* | A Māori priest or learned person |
| *wairua* | Spirit, spirituality |
| *whakawhanaungatanga* | Relationship building; the process of establishing and maintaining relationships |
| *whakapapa* | Genealogy, line of descent; ancestral connections |
| *whānau* | Family, extended family |

# Operationalising Bicultural Practice with Māori in Aotearoa New Zealand: Registered Psychologists' Experiences, Approaches, and Challenges

In Aotearoa New Zealand, psychological practice exists within a unique bicultural context shaped by the relationship between Māori as tangata whenua (people of the land) and Tauiwi (non-Māori). This relationship is formally established through Te Tiriti o Waitangi (The Treaty of Waitangi), signed in 1840, which continues to influence contemporary professional practice across all sectors, including psychology (Walker, 1990). For psychologists working in Aotearoa New Zealand, Te Tiriti creates not only a national governing framework, but also ethical obligations guided by the professional code of ethics and conduct (New Zealand Psychologists Board, 2012). This code informs how psychological services are conceptualised and delivered, especially in the context of working with Māori clients. Despite the formal recognition of the importance of bicultural practice for psychologists in Aotearoa New Zealand, the empirical literature informing how psychologists operationalise bicultural principles in their everyday work and what challenges they experience remains sparse, with few studies directly examining practitioners lived experiences of implementation (Waitoki & Levy, 2016).

Within a Te Tiriti o Waitangi framework, bicultural practice in Aotearoa New Zealand is defined by Eketone and Walker (2015) as "a complex and multifaceted subject, focused on relationships between indigenous Māori and non-indigenous Pākehā... It brings together indigenous and non-indigenous knowledge and practices that enhance people's well-being" (p. 103). This definition highlights the relational nature of bicultural practice and its focus on enhancing wellbeing through the integration of different knowledge systems.

The current study aims to contribute towards addressing this gap and to empirically explore how psychologists in Aotearoa New Zealand integrate bicultural principles into their everyday psychological practice and to help identify the challenges they experience.

Increased understanding in this context may offer insight into the conditions and supports that help to enable effective bicultural practice for psychologists, with implications for future research, training, and therapeutic recommendations.

**Historical Context and Contemporary Relevance**

The signing of Te Tiriti o Waitangi in 1840 was intended to establish a partnership between Māori and the British Crown that would ensure equity and protect Māori self-determination and sovereignty over their resources and ways of life (Walker, 1990). However, the years following the signing saw widespread disregard for principles upholding Māori self-determination and sovereignty, resulting in significant land confiscation and the suppression of Māori healing practices, language, and education (Orange, 2015; Walker, 1990). One example of this was the 1907 Tohunga Suppression Act which explicitly outlawed traditional Māori healing practices, replacing them with Western medical approaches and in doing so disrupted the intergenerational transmission of mātauranga Māori (Māori knowledge) related to health and wellbeing (Durie, 2001).

These historical processes associated with colonisation have had enduring impacts on the wellbeing of Māori, evident in contemporary health disparities (Harris et al., 2018; Reid & Robson, 2007). Māori experience disproportionately poorer outcomes across health indicators, including mental health, with higher rates of psychological distress, suicide, and substance use disorders compared to non-Māori (Boden et al., 2022). These disparities highlight the importance of culturally responsive psychological services being provided to Māori (King et al., 2019; Durie, 2011).

The principles of Te Tiriti have been increasingly incorporated into health policy and professional standards (Ministry of Health, 2020; Waitoki et al., 2024), with growing acknowledgment that bicultural practice is an essential component of effective and ethical professional practice in Aotearoa New Zealand (Durie, 2011). For psychology, this represents

a shift from the traditional dominance of Western paradigms toward a more inclusive approach that recognises the validity and value of Māori knowledge systems and practices.

**The Ethical Framework for Bicultural Practice in Psychology**

The Code of Ethics for Psychologists Working in Aotearoa New Zealand (New Zealand Psychologists Board, 2012) explicitly acknowledges the importance of bicultural practice, emphasising psychologists' responsibility to understand "the meaning and implications of the Treaty of Waitangi for their work" (p. 6). The upcoming revised Code of Ethics and Code of Conduct (New Zealand Psychologists Board, 2026) places even greater emphasis on Te Tiriti obligations, operationalising these commitments across multiple practice domains. The inclusion of Te Tiriti o Waitangi in the Code reflects a longstanding commitment to cultural justice within the profession. Nairn (2007) traces how the Code of Ethics was developed by adapting the *Canadian Code of Ethics for Psychologists 1991* (Sinclair & Pettifor, 1992) to the Aotearoa New Zealand context. The National Standing Committee on Bicultural Issues (NSCBI) recommending greater recognition of collectivist values and the inclusion of Te Tiriti in the ethical principles. Nairn describes how the Rangatiratanga–Kawanatanga dynamic, as articulated by Te Huia Bill Hamilton, provides a framework for understanding how each of the Code's four ethical principles (respect for the dignity of persons and peoples, responsible caring, integrity in relationships, and social justice and responsibility to society) is informed by Te Tiriti obligations. Within this framework, the Māori concepts of Manaakitanga, Kaitiakitanga, and Whanaungatanga operate alongside the ethical principles, grounding bicultural practice in the Treaty relationship rather than treating it as an addendum to Western ethical standards.

While the Treaty principles of protection, participation, and partnership have featured prominently in policy and legislation since the mid-1980s (Hayward, 2004; Nikora, 2001), Nairn (2007) cautions that these principles represent strategic priorities rather than capturing

the fundamental truth of Te Tiriti. He argues that the Rangatiratanga–Kawanatanga dynamic, the reciprocal relationship established between Māori and the Crown, is the more foundational framework. Within this framework, practitioners must recognise both their obligations under Article 3 (culturally just practice) and their role in supporting the development of Kaupapa Māori psychology under Article 2.

Central to this ethical framework are the concepts of cultural competence and cultural safety, both defined terms within the profession. Cultural competence refers to the knowledge, skills, and attitudes that enable practitioners to work effectively across cultures (New Zealand Psychologists Board, 2012). Cultural safety, which originated in New Zealand nursing literature (Papps & Ramsden, 1996), is defined by the New Zealand Psychologists Board (2009) as "the effective psychological education and practice as applied to a person, family or group from another culture, and as determined by that person, family or group" (p. 6). Importantly, cultural safety relates to the experience of the recipient of psychological services and extends beyond cultural awareness and cultural sensitivity, providing consumers with the power to comment on practices and contribute to the achievement of positive outcomes (New Zealand Psychologists Board, 2009). Curtis et al. (2025) provide the most updated definition, emphasising that cultural safety places the authority for determining safety with the client, positioning their lived experience as the primary criterion rather than relying on the clinician's evaluation.

This ethical framework establishes bicultural practice not as an optional addition to psychological work but as a core professional obligation for all psychologists working in Aotearoa New Zealand. However, research spanning over three decades suggests a persistent gap between these aspirational standards and their implementation into psychological practice. Sawrey's (1993) survey found that over 75% of psychologists felt they had inadequate knowledge of Māori culture to work effectively with Māori clients, and over 85%

felt their training had not equipped them to do so. Levy's (2002) qualitative study with 17 Māori psychologists similarly documented concerns about inadequate preparation and insufficient cultural knowledge. The recent WERO report (Waitoki et al., 2024), surveying 293 psychologists and trainees out of approximately 3,500 registered practitioners, found that 65% rated their training as "poor" in addressing issues for Māori, only 33% felt confident applying Hauora Māori models, and 44% rated their preparation as culturally competent psychologists as "poor”. Heffernan et al.'s (2025) study with 20 rehabilitation practitioners continues to document challenges in translating conceptual frameworks into practice, with participants in this study expressing uncertainty about implementation and difficulties moving from theory to application. These findings suggest that while the ethical framework has been well-established for over two decades, the practical knowledge, skills, and institutional support required for effective implementation remain under-developed.

**Framing Bicultural Practice in Psychology in Aotearoa New Zealand**

One influential framework that supports bicultural practice across multiple disciplines in Aotearoa New Zealand is He Awa Whiria (Braided Rivers), proposed by Macfarlane et al. (2015). This framework visualizes Western and Māori knowledge systems as separate rivers that sometimes flow apart and sometimes converge, creating braided sections where knowledge from both traditions can be woven together. Importantly, this framework rejects a "one-stream" paradigm where one knowledge system is considered universal or more valuable than another. Instead, it intends for different knowledge streams to maintain their integrity while acknowledging that they can inform and enrich each other at points of convergence (Macfarlane & Macfarlane, 2019).

## Māori Models and Concepts in Psychology

Māori health models offer Indigenous perspectives on wellbeing that emphasise relational, spiritual, and collective dimensions historically less central within Western psychological approaches (Durie, 1985; Pere, 1991). Understanding these frameworks is essential for psychologists seeking to engage in bicultural practice.

Māori approaches to health and wellbeing offer holistic and relational frameworks grounded in whakapapa, wairua, and collective identity. These frameworks centre dimensions of wellbeing that have historically been underrepresented within dominant Western psychological models, which have often prioritised individual-level conceptualisations of mental health (Durie, 1985). Te Whare Tapa Whā (the four-sided house), developed by Professor Mason Durie (1985), conceptualizes wellbeing as a four-sided house, with each wall representing a different dimension: taha wairua (spiritual health), taha hinengaro (mental and emotional health), taha tinana (physical health), and taha whānau (family and social health). According to this model, all four dimensions must be in balance for a person to experience wellbeing.

Te Wheke (the octopus), developed by Rose Pere (1991) to assist nurses with a holistic way of looking at health, functions as a conceptual metaphor that illustrates the interconnected and relational nature of wellbeing, rather than simply a symbolic representation. The model represents eight dimensions of health through the octopus's tentacles: wairuatanga (spirituality), mana ake (unique identity), mauri (life force), whanaungatanga (relationships), taha tinana (physical wellbeing), hinengaro (the mind), whatumanawa (emotional wellbeing), and hā a koro mā, a kui mā (cultural heritage). This model emphasizes the interconnectedness of different aspects of health and the importance of cultural heritage and spirituality.

The 'Meihana' Model, developed by Pitama et al. (2007), is a more recent Māori health framework that builds on Te Whare Tapa Whā. Extending it through the inclusion of additional elements to support structured, holistic clinical assessment in healthcare and psychological practice with Māori. While the Meihana Model provides a structured clinical assessment tool, the He Awa Whiria framework offers greater flexibility by recognising that Māori and Western knowledge streams may flow together or apart depending on the context. With each knowledge stream spending more time apart than together and convergence creating space for learning rather than assimilation (Macfarlane & Macfarlane, 2019). A key concept across these two models is wairua (spirituality), which is central to Māori understandings of wellbeing.

These Māori models offer Indigenous frameworks for understanding wellbeing that centre relational, spiritual, and collective dimensions. For psychologists in Aotearoa New Zealand, an ongoing challenge is how to engage with and integrate these Māori concepts within psychological practice in ways that are culturally safe, theoretically coherent, and responsive to diverse client needs. Despite growing recognition of the importance of this integration, there remains a need for further research examining how bicultural principles are translated into routine psychological practice.

**Empirical Research on Bicultural Practice in Aotearoa New Zealand**

Despite ethical frameworks and principles in professional psychology that aim to guide bicultural practice, empirical research on how these principles are implemented in day-to-day psychological practice remains limited. The available literature suggests a gap between aspirational goals and practical implementation, with conceptual models requiring further elaboration to operationalise within practice (Heffernan et al., 2025). Understanding the current empirical landscape provides an important context for exploring both how practitioners operationalise bicultural approaches and the challenges they encounter.

Recent qualitative research has examined how bicultural practice is conceptualised and enacted within applied rehabilitation settings in Aotearoa New Zealand. Heffernan et al. (2025) conducted semi-structured interviews with 20 practitioners employed by the Department of Corrections New Zealand (Ara Poutama Aotearoa), including Māori ($n$ = 8) and Tauiwi ($n$ = 12) participants working across psychology, rehabilitation, advisory, and programme facilitator roles. Using reflexive thematic analysis, the study explored how practitioners conceptualised Western psychology, Māori approaches, and bicultural practice, as well as the challenges in working across these knowledge systems.

Practitioners described Western psychology and Māori approaches as epistemologically distinct, and bicultural practice as requiring careful judgement regarding when approaches are used together and when they remain separate. The relationship between Māori and Western approaches was frequently described using the He Awa Whiria (Braided Rivers) conceptual framework (Macfarlane et al., 2015), which emphasises parallel knowledge streams that may intersect without being subsumed. Key challenges included tensions between Western evidence-based requirements and Māori knowledge systems. Tensions that may be particularly pronounced in the corrections context, where adversarial and court-level evidential standards intensify demands for Western empirical validation. There was also uncertainty about how to apply Māori concepts in practice, concerns regarding cultural competence and cultural safety, and structural constraints such as limited time, training, and organisational support. Cultural safety was emphasised as central to bicultural practice, with participants distinguishing between possessing cultural knowledge and practising in ways that are culturally safe and responsive to individual client needs.

This study makes an important empirical contribution to understanding how bicultural practice is conceptualised and negotiated in correctional rehabilitation contexts and highlights

the need for further research examining how bicultural practice is understood and enacted by psychologists across a broader range of practice settings in Aotearoa New Zealand.

Another recent empirical study examined the enactment of bicultural and Kaupapa Māori principles within qualitative research with Māori whānau. Hastie (2025) reported on doctoral research involving qualitative engagement with eight Māori māmā (mothers) of tamariki (children) with takiwātanga (autism). Drawing on a combination of Western and Kaupapa Māori methodologies, the study integrated hermeneutic phenomenology and participatory action research with Kaupapa Māori theory and mana wāhine theory. The study found that te ao Māori principles of whakawhanaungatanga (building relationships), manaakitanga (caring for others), and tuakana-teina (reciprocal learning relationships) were important factors that underpinned positive client outcomes.

Earlier empirical work has examined how bicultural practice is negotiated within the wider mental health system in Aotearoa New Zealand. Jordan et al. (2024) examined how bicultural practice operates within mental health services using a qualitative ethnographic design. The study drew on one year of fieldwork and interviews with 30 mental health service providers working across a range of roles and settings. The authors explored how practitioners understand and navigate the relationship between Māori and Western approaches within a system formally committed to biculturalism.

The analysis identified five broad ways in which bicultural practice was negotiated: opposition, resistance, assimilation, manoeuvring, and collaboration. These positions ranged from rejecting Māori approaches altogether to actively working towards partnership between Māori and Western knowledge systems. A central finding was variability in how Māori concepts and practices were incorporated, ranging from symbolic inclusion, such as the use of cultural language or protocols, to more substantive engagement in practice. Western models and evidence-based frameworks continued to play a prominent role in guiding clinical

practice and shaping how different forms of knowledge were prioritised and applied. Overall, the study highlighted that bicultural practice within mental health settings is unevenly enacted and influenced by institutional, policy, and organisational contexts.

Taken together, these qualitative studies are beginning to show how bicultural practice in Aotearoa New Zealand is enacted across research, system-level, and applied practice contexts, and is shaped by institutional conditions, professional roles, and the ways practitioners navigate Māori and Western knowledge systems. However, the existing empirical literature is limited by its focus on particular contexts and perspectives. This was evidenced with studies tending to examine either system-level dynamics or specific practice settings rather than offering a broader account across psychological practice. In addition, much of this work has prioritised conceptual, organisational, or methodological dimensions of bicultural practice. This left less attention to psychologists' own accounts of how bicultural commitments are understood, negotiated, and enacted in everyday professional practice.

**Challenges in Bicultural Practice**

While limited research exists on the specific challenges psychologists face in bicultural practice, studies of related professions provide insight into the types of difficulties practitioners' encounter. Research reveals challenges operating at multiple levels institutional, interpersonal, and intrapersonal that differ based on practitioners' cultural positioning.

For Māori practitioners, research has documented the burden of "cultural labour" (Mitchell, 2025), referring to the work involved in upholding and sharing Māori language and culture within psychology training and practice settings. Moyle (2014) found that Māori social workers experienced a lack of institutional support for bicultural practice and often took on additional unpaid roles as cultural advisors. Māori practitioners in Heffernan et al.'s (2025) study reflected on tensions associated with working within Western systems where

there was not always space to "be fully Māori," and the often unspoken responsibility to be the "cultural expert" regardless of their own level of Māori knowledge.

For Tauiwi practitioners, different challenges emerge. Crawford (2016) describes the journey toward bicultural practice as fraught with "guilt, shame, identity exploration, and hope," noting the difficulty of sharing this journey "for fear of getting it wrong, being offensive towards tangata whenua unknowingly" (p. 80). While anxiety around developing new professional competencies is common among psychologists and students generally (McKay & Langford, 2024), in the bicultural context this takes on additional dimensions related to the risk of cultural harm and the weight of historical power dynamics. This "Pākehā paralysis" disengagement from Māori practices due to fear of causing offence was also documented by Heffernan et al. (2025), alongside uncertainty about professional boundaries when Māori practices involve sharing personal information.

At an organisational level, practitioners in Heffernan et al.'s (2025) study described structural constraints where Western processes and approaches are prioritised as essential while Māori approaches are considered optional, a dynamic that may be amplified within the highly structured corrections environment. Time and resource constraints were identified as major barriers, with practitioners describing how demands of practice did not allow for the flexibility needed to incorporate Māori approaches alongside Western psychology.

**Research Gaps and Rationale**

Despite the growing body of literature on bicultural practice in health and social services in Aotearoa New Zealand, significant gaps remain in understanding both how psychologists operationalise bicultural principles in their everyday work and what challenges they face. While conceptual frameworks such as He Awa Whiria (Macfarlane et al., 2015) provide important guidance, and studies have documented systemic issues through surveys (Waitoki et al., 2024) and explored experiences in related professions and specific contexts,

there is limited research that directly examines psychologists lived experiences of implementing bicultural practice.

The WERO report (Waitoki et al., 2024) calls for action to improve the cultural safety of psychology and holds the profession accountable for developing Te Tiriti-aligned practice. While some aspects of the WERO report's methodology and conclusions have been questioned (Mitchell, 2025), its central call for systemic reform highlights a need for research that complements problem identification with attention to practical implementation and practice-based solutions.

Understanding practitioners' applied experiences is essential because it moves beyond documentation of problems to explore the lived reality of navigating bicultural practice, including emotional, relational, and practical dimensions not captured in surveys or policy analyses. By exploring both operationalisation and challenges, this research can identify priority areas for professional development, training reform, and systemic support.

**Aim of the Study**

The aim of this study was to explore how psychologists in Aotearoa New Zealand understand and enact bicultural principles in their professional practice, including the challenges they experience in engaging in bicultural practice.

This study is guided by two interrelated research questions:

1. How do psychologists in Aotearoa New Zealand operationalise bicultural principles in their psychological practice?
2. What are the biggest challenges psychologists have experienced in engaging in bicultural practice?

# Method

## Research Design

This study was guided by a Kaupapa Māori research framework (Hudson et al., 2010). Kaupapa Māori research centres Māori worldviews and values, prioritising relational engagement, cultural safety, and ensuring research serves Māori communities. This framework provided the foundation for a qualitative, exploratory design examining psychologists' perspectives on how bicultural principles are incorporated into psychological practice while working with Māori clients in Aotearoa New Zealand. A qualitative methodology using semi-structured interviews was selected for this study as it is particularly well-suited to exploring complex social phenomena and understanding participants' subjective experiences and perspectives (Braun & Clarke, 2006). This allows an in-depth exploration while maintaining flexibility to pursue emerging themes.

This study was conducted within a broader research programme led by Dr. Simone Mohi at the University of Waikato, which examines bicultural principles in psychological practice in Aotearoa New Zealand. To ensure culturally responsive research practices, cultural consultation was sought at the study's design phase from a Māori-registered psychologist experienced in both clinical practice and qualitative research. The research team reflected cultural and professional diversity, including Māori researchers and researchers of Indian heritage, as well as academic and practising psychologists. The research supervisor identified as Māori. This composition supported culturally informed decision-making across all research stages.

These principles shaped key aspects of the research process, including the incorporation of whakawhanaungatanga and karakia in data collection, attention to cultural safety throughout participant interactions, and reflexive engagement with Māori knowledge

systems during analysis. An inductive, data-driven approach was employed to capture a broad range of perspectives and experiences, consistent with an exploratory design and not informed by a predefined theoretical deductive framework. Data comprised semi-structured interview transcripts that were generated through individual video interviews conducted via Zoom. These transcripts were supplemented by demographic and professional background information collected through an online survey.

## Participants

Participants were eligible for this study if they were aged 18 years or older, proficient in English, held current registration as a psychologist with the New Zealand Psychologists Board, were actively practising in the profession in Aotearoa New Zealand, and had experience working with Māori clients. Recruitment aimed for a target sample of at least 20 registered practising psychologists. The final sample for the present study comprised 24 participants.

Participants' ages ranged between 25 and 59 years (*M* = 38.8). Eight identified as male (33%) and 16 as female (67%). Participants identified across diverse ethnic backgrounds: 11 identified as New Zealand European (46%), eight as Māori (33%), four as Other European (17%), two as Middle Eastern/Latin American/African (8%), one as Asian (4%), and one as Other (Sri Lankan) (4%). Most trained in Aotearoa New Zealand, with 22 (92%) having trained in New Zealand, two in Australia (8%), and three having trained in other countries including the United Kingdom (UK) and South Africa (13%). Some participants had undertaken psychology training in multiple countries.

The professional experience of participants varied: four were recent graduates within the last six months (17%), nine were early-career psychologists with five years of practice or less (38%), three were mid-career psychologists with up to 10 years in practice (13%), and

eight were late-career psychologists with more than 10 years in practice (33%). Length of practice in Aotearoa New Zealand also varied, two had practiced less than one year (8%), eight had practiced 1-3 years (33%), five had practiced 4-7 years (21%), four had practiced 8-15 years (17%), and five had practiced 16 or more years (21%).

Participants held various types of practice scope registration: 16 were clinical psychologists (67%), three were general psychologists (13%), three were under other categories including Kaupapa Māori, Child and Family, and Corrections pathways (13%), and one each were a community psychologist, counselling psychologist, educational/ developmental psychologist, forensic psychologist, and neuropsychologist (4% each). Participants practiced across therapeutic settings, with some drawing on more than one theoretical intervention approach. These approaches included Cognitive Behavioural Therapy (CBT; $n$ = 16), eclectic ($n$ = 10), psychodynamic/analytic ($n$ = 7), Acceptance and Commitment Therapy (ACT; $n$ = 8), family systems ($n$ = 5), Dialectical Behaviour Therapy (DBT; $n$ = 1), and others which included Eye Movement Desensitization and Reprocessing (EMDR), Kaupapa Māori, Family-Based Treatment (FBT), Compassion-Focused Therapy (CFT), and Interpersonal Therapy (IPT; $n$ = 8).

Primary practice settings included private sector ($n$ = 8), community mental health ($n$ = 10), corrections ($n$ = 6), government-based organisations ($n$ = 2), schools ($n$ = 1), hospitals ($n$ = 1), and other settings including sport psychology and non-governmental organisations (NGO's; $n$ = 3). Participants' primary client bases encompassed middle-aged adults ($n$ = 17), young adults ($n$ = 16), adolescents ($n$ = 11), older adults ($n$ = 9), children ($n$ = 8), and families ($n$ = 2).

Experience working with Māori clients varied: two participants reported very extensive experience (8%), eight reported extensive experience (33%), 11 reported some

experience (46%), and three reported limited experience (13%). The proportion of Māori clients in participants' caseloads ranged widely. One had no current Māori clients (4%), one had 5%, five had 10%, two had 20%, four had 30-40% (17%), three had 50% *(13%)*, two had 60-70% (8%), five had 80-90% (21%), and one specified another proportion (4%).

Incorporation of bicultural practices when working with Māori clients also varied. Two participants reported doing so minimally (8%), one somewhat (4%), eight moderately (33%), four significantly (17%), nine rated themselves at the highest level between significantly and completely (38%), and two reported incorporating bicultural practices completely (8%). Confidence in engaging in bicultural practice varied: two felt slightly confident (8%), seven felt somewhat confident (29%), 11 felt moderately confident (46%), three felt very confident (13%), and one felt extremely confident (4%). Regarding access to cultural support, 19 participants (79%) reported having access to cultural support such as cultural supervision, cultural advisors, or peer cultural supervision groups, while five (21%) reported not having such access.

**Table 1**

*Participating Psychologist Demographics (N= 24)*

| Variable | Category | *n* | % |
|---|---|---|---|
| Gender | Woman | 16 | 66.7 |
| | Man | 8 | 33.3 |
| Age (years) | 25–34 | 10 | 41.7 |
| | 35–44 | 5 | 20.8 |
| | 45–54 | 6 | 25.0 |
| | 55+ | 3 | 12.5 |
| Ethnicity [1] | New Zealand European | 11 | 45.8 |
| | Māori | 8 | 33.3 |
| | Other European | 4 | 16.7 |
| | Middle Eastern/Latin American/African | 2 | 8.3 |
| | Asian | 1 | 4.2 |
| | Sri Lankan | 1 | 4.2 |
| Country of Training [1] | New Zealand | 22 | 91.7 |
| | Australia | 2 | 8.3 |
| | Other (UK, South Africa) | 3 | 12.5 |
| Level of Experience | Recent graduate | 4 | 16.7 |
| | Early-career (≤ 5 years) | 9 | 37.5 |
| | Mid-career (≤ 10 years) | 3 | 12.5 |
| | Later-career (> 10 years) | 8 | 33.3 |
| Experience with Māori Clients | Very extensive | 2 | 8.3 |
| | Extensive | 8 | 33.3 |
| | Some | 11 | 45.8 |
| | Limited | 3 | 12.5 |
| Proportion of Māori Clients in Caseload | None | 1 | 4.2 |
| | 5% | 1 | 4.2 |
| | ~10% | 5 | 20.8 |
| | 20% | 2 | 8.3 |
| | 30–40% | 4 | 16.7 |
| | 50% | 3 | 12.5 |
| | 60–70% | 2 | 8.3 |
| | 80–90% | 5 | 20.8 |
| | Other | 1 | 4.2 |
| Access to Cultural Support | Yes | 19 | 79.2 |
| | No | 5 | 20.8 |

*Note.* Percentages are rounded to one decimal place. [1] Totals exceed 100% because participants could select multiple categories.

**Procedure**

Data was collected as part of a broader research project led by Dr. Simone Mohi (Principal Researcher), with data collection conducted collaboratively by the author, Nicole Whitford, Nandita Nand, and Priyanka Duggal. Ethics approval was obtained from the Human Research Ethics Committee at the University of Waikato, Division of Arts, Law,

Psychology and Social Sciences: Approval number FS2025-05 (Appendix A). The dataset used for the present study was part of a larger project examining bicultural principles in psychological practice. Data collection commenced in April 2025 and concluded in August 2025.

The research process was guided by Kaupapa Māori research principles (Hudson et al., 2010), which informed culturally responsive practices throughout recruitment, data collection, and analysis. These principles emphasise relationship building, cultural safety, and ensuring research contributes to positive outcomes for Māori communities.

Snowball sampling (Noy, 2008) was utilised to recruit psychologists via online advertisements on platforms such as Facebook psychology group forums (e.g., 'Psychologists in New Zealand'), as well as through professional psychology organisations including the New Zealand Psychological Society (Appendix B). Snowball sampling is a non-probability, chain-referral technique where initial research participants recruit future subjects from their own social networks, causing the sample to grow like a rolling snowball. Email distribution to professional networks and direct outreach to psychologists and psychology academics requesting distribution of study information to their networks were also employed. This approach proved effective in reaching psychologists across diverse practice settings and career stages, yielding a final sample of 24 participants that exceeded the initial target of 20. Advertisements included a hyperlink directing interested individuals to an online survey administered via the Qualtrics platform (Appendix C).

Upon accessing the Qualtrics survey, participants were asked to review an information sheet detailing the study's purpose, procedures, and ethical considerations, and complete an electronic consent form including their name and signature. They then answered demographic and professional background questions covering areas such as gender, age,

ethnicity, level of experience, training location, length of practice in Aotearoa New Zealand, psychologist type, therapeutic orientation, practice setting, client base, experience with Māori clients, extent of incorporating bicultural practices, confidence in bicultural practice, and access to cultural support. This process took approximately 10 minutes (Appendix D). Participation was voluntary, and participants could withdraw from the survey at any time before submission.

Following completion of the Qualtrics survey, participants who consented to participate were contacted via email to arrange an individual video interview via Zoom. Interviews lasted approximately 30-45 minutes and focused on how participants incorporate bicultural principles into their psychological practice. Consistent with Kaupapa Māori research guidelines (Hudson et al., 2010), interviews began with whakawhanaungatanga to establish connections and facilitate a culturally safe environment. A karakia was offered at both the beginning and end of each interview, with participants invited to lead or contribute to the karakia if they wished. With participant consent, interviews were audio-recorded.

Following the interview, the audio recordings were transcribed using TurboScribe TurboScribe (2025), an online transcription software. Audio files were uploaded securely to TurboScribe, and all transcripts were carefully reviewed by members of the research team to ensure accuracy and remove any identifying details. Once reviewed, participants were emailed a copy of their interview transcript and invited to review and verify the content for accuracy through a member-checking process. This allowed participants to suggest corrections, clarifications, or request removal of any information. Participants were informed they could withdraw from the study up to three weeks after the interview by advising the research team via email. Koha was provided to participants in recognition of their time and valued contribution to the study, in the form of a $100 Prezzy gift card. This was funded

through the Arts, Law, Psychology, and Social Sciences (ALPSS) Research Fund via the supervisor's research trust at the University of Waikato.

**Materials**

Demographic and professional information was collected via an online Qualtrics survey (described in the Procedure section). A semi-structured interview schedule was developed collaboratively by the research team. The interview schedule consisted of open-ended questions designed to elicit rich, in-depth accounts of participants' experiences and perspectives. The current study formed part of a larger research project. Accordingly, a subset of the interview data was analysed for the purposes of the present study, in line with its specific aims and research questions. The interview questions analysed in the current study were as follows:

How do you operationalise a bicultural approach in your therapeutic practice?

*Prompts included: What does a bicultural approach look like in your day-to-day practice? Can you provide an example of how you have enacted this in your work?*

What are the biggest challenges you have experienced in engaging in bicultural practice?

*Prompt: Why do you think these challenges arise?*

Interviews opened with whakawhanaungatanga to establish connection (e.g., mihi, pepeha), followed by an optional karakia to open the space. Before beginning substantive questions, interviewers shared a working definition of bicultural practice informed by the 2002/2012 Code of Ethics for New Zealand Psychologists (Appendix E), defining it as bringing together Māori and Western psychological approaches in clinical settings, guided by Te Tiriti principles, recognising Māori as tangata whenua, and moving beyond cultural awareness to actively incorporating Māori perspectives in a safe therapeutic environment.

**Data Analysis**

Consistent with the Kaupapa Māori framework underpinning this study, the analytic process focused attention on cultural context, relational dimensions, and the situated nature of participants' accounts. Braun and Clarke's (2006) six-phase framework for reflexive thematic analysis (RTA) was selected as the analytic method, as its emphasis on reflexivity, researcher positioning, and contextual meaning-making aligns with Kaupapa Māori research values (Hudson et al., 2010). The approach was primarily inductive and data-driven, with reflexivity incorporated throughout to enhance analytic rigour and transparency. The analysis focused on identifying patterns of meaning within participants' accounts of how they incorporate bicultural principles into their psychological practice when working with Māori clients. All 24 interview transcripts were included in the analysis; no transcripts were excluded.

The analysis proceeded through Braun and Clarke's six sequential phases, beginning with familiarisation and coding, and culminating in the review, definition, and reporting of themes. The following summary provides an overview of each phase:

The first phase involved becoming familiar with the data through repeated reading of interview transcripts and taking initial notes. Emerging ideas were documented, with focus given to understanding the different ways participants described their bicultural practice, the frameworks and approaches they used, and the challenges and successes they experienced.

During the second phase, initial codes were developed systematically across the entire dataset to capture important features relevant to the research question. Codes identified specific instances where participants described their bicultural practice approaches, cultural frameworks used, strategies for building relationships, challenges they faced, and reflections on their skills and development. For example, instances where participants described offering karakia at the beginning of sessions were coded as 'integrating cultural practices', while accounts of uncertainty about when to introduce Māori frameworks were coded as

'navigating cultural confidence'. After completing initial coding, the researcher met with the research team to discuss emerging patterns and interpretations. These collaborative discussions allowed team members to critically examine whether the codes accurately captured what participants were saying and to improve the coding framework through shared insights.

The third phase involved identifying broader patterns of meaning across the coded data. Related codes were grouped together based on similarities in their concepts, and early versions of themes were developed to capture ideas that appeared repeatedly across participants' accounts. The research team met regularly during this phase to discuss emerging themes, check interpretations against the data, and work together to develop the overall thematic structure. Attention was given to how themes connected to one another and to the main research questions (Appendix F).

To enhance the trustworthiness of the analysis, a second member of the research team reviewed approximately 20% of the coded transcripts to assess the clarity and appropriateness of the coding in relation to the data and the coherence of the emerging interpretations. No major disagreements were identified. Minor points of clarification were discussed through reflexive dialogue, resulting in small refinements to code definitions and analytic interpretation where needed.

During the fourth and fifth phases, themes were reviewed, defined, and named through ongoing discussion between the researcher and research team who met on a weekly basis throughout the project and analysis. These discussions attended to both analytic coherence and cultural responsiveness, with the team critically reflecting on whether themes represented participants' experiences in ways that were respectful of Māori knowledge and practice contexts. Theme definitions were refined to ensure they were conceptually clear,

distinct from one another, and coherent. Each theme was examined to ensure it captured a meaningful pattern in the data and helped answer the research questions. Themes were named to reflect their central organising concept in ways that were accessible and meaningful. The conceptual importance and explanatory value of themes remained the main criteria for inclusion, rather than frequency alone.

In the final phase, data extracts that best illustrated each theme were brought together and the analytical narrative was prepared for reporting. The following results section presents the eight themes across the two questions identified through this analysis, supported by descriptive quotations from participants.

**Trustworthiness**

Tracy's (2010) criteria for excellent qualitative research guided the conduct and reporting of this study. Three criteria were drawn on: sincerity, resonance, and meaningful coherence. These criteria align with broader conceptualisations of trustworthiness in thematic analysis (Nowell et al., 2017; Roller & Lavrakas, 2015). Sincerity was supported through transparency and reflexive engagement during analysis, with analytic decisions subject to ongoing critical reflection. Reflexivity and researcher positionality are described in further detail in the following section. Resonance relates to the extent to which findings are meaningful and transferable to readers and applied contexts. Transferability was supported by providing detailed descriptions of the research context and participants, enabling readers to consider the relevance of the findings to their own settings. Meaningful coherence refers to alignment between the research question, design, analytic approach, and interpretation. The present study explored how psychologists in Aotearoa New Zealand integrate bicultural principles into their psychological practice when working with Māori clients, and the challenges encountered in doing so. As an exploratory study, no prior hypotheses were specified. Recruitment focused on registered psychologists with experience working with

Māori clients to ensure the sample was well positioned to address the research question. The analytic approach was appropriate to the study aims, and the resulting themes are presented in a way that directly addresses the research question while remaining grounded in participants' accounts.

**Reflexivity and Researcher Positionality**

The primary researcher for this study identified as a New Zealand European Masters research student in psychology. The research was conducted within a culturally and professionally diverse research team, which included Māori researchers, researchers of Indian heritage, and academic and practising psychologists. The research supervisor was Māori. These diverse positions shaped the research process and supported the consideration of multiple perspectives during data interpretation. Given that the primary researcher was not Māori, the inclusion of Māori researchers within the team was important for maintaining accountability to Kaupapa Māori principles and ensuring that interpretations remained culturally grounded.

Reflexivity was actively engaged throughout all stages of the research. The primary researcher maintained a reflexive journal to document assumptions, emotional responses, and developing interpretations in relation to the data. Reflexive discussions were also held regularly within the research team, including weekly conversations that encouraged critical reflection on subjective experience, positionality, and power relations, particularly in relation to bicultural practice and Māori knowledge. These processes supported ongoing reflexive awareness and helped ensure that interpretations were grounded in participants' accounts rather than unexamined researcher assumptions. Together, these reflexive practices reflected the study's commitment to conducting research that is culturally safe, relationally engaged, and accountable to Māori communities, consistent with the Kaupapa Māori framework that guided the research from its inception.

## Results

Participants were asked to describe how they operationalise a bicultural approach in their therapeutic practice and what challenges they face in doing so. Thematic analysis of the interview data identified five overarching themes for the first research question, representing the varied ways psychologists integrate bicultural principles and practices within their clinical work, and three themes for the second research question, capturing the primary challenges encountered in bicultural practice. An overview of these themes is provided below in Table 2.

**Table 2**

*Summary of identified themes: Exploring bicultural practice in psychological practice*

| Theme Type and Research Question | Theme |
|---|---|
| ***Research Question 1: How do you operationalise wairua?*** | 1. Prioritizing Whakawhanaungatanga |
| | 2. Client-Centred Cultural Responsiveness |
| | 3. Te Whare Tapa Whā as a Fundamental Framework |
| | 4. Cultural Practices Integration |
| | 5. Ongoing Commitment to Preparation and Learning |
| ***Research Question 2: What are the biggest challenges psychologists have experienced in engaging in bicultural practice?*** | 1. Fear and Anxiety as Barriers to Engagement |
| | 2. Barriers to Engagement: Bicultural Training and Educational Preparation |
| | 3. Navigating Practitioner Positionality and Client Cultural Identity Complexity |

*Note: Themes are organized by the research question they covered.*

### Research Question 1: How do psychologists operationalise bicultural principles in their psychological practice?

#### *Theme 1: Prioritising Whakawhanaungatanga*

Forty-two percent of participants ($n$ = 10) described intentionally dedicating substantial time and effort to establishing genuine connections with clients before formal clinical work begins, reflecting traditional Māori relational practices. This commitment

manifests through prioritising extended whakawhanaungatanga where multiple sessions are devoted to developing connection rather than prioritising a clinical assessment or intervention agenda at the start.

Participant 23 illustrated the centrality of whakawhanaungatanga: “My sessions would be whakawhanaungatanga and that could be the whole first session where we just purely get to know each other, there’s no assessment, there’s nothing else” (Participant 23).

Participant 10 explained this deliberate approach to relationship building: “Whakawhanaungatanga is very important. So we spend multiple sessions building that before perhaps any quote unquote therapeutic work is done or what it may look like in a traditional Western setting” (Participant 10).

Psychologists also described using selective, culturally situated self-disclosure as part of building connection, alongside a shift toward understanding clients in relation to their background, people, and place rather than focusing narrowly on symptoms. As Participant 8 explained:

> *I introduce who I am. I use a lot more self-disclosure in my connection in that space than I would otherwise, because whānau want to know who I am... Understanding who they are connected with, where they are from, rather than diving in with a problem-focused lens... I try to understand someone's people, where their people came from, what parts of the country are important to them in terms of mountains, land, rivers, sea.* (Participant 8)

***Theme 2: Client-Centred Cultural Responsiveness***

Psychologists in this sample frequently described practices that treated clients as the primary authority on their own cultural identities and preferences (*n* = 17, 70.8%). Psychologists described adapting their practice in response to clients' expressed preferences, either following clients' lead in the use of cultural practices such as karakia or pepeha, or

engaging in explicit inquiry when cultural preferences were not immediately known. Participant 1 described their approach: “Asking, 'Hey, do you want to start with a pepeha or start with a karakia?' It's never come across... it's never been taken with offence.” Psychologists approached each therapeutic relationship with curiosity, recognising that cultural connection exists along a spectrum and cannot be determined by visual assessment. Participant 24 articulated this stance: “That's my starting point as always, I guess, to just ask or be curious and not to assume.”

Psychologists described taking their lead from clients about what, if anything, might be done differently in relation to culture. For example, Participant 24 explained: “I probably let the client do some of the defining about what we would do that might be different.” Psychologists described being ready to draw on their cultural knowledge and skills, to varying degrees, depending on their own experience and the needs of the client. As Participant 5 explained: “I have the knowledge and skills, but I'm leaving space for it to become relevant or not, depending on the person.”

### ***Theme 3: Te Whare Tapa Whā as a Fundamental Framework***

Te Whare Tapa Whā was the most frequently reported Māori health model used within bicultural psychological practice in this sample, with 71% of participants ($n$ = 17) describing drawing on it in their work. Participants described it as a versatile structure that could be readily applied across assessment, formulation, goal-setting, and intervention planning. Psychologists' use of other Māori-based health models varied depending on factors such as their training exposure, confidence, knowledge, and client characteristics.

Participant 18 described how the Te Whare Tapa Whā model broadened the scope of therapeutic conversation: [Drawing on Te Whare Tapa Whā] “gives a much broader insight into things like Wairua, which I wouldn’t typically talk about. It helps me gain an overview of someone’s life, their values, and how they see the world” (Participant 18).

Participant 9 spoke about using Te Whare Tapa Whā collaboratively with clients "When you're drawing up a whare and doing it collaboratively, they see what you're writing down... which can ease some of the vibe in the room" (Participant 9).

Participant 23 described adapting the model dynamically within sessions: "Parts of the model will be coming up... I'll get up on the whiteboard... Sometimes I'll ask them to get up and draw it" (Participant 23).

Participant 22 discussed using the model to guide collaborative goal-setting: "I use that in goal setting... helping people understand that to be well requires work in all the aspects of Te Whare Tapa Whā, and guiding them to come up with goals" (Participant 22).

Some psychologists described integrating Western clinical approaches alongside Te Whare Tapa Whā: "So what I've done is integrated it with a Western perspective as well in relation to formulation. So I take the Te Whare Tapa Whā model and integrate it with the 5P formulation model" (Participant 2).

***Theme 4: Cultural Practices Integration***

Most psychologists in the sample (*n* = 17, 70.8%) described integrating Māori cultural practices into their therapeutic work. This included the use of karakia, te reo Māori, and attention to tikanga within the therapeutic space. Across accounts, participants emphasised flexibility and client choice in how these practices were introduced and enacted. Participant 10 noted: "There are things like opening our sessions with karakia". Approaches to karakia ranged from practitioner-led to client-led to shared protocols, always providing choice rather than assuming participation. Participant 5 explained: "I might not necessarily offer to do one. A client might express that they want to begin with one and I'll happily begin with one. In fact, I've had clients where they've led the karakia" (Participant 5).

Where te reo Māori was used, psychologists emphasised doing so thoughtfully, matching language use to both their own proficiency and their clients' comfort levels to avoid

causing shame or discomfort. Participant 16 highlighted the need for sensitivity: "I've seen that sometimes that is actually not appropriate because they can sort of treat it as shame when they may not know te reo themselves." Physical space and hospitality protocols included appropriate greetings, removing shoes, offering kai and refreshments with manaakitanga, and arranging seating in culturally appropriate ways. Participant 15 described attention to tikanga in the therapeutic environment: "People are welcome to keep their shoes on. That's not the practice for me, though. So there are clean slippers that are offered".

Participant 23 shared:

*I sort of took this idea from my cultural supervision, but I created these cards which are the Māori atua... and on the back it's just got like sort of what they represent. And then if my clients are open to it, I might use these cards to sort of check in with them at the beginning of session, and they can sort of talk about what atua they are resonating with that day.* (Participant 23)

***Theme 5: Ongoing Commitment to Preparation and Learning***

Psychologists (*n* = 16, 66.7%) engaged in deliberate and continuous preparation activities to develop and maintain bicultural practice competence, recognising that cultural capability requires sustained effort beyond initial training and continues across the career span. Psychologists actively sought formal professional development focused on Māori worldviews, cultural practices, and Kaupapa Māori approaches. Participant 17 described prioritising cultural learning: "When I first came to New Zealand, I sort of took the time to... I think all my CCP, my professional development, I focused on understanding a Māori worldview". Kaupapa Māori supervision was pursued to support bicultural practice development, acknowledging the limitations of mainstream supervision for cultural guidance. Participant 17 highlighted: "I put a lot of effort into my professional development, and supervision being around cultural practices".

Immersive learning experiences, particularly in Kaupapa Māori organizations, were identified as transformative. Participant 23 reflected: “I'm Pākehā and in my internship year where I could work in a Kaupapa Māori organization as a Pākehā person was one of the most eye-opening but also safest experiences I've ever felt in engaging in Kaupapa Māori”. However, challenges of translating theoretical knowledge into practice were acknowledged. Participant 23 also noted: “I found written theory really difficult to align with practice”. Psychologists demonstrated willingness to critically reflect on the limitations of their Western training and consciously work to decentre Western psychology as the default foundation. Participant 8 articulated the ongoing challenge:

> *Not falling back into a Western clinical model... Even with all the reflections during training, there will be blind spots. The places I go in conversation, the questions I ask, the things I notice—those are influenced by my upbringing. Especially when I am tired or have had a full day, I might default to well-worn ways of thinking.*

**Research Question 2: What are the biggest challenges psychologists have experienced in engaging in bicultural practice?**

***Theme 1: Fear and Anxiety as Barriers to Engagement***

Psychologists ($n$ = 9, 37.5%) described fear and anxiety about making cultural mistakes as barriers to their engagement in bicultural practice. This manifested in two ways: anxiety about specific cultural errors such as mispronunciation or inappropriate use of practices, and uncertainty about their positionality in engaging in bicultural work.

Psychologists expressed anxiety about mispronunciation, using inappropriate practices, or unintentionally offending clients. An Asian practitioner articulated:

> *I think one of my biggest challenges engaging in bicultural practice is that struggle I feel around doing certain things, for example, like doing the pepeha or saying the karakia, because English isn't my first language...and sometimes I'm wary of my*

*pronunciation, and I guess I don't want to cause offence either by mispronouncing things.* (Participant 1)

A New Zealand European practitioner described this as

*a little ghost that's haunting a lot of clinical psychology students in the world is how to do bicultural practice well. And I feel like there's a horrible sneaking belief that there's something better than what I know...that kind of dissatisfaction can make it harder for people to feel like they're actually making any progress in the area.* (Participant 5)

The same psychologist noted the potential consequence:

*if the anxiety is insurmountable, then it becomes like a barrier to entry. And then I think that's probably how you end up with like a culturally unsafe practitioner. As the anxiety got the better of them and they kind of just blocked it all out.* (Participant 5)

Beyond practical concerns, psychologists also questioned their positionality in engaging in bicultural practice. This was particularly salient for non-Māori psychologists. A psychologist who identified as Asian explained:

*coming from someone who is of Chinese background and then trying to introduce these Māori models...I feel a little bit like it's not my place sometimes. Or I feel like sometimes when I try to speak a bit more te reo Māori, I feel like, will that be taken from a wrong place?* (Participant 1)

This questioning also affected Māori practitioners disconnected from their culture due to colonisation. One Māori practitioner described:

*The biggest challenge has been my own ignorance and lack of knowledge because I'm not particularly steeped in tikanga Māori...that's kind of coupled with a sense of embarrassment and shame because I am Māori but I've never actually, you know, growing up I was never exposed to tikanga Māori or Māori practices...I guess that*

*brings along with it as well a sense of fear that I'm going to make mistakes or get something wrong or cause offence.* (Participant 12)

***Theme 2: Barriers to Engagement: Bicultural Training and Educational Preparation***

Psychologists (*n* = 8, 33.3%) identified gaps between their training experiences and the practical realities of bicultural practice. This was evident in three areas: a disconnect between theory and practice, limited access to quality training resources, and the positioning of Western psychology as foundational, with bicultural practice treated as supplementary.

A theory-practice disconnect was discussed where universities provided theoretical frameworks without practical application guidance. A New Zealand European psychologist noted:

*The biggest challenge is probably the disconnect from university to on the ground practice. It's great to be able to get a whole heap of psychology students to be able to show off their academic skills, to be able to write these beautiful essays...But it's limited when you get into the practice...if I think about what uni actually prepared us for, it probably lacked.* (Participant 23)

An Iranian psychologist described how training relied on tick-box approaches:

*I think the way our university programs did assignments, we always had one learning outcome about how do you incorporate te tiriti and biculturalism in this? It was always part of all of our assignments and everything, and it's good. It's better than nothing. But I think it's not enough.* (Participant 16)

The same psychologist noted universities sometimes provided prescriptive rules that proved inappropriate:

*I actually got annoyed with university after graduation when I was working in the real world, because I felt that they actually told you the wrong stuff, like they always told us for example whenever you have a Māori client, always start with the karakia. And*

*then I was like, no, actually, that's not the way to go. Because some people don't want to do that...instead of going with the prescriptive rules...it's more having the real, actual experience.* (Participant 16)

Access to bicultural training and resources was described as difficult and expensive, often depending on personal networks rather than systematic professional development pathways. A Māori psychologist explained:

*Māori or bicultural practices, I haven't found them as readily available, in terms of, you know, trainings that are offered...A lot of the things I've learned have been, it's kind of about like, who you know...there are, you know, workshops and trainings and things out there, but they're expensive. You know, whereas I find that there's a lot of resources and things to do with Western psychology, just sort of, that are free on the internet.* (Participant 3)

A New Zealand European psychologist echoed: "Once you graduate, accessing good training that is practical is hard. It's very hard...Finding good trainings and accessing good training is not as easy as it should be, given the importance of bicultural practice in clinical practice" (Participant 20).

Training programs were viewed to position Western psychology as the foundational framework with bicultural practice treated as supplementary content. The same Māori psychologist noted:

*I'm new to the space and I kind of want to have a solid foundation of psychology, which is Western first and foremost...and then build off...into bicultural practices...That's the thing, is it's kind of not a foundation of practice. It's like a nice-to-have.* (Participant 3)

A European psychologist described: "Most people default to a particular way of practice. Even if you try to be bicultural, the default is often assess, treat, measure. We are

still diagnosing using the Diagnostic and Statistical Manual of Mental Disorders" (5th ed.; DSM-5; American Psychiatric Association, 2013) (Participant 8).

***Theme 3: Navigating Practitioner Positionality and Client Cultural Identity Complexity***

Psychologists (*n* = 7, 29.2%) described challenges arising from two related areas: understanding and articulating their own cultural positionality and recognising that clients' ethnic backgrounds do not reliably indicate their level of cultural connection or engagement.

Participants described needing to clarify their own positionality before exploring cultural identity with clients. A European psychologist explained:

> *I don't think you can explore this stuff safely if you don't have a good sense of your own cultural identity...Your biases and your cultural identity kind of can inform the way that you talk to others about their cultural identity...when I haven't done that, it's created a challenge because sometimes I've made assumptions about where people sit, but actually like they might not be.* (Participant 11)

The same psychologist described navigating their own positioning as a migrant:

> *I felt uncomfortable in those spaces and I felt, you know, like, how am I like this? This white person coming into New Zealand as a migrant to talk about this stuff. But I think it kind of transcends that...by interrogating your own experiences that can help you to kind of understand how complex and nuanced it is, which then makes you more comfortable to be able to like discuss it with...Māori clients.* (Participant 11)

Psychologists also described that clients can hold diverse relationships with their cultural identity, from strong connection to disconnection, ambivalence, or shame. A Māori psychologist noted: "Many of them don't actually identify as Māori, even though their ethnicity is Māori" (Participant 2). Another Māori psychologist explained:

*sometimes even just asking is kind of uncomfortable for some people, because of the fact that you've even asked it...some people might feel some kind of level of shame at not necessarily having a stronger connection with their Māori side.* (Participant 4)

A New Zealand European psychologist emphasised the potential harm of assumptions:

*sometimes people have been quite damaged by their cultural identity, you know, they've been on the end of all sorts of different kinds of racism...so no wonder here I am, another white person sitting in front of you, no wonder there's a natural cautiousness.* (Participant 24)

This complexity was observed to be compounded by clients sometimes not voicing their cultural or spiritual needs, making it difficult for psychologists to respond appropriately, with study participants often adjusting approaches based on each client's individual relationship with their culture rather than making assumptions based on ethnicity.

## Discussion

This qualitative study explored how psychologists in Aotearoa New Zealand operationalise bicultural principles in clinical practice and the challenges they encounter in this work. Drawing on interviews with 24 registered psychologists, the findings suggest that bicultural practice operates as a relational, client-responsive, and ongoing process rather than a fixed set of competencies to be acquired. At the same time, emotional, structural, and identity-related barriers appear to create a persistent gap between practitioners' aspirations and their capacity to consistently enact these principles. The He Awa Whiria (Braided Rivers) framework (Macfarlane et al., 2015) was selected to guide this discussion as it most closely reflected participants' descriptions of practice, in which Māori and Western knowledge systems flow alongside one another and converge in response to client need. The following discussion interprets these findings through this framework alongside relevant theoretical and empirical literature and considers implications for psychology training and practice.

A central finding was some psychologists described prioritising whakawhanaungatanga within the therapeutic process, particularly at the outset of client engagement. Practitioners described dedicating extended time to relationship building, engaging in strategic self-disclosure, and understanding clients in relation to their whānau and places of significance, indicating a relationally grounded approach to clinical work.

Practitioners' emphasis on whakawhanaungatanga can be understood through a culturally grounded relational framework but also via therapeutic alliance research. The closeness of the alliance consistently identifies the quality of the therapeutic relationship and is among the strongest predictors of positive client outcomes (Norcross & Lambert, 2018), There are also parallels with Rogers' (1957) person-centred emphasis on empathy, congruence, and unconditional positive regard as conditions for therapeutic change. However, whakawhanaungatanga extends beyond an individually oriented therapeutic dyad

to incorporate collective, reciprocal connection grounded in whakapapa and place (Durie, 2001). This distinction is significant and reflects what Macfarlane et al. (2015) describe as a convergence point in the braided rivers framework, where Western and Māori knowledge streams meet while maintaining their distinct integrities. Research in related health settings offers some support for the importance of this relational orientation. Komene et al. (2024) found that Māori patients in acute hospital setting reported disengagement and lack of trust when whakawhanaungatanga was absent from their hospital experiences. This highlighted its importance for meaningful engagement.

The current findings align with Hastie's (2025) research, which similarly identified whakawhanaungatanga as important to positive outcomes and noting its absence resulted in low satisfaction for mothers navigating healthcare sectors for their children with autism. Moreover, broader cultural adaptation research suggests that when therapeutic approaches incorporate culturally meaningful relational processes, client engagement and outcomes tend to improve (Hall et al., 2016; Smith & Trimble ,2016). The current findings add to this growing literature by providing accounts of how psychologists are attempting to operationalise relational approaches in clinical practice, though participants noted that time-limited, assessment-focused service delivery models constrained this work.

Closely related to this relational emphasis, a further finding highlighted a client-centred approach to cultural responsiveness. Psychologists described responding to clients' self-defined cultural identities rather than relying on assumed cultural markers, positioning each client as the authority on their own cultural identity and holding their knowledge and skills ready to deploy responsively rather than prescriptively.

This finding can be interpreted as reflecting a shift from cultural competency approaches, which tend to emphasise practitioner knowledge acquisition, toward cultural safety, which centres the client's experience and positions them as the expert on their own

cultural needs (Curtis et al., 2019). There are parallels with Rogers' (1957) non-directive philosophy, in which the client is understood as the expert on their own experience, though in this context the principle is applied specifically to the domain of cultural identity. At a broader level, this positioning appears to navigate between the dual risks of cultural imposition and cultural avoidance identified by Jordan et al. (2024). This approach reflects the braided rivers concept where practitioners maintain distinct knowledge streams. These streams are ready to converge when contextually appropriate, guided by the client's lead rather than practitioner assumption. This is a notable finding given that ethnicity does not determine cultural connection, and individuals' relationships with cultural identities exist along a spectrum. This complexity is one that practitioner-driven models of cultural competence may not always accommodate.

Alongside these relational approaches, the findings also revealed how psychologists draw on Māori frameworks to structure their bicultural practice. Te Whare Tapa Whā remained the most frequently drawn upon framework in this sample, applied fluidly across multiple aspects of practice including assessment, formulation, goal setting, and intervention, sometimes integrated alongside Western frameworks. While Te Whare Tapa Whā was the most prominent model, participants also described drawing on other Māori health frameworks and approaches, including the Meihana Model (Pitama et al., 2007), pōwhiri-based processes, and atua-based therapeutic tools, suggesting a broader engagement with mātauranga Māori than reliance on any single model.

At an interpretive level, Te Whare Tapa Whā's enduring prominence may reflect both its accessibility and its holistic scope, which creates space for discussion of dimensions such as wairua that may be less visible in conventional psychological assessment. While McNeill (2009) critiqued the model's simplicity, practitioners' accounts suggest that this very characteristic may provide practical utility, enabling genuine integration rather than tokenistic

application. The model's straightforward structure appeared to make it accessible for collaborative use with clients and provided a holistic framework that complements existing clinical approaches. The model's familiarity and accessibility may also have contributed to practitioners feeling more confident using it, particularly given the anxiety described elsewhere in this study. This resonates with Macfarlane et al.'s (2015) notion of convergence points in the braided rivers framework, where knowledge streams come together while maintaining their distinct integrities. However, while the popularity of one model is understandable given these factors, it raises questions about what other Māori health frameworks, such as Te Wheke (Pere, 1991) or the Meihana Model (Pitama et al., 2007), might offer if they were more consistently accessible through training and professional development.

The findings further highlighted how psychologists integrate specific Māori cultural practices within clinical work. Practitioners described a range of approaches including offering karakia and pēpēha at the opening of sessions, using te reo Māori and whakatāukī, drawing on mihi and pōwhiri processes, and incorporating environmental and hospitality practices reflecting manaakitanga, such as offering kai, attending to seating arrangements, and adjusting physical spaces. These practices were described as intentional and context-sensitive, with practitioners attending to client responses and matching approaches to clients' comfort and familiarity rather than applying them prescriptively.

This pattern suggests that practitioners were navigating the tension between meaningful cultural engagement and the risk of cultural imposition, a concern documented by Jordan et al. (2024) and Heffernan et al. (2025). The emphasis on choice and responsiveness indicates that practitioners were applying cultural safety principles, positioning the client as the authority on what practices are appropriate and meaningful for them. While this theme shares conceptual ground with the client-centred responsiveness described above, the

distinction lies in the domain of practice: the earlier finding concerns the epistemological positioning of who holds cultural authority, whereas this finding addresses the practical enactment of specific cultural elements within the therapeutic encounter. Broader research on cultural adaptation in psychotherapy suggests that when therapeutic environments are adapted to incorporate culturally meaningful practices and flexible conditions, client engagement and outcomes may improve (Hall et al., 2016; Griner & Smith, 2006). While this research has predominantly focused on ethnic minority populations internationally, the principle that culturally responsive environments support effective therapeutic engagement is relevant to the current findings. It may extend to multicultural practice more broadly as Aotearoa New Zealand's demographic composition continues to diversify.

A further finding highlighted the importance of sustained, career-long learning, with psychologists describing bicultural practice as requiring ongoing learning, preparation, and reflexive engagement across the course of their professional careers. Practitioners described actively pursuing cultural learning through professional development, Kaupapa Māori supervision, immersive experiences, and critical reflection on their training experiences. One psychologist from a Tauiwi background reflected on unconscious biases and defaulting to established ways of thinking, illustrating the ongoing vigilance this work requires.

This finding suggests that practitioners have internalised what the profession is now formalising, that is, career-long cultural development as an ethical obligation rather than a discrete training outcome. This aligns with the recently revised Code of Ethics and Conduct (New Zealand Psychologists Board, 2026), which positions cultural responsiveness as a core professional obligation, and with existing Continuing Competence Programme requirements. Rather than reflecting inadequate initial training alone, this pattern may indicate appropriate professional maturation, consistent with research showing that feelings of inadequacy and preparedness concerns are common features of clinical training across competency areas

(Jones & Thompson, 2017; Richardson et al., 2020; Clark et al., 2025). This suggests that the practice-readiness gap participants described may not be unique to bicultural practice but is likely amplified by its complexity and emotional demands. Training programmes operate within significant constraints, balancing expanding cultural content with substantial clinical, ethical, and theoretical requirements. The finding that practitioners actively seek post-qualification learning suggests the profession may benefit from establishing systematic pathways. This could include accessible professional development, cultural supervision registries, and communities of practice, that support what practitioners are already motivated to pursue.

The findings also reveal interrelated challenges that influenced practitioners' engagement with bicultural practice. These challenges operated at emotional, structural, and identity-related levels, often intersecting with the operationalising themes described above.

Fear and anxiety emerged as a prominent theme, with psychologists describing concerns about making cultural mistakes and causing offence or harm when engaging with or integrating Māori cultural elements into their practice. These fears took different forms, including anxiety about making specific cultural errors such as mispronunciation or incorrect use of tikanga, and uncertainty about one's legitimacy or authority to engage. For some practitioners, this anxiety was described as becoming overwhelming and leading to avoidance and disengagement. One practitioner explicitly observed that when anxiety becomes insurmountable, it can function as a barrier to engagement and result in practitioners blocking meaningful cultural engagement rather than supporting culturally safe practice. Importantly, this pattern was not confined to Tauiwi practitioners. Some Māori psychologists who described experiences of cultural disconnection also spoke about shame, embarrassment, and anxiety related to perceived gaps in cultural knowledge and understanding.

Interpreted through theoretical models of anxiety, in which avoidance is conceptualised as a common and well-established behavioural and emotional mechanism (Hofmann & Hay, 2018; Krypotos et al., 2015), these findings suggest that cultural withdrawal may function as an understandable response to perceived threat rather than a lack of commitment to bicultural practice. Fear of making cultural mistakes, causing offence, or overstepping perceived boundaries appears to activate avoidance processes that reduce immediate distress but ultimately limit opportunities for meaningful cultural engagement. Similar patterns have been observed in previous New Zealand research, where practitioners describe disengagement from Māori practices in the face of uncertainty, inadequate preparation, and institutional pressures that position cultural engagement as insufficiently supported (Crawford, 2016; Heffernan et al., 2025; Jordan et al., 2024; Rakuraku, 2019).

This interpretation aligns with the concept of 'Pākehā paralysis' (Tolich, 2002) and Crawford's (2016) reflections and Heffernan et al.'s (2025) documentation of Tauiwi practitioners' concerns about getting it wrong. This study extends this literature by demonstrating that anxiety-driven avoidance was also described by some Māori psychologists and practitioners from other cultural backgrounds. Participants' accounts further suggest that experiences of cultural disconnection, often linked to the impacts of colonisation for Māori, and uncertainty about legitimacy and cultural authority among Tauiwi psychologists can contribute to reduced confidence when engaging with Māori cultural elements. In this context, avoidance can be understood as a response to professional situations experienced as uncertain or emotionally demanding. These findings highlight the importance of training and supervisory environments that support the emotional and functional aspects of safely engaging with Māori culture, alongside the development of knowledge and skills.

Closely connected to these anxiety patterns, a further theme concerned gaps between bicultural training experiences and the practical realities of clinical work. Participants

described *perceiving* limited practical guidance, restricted access to quality training resources, and a sense that Western psychological approaches were positioned as the primary framework during their training. One participant's frustration that training prescribed formulaic approaches, such as routinely opening with karakia for all Māori clients, illustrates how such approaches can work against the context-sensitive responsiveness that the operationalising themes suggest are important.

These perceptions are consistent with broader research documenting the challenges facing psychology training in Aotearoa New Zealand. The WERO report (Waitoki et al., 2024) found that three-fifths of academic staff reported monoculturalism as a concern within training programmes. While nearly 90% of surveyed psychologists and students felt their worldviews were never or only sometimes reflected in training. These findings suggest that participants' experiences may reflect broader patterns within the discipline rather than isolated concerns. However, these structural patterns can also be understood within the practical realities facing training programmes, which must balance expanding cultural content with already substantial clinical, ethical, and theoretical requirements.

Research on clinical training more broadly documents that practice-readiness gaps are a common feature across competency areas, not unique to bicultural practice (Jones & Thompson, 2017). The frustration participants expressed may in part reflect the inherent difficulty of preparing psychologists for the complexity and contextual sensitivity that bicultural practice demands through any time-limited training programme. Importantly, these gaps extended beyond initial training. Participants described ongoing challenges accessing quality professional development, with cultural supervision being expensive, difficult to access, and dependent on personal networks rather than systematic professional pathways. This suggests that addressing the training-to-practice gap may require attention not only to

curriculum content but also to the broader professional infrastructure supporting learning across career stages.

A further challenge involved practitioners navigating their own cultural positioning alongside the complexity of clients' relationships with cultural identity. Psychologists recognised that clients' relationships with cultural identities exist along a spectrum from strong connection to disconnection, ambivalence, or shame, and that ethnicity does not predict cultural identification. The finding that some Māori clients do not identify strongly with Māori culture or may feel shame about cultural connection illustrates that practitioners cannot rely on assumptions about what clients may welcome or find helpful. One Māori practitioner reflected that interrogating their own migration experiences helped them understand how complex and nuanced cultural identity can be, enabling more comfortable discussion with clients.

This finding suggests that effective bicultural practice may require practitioners to move beyond categorical approaches to culture toward more flexible, responsive engagement with cultural identity. Both practitioner and client may hold uncertain, shifting, or contested relationships with cultural identity, and this complexity needs to be held within the therapeutic space. This resonates with the braided rivers framework's emphasis on fluidity rather than fixed categories. As Aotearoa New Zealand's demographic composition continues to diversify, practitioners will increasingly encounter clients whose cultural identities do not fit neatly into established categories. The reflexive examination of one's own cultural positioning, as several practitioners described undertaking, may be as important to effective practice as the acquisition of cultural knowledge itself.

## Implications for Training, Practice, and Theory

The current findings extend the He Awa Whiria framework (Macfarlane et al., 2015) by providing detailed lived accounts of how mātauranga Māori and Western psychological

knowledge are enacted and negotiated within everyday clinical practice. Psychologists' descriptions in the current study indicate that enacting this framework requires flexibility in navigating multiple tensions. This includes adopting a stance of cultural humility while upholding ethical and clinical standards, attuning to client-defined cultural relevance, integrating frameworks without rigidity, and sustaining commitment in the face of systemic constraints. This also suggests that while the framework envisions knowledge streams maintaining equal integrity, psychologists' accounts point to ongoing challenges in achieving this balance. The framework might be strengthened by explicitly acknowledging the sustained effort required to create genuine space for Māori knowledge at individual, organisational, and systemic levels.

This points to potential implications for psychology training programmes, including the value of placing greater emphasis on practical skill development in addition to theoretical instruction. This might include analysing video examples of bicultural practice, providing supervised practice opportunities with Māori clients, and integrating cultural supervision throughout training rather than confining it to isolated workshops. The anxiety and avoidance patterns identified in this study, particularly practitioners' fears of making cultural mistakes, causing offence, or lacking legitimacy when engaging with Māori knowledge, suggest that training environments could benefit from continuing to emphasise psychologically safe spaces. These spaces give students the comfort to discuss cultural uncertainties without shame, building on existing efforts to normalise discomfort as part of professional development and teaching frameworks for managing anxiety productively. Recognising the competing demands on training curricula, these findings do not suggest that programmes are failing. Rather that the complexity and sensitivity of bicultural practice may benefit from integrated approaches that weave cultural content throughout existing clinical teaching rather than positioning it as additional content. While the current study focused specifically on

bicultural practice with Māori, many of the skills practitioners described are relevant to multicultural practice more broadly.

The implication that psychologists remain motivated to pursue bicultural learning well beyond qualification highlights that cultural responsiveness is experienced as an ongoing developmental process rather than a completed training outcome. This suggests a need for more accessible and sustained continuing professional development in this area, alongside clear career-long structures to support that growth. Such structures could include subsidised professional learning opportunities, communities of practice to support shared reflection and learning, more visible pathways to cultural supervision, including transparent registries of supervisors with relevant expertise. Such recommendations are consistent with existing Continuing Competence Programme (CCP) requirements and the recently revised Code of Conduct (New Zealand Psychologists Board, 2026), which positions cultural responsiveness as a core professional obligation.

Organisations employing psychologists could further support bicultural practice by allocating time for whakawhanaungatanga, providing access to more regular cultural supervision, and ensuring where possible culturally responsive physical environments. Some organisations, such as Corrections, already provide financial incentives for te reo Māori competency development (Department of Corrections, 2024), demonstrating how institutional structures can actively support ongoing cultural learning. Organisations also need to ensure that cultural advisory roles are formalised, compensated, and appropriately distributed rather than assuming Māori staff will provide unpaid labour, as documented by Heffernan et al. (2025).

## Strengths, Limitations, and Future Research

This study makes an important contribution to the growing empirical literature on bicultural psychology in Aotearoa New Zealand by providing in-depth, practice-based

accounts of how psychologists enact and operationalise bicultural practice in their day-to-day clinical work. Drawing on the lived experiences of 24 registered psychologists, the study extends existing literature on bicultural frameworks by illuminating how these are enacted, adapted, and at times constrained within real-world service contexts. The study was also grounded in Kaupapa Māori research principles (Hudson et al., 2010), shaping methodological decisions and supporting culturally responsive research processes. The inclusion of Māori researchers alongside a team with diverse backgrounds and perspectives, combined with regular reflexive dialogue, strengthened analytic rigour. The inclusion of psychologists from diverse cultural backgrounds, including Māori psychologists, and from across Aotearoa New Zealand aided the study by incorporating perspectives shaped by varied regional and service contexts.

The findings should be interpreted considering several methodological limitations. The study relied on participants' retrospective self-reports rather than direct observation of practice. This means the accounts reflect practitioners' perceptions and narrative constructions of their work. In a professional context where bicultural responsiveness is ethically mandated and publicly valued, social desirability or professional identity positioning may have shaped how experiences were described. The sample comprised psychologists who also volunteered for research about bicultural practice, potentially over-representing those with stronger commitment compared to the broader profession. Because the study focused on clinicians' accounts of bicultural practice, it does not include clients' perspectives on how these approaches were received or experienced within therapeutic settings.

Incorporating Māori clients' perspectives in future research would strengthen understanding of how bicultural practices are perceived, experienced, and assessed for cultural safety in practice. Finally, the cross-sectional design captured single time points, limiting insight into how bicultural practice development unfolds across psychologist careers.

While the research team examined how experiences might differ based on factors like cultural backgrounds and career stages, the sample size limited the ability to make definitive claims about how these shape experiences.

Taken together, the limitations outlined above suggest several avenues for future research that could build on and extend the present study. Further inquiry is needed to examine how Māori clients experience bicultural engagement in therapy and to assess the extent to which practitioner intentions align with client-defined experiences of cultural safety and meaningful care. Longitudinal research examining how bicultural practice develops across psychologists' careers could highlight developmental trajectories and identify critical transition points. Research exploring organisational factors enabling or constraining bicultural practice would complement the current individual-level findings. Research investigating how bicultural practice intersects with other aspects of cultural diversity in Aotearoa New Zealand would address emerging complexities, noting that it is projected Aotearoa will have an Asian ethnic population (33%) larger than Māori (20%) by 2048 (Stats NZ, 2025). Finally, research looking into outcomes associated with bicultural practice would provide important evidence about its effectiveness, though such research faces methodological challenges given the difficulty of isolating bicultural practice from other therapeutic factors.

**Conclusions**

Drawing together the collective findings from this research, several interconnected messages emerge for the profession. Bicultural practice, as described by these psychologists, is fundamentally relational work, grounded in whakawhanaungatanga, guided by client expertise, and sustained through ongoing reflexive engagement, rather than a set of discrete competencies to be acquired and applied. The emotional dimensions of this work, particularly anxiety about "getting it wrong" and the resulting withdrawal from meaningful cultural

engagement, represent significant and under-recognised barriers affecting practitioners across cultural backgrounds and career stages, and warrant direct attention in training and supervision. At the same time, the gap between training and practice realities reflects broader systemic challenges rather than individual or institutional failure, suggesting that solutions need to operate across training, professional development, and organisational levels simultaneously. Importantly, psychologists are already demonstrating sophisticated, contextually responsive approaches to bicultural practice that provide a foundation for the profession to build upon. However, individual commitment alone cannot overcome structural barriers that continue to shape how Western and Māori knowledge systems are positioned within the profession, and genuine bicultural practice requires sustained systemic attention to support and extend what psychologists are already striving to achieve.

More than two decades after Te Tiriti principles were formally embedded within psychologists' professional ethical frameworks, this research suggests that while meaningful progress has been made, significant challenges remain in translating these commitments into consistent practice. Evidence of incremental advancement is apparent in the recently revised Code of Conduct (2026), the incorporation of cultural competency into Continuing Competence Programmes, and the workplace developments documented in this study. Looking ahead, the profession has an opportunity to build on what these psychologists are already doing by creating the conditions, in training, supervision, organisational policy, and professional infrastructure, to enable bicultural practice to become embedded rather than aspirational. The commitment these psychologists demonstrate suggests the profession is moving in a promising direction; the challenge now is ensuring that systemic support keeps pace with practitioner intent.

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# Appendices:

## Appendix A: Ethics Approval

*Te Wānanga o Ngā Kete* | ***Division of Arts, Law, Psychology & Social Sciences***

The University of Waikato
Private Bag 3105
Hamilton 3240
New Zealand

School of Psychological and Social Sciences
Psychology Programme
Dr Amy Bird
Tel: +64 7 838 4094
Email: amy.bird@waikato.ac.nz
www.waikato.ac.nz

Dr Simone Mohi

School of Psychological and Social Sciences

3 March 2025

Dear Simone

Re: **FS2025-05:** Bicultural Principles Applied in Psychological Practice

Thank you for submitting your revised application to the ALPSS Human Research Ethics Committee. We have reviewed the final electronic version of your application and the Committee is now pleased to offer formal approval for your research activities.

We encourage you to contact the committee should issues arise during your data collection, or should you wish to add further research activities or make changes to your project as it unfolds. We wish you all the best with your research. Thank you for engaging with the process of Ethical Review.

Kind regards,

Dr Amy Bird, Convenor
*Division of Arts, Law, Psychology & Social Sciences Human Research Ethics*

**Appendix B: Advertisement for study**

E NGĀ MĀTANGA HINENGARO, NAU MAI!

**INVITING PSYCHOLOGISTS IN AOTEAROA!**

Share Your Thoughts on Bicultural Practice in Therapy

Join our study and contribute to this important kaupapa

- **Brief online survey** (10 mins)
- **Zoom interview** (30-40 mins)

**Receive a $100 voucher as koha**

**Interested? Please email on psychresearch@waikato.ac.nz**

Dr. Simone Mohi , Alice Wilson, Nandita Nand, Nicole Whitford, Priyanka Duggal
REC Approval number: FS2025-05

# Appendix C: Participant Information Sheet

## Participant information sheet

**Bicultural Principles in Psychological Practice**

You are invited to take part in a research study conducted by researchers at the University of Waikato in Aotearoa New Zealand.

### Purpose of the research

This study explores how psychologists incorporate bicultural principles into their everyday practice in Aotearoa New Zealand. Bicultural competence is an important aspect of psychological practice, reflecting the principles of Te Tiriti o Waitangi and aligning with ethical guidelines for psychologists. While these ethical foundations are well established, there is limited empirical research on how psychologists apply bicultural principles in their day-to-day work. This study aims to contribute to this area by gathering insights from psychologists about their experiences and approaches to implementing bicultural principles in practice.

### Research question:

1. How do psychologists in Aotearoa New Zealand integrate bicultural principles into their psychological practice?

### Who can take part in the study?

Registered psychologists who have experience working with Māori clients are invited to take part. You will need internet access to be able to take part in the study. You are also welcome to bring a support person with you.

### What will you be asked to do?

1. **Provide Consent and Complete a Demographic Survey**: You will complete an online consent form and a short survey through Qualtrics to provide demographic information about yourself. This will take approximately 10 minutes.

2. **Participate in an Online Interview**: You will participate in a one-on-one video interview via Zoom, lasting approximately 30–45 minutes. The interview will focus on how you incorporate bicultural principles into your psychological practice. With your consent, the interview will be audio recorded and later transcribed into a written format for analysis.

3. **Review Your Interview Transcript**: After the interview is transcribed, you will have the opportunity to review and verify your written transcript to ensure its accuracy if you wish. This process, known as member checking, helps confirm that your views and experiences are accurately represented.

### Possible risks and inconveniences

Discussing your practice might bring up experiences that have been challenging and might be uncomfortable to reflect upon and/or talk about. If you don't feel comfortable answering a question, you may decline to answer a question or stop the interview at any point. If you experience any uncomfortable feelings during or after the interview, you are encouraged to seek professional support. Some resources are:

- Lifeline: 0800 543 354
- Need to talk: 1737
- Depression helpline: 0800 111 757

**Storage and confidentiality of information**
All information collected will remain confidential and will be used solely for this study. To ensure confidentiality, all data will be stored, analysed, and reported with identifying details removed. Any information that could potentially identify you will not be published. While the interview will be conducted via video, only the audio recording will be stored for analysis. Once the audio recordings have been transcribed, the original audio files will be permanently deleted. Data will be stored on a secure university shared OneDrive accessed via password-protected computers by the research team.

**Access to information and results**
If you opt to receive a summary of the research findings, these would be sent to you once they are available. You can also contact the Simone Mohi in the future via the email provided at the end of this form if you wish to request information about the research and/or the results.

**Publication of Results**
Findings from the study may be presented in journal article/s and or presented at conference/s. Data from this study will also be used by nominated University of Waikato Masters and Honours students to fulfil their research requirement. De-identified data from this study may be requested by academic journals as part of the publication process to verify the research findings.

**Withdrawal from study**
Participation in this study is voluntary, you are not under any obligation to consent and, if you do consent – you can withdraw upto three weeks after the interview. You can withdraw your consent by advising the nominated researcher/s either verbally, or via email. If you choose to withdraw from the study your data will be destroyed.

**Funding and benefits**
The findings have potential to help inform psychologists' understanding of culturally responsive practices, offering practical strategies to enhance their competence in working with Māori clients.
This research aims to deepen understanding of how psychologists incorporate bicultural principles into their practice. As part of an ongoing commitment to professional development, reflecting on your own experiences during the interview may offer a reflective space and insights.
This study is partially funded by the Research Trust Fund of the chief investigator Simone Mohi through the University of Waikato.

**Your Rights**

- Your participation is completely voluntary.
- You may decline to answer any question.
- You may withdraw upto three weeks after the interview.
- Your responses will remain confidential, and all data will be securely stored.

**Research team:**

- Dr Simone Mohi, Registered Clinical Psychologist, University of Waikato Senior Lecturer
- Nandita Nand, Research Assistant
- Priyanka Duggal, Master's student in Psychology
- Nicole Whitford, Master's student in Psychology
- Alice Wilson, Master's student in Psychology

**Ethics review and Complaints**
This research project has been approved by the Human Research Ethics Committee of the Division of Arts, Law, Psychology and Social Sciences. Any questions about the ethical

conduct of this research may be sent to the Secretary of the Committee, email alpss-ethics@waikato.ac.nz

**Contact for More Information**
If you have further questions, please feel free to contact Dr. Simone Mohi at simone.mohi@waikato.ac.nz
Thank you for taking the time to consider this study. If you wish to participate, please complete the consent form and demographic survey using this Qualtrics link https://waikato.qualtrics.com/jfe/form/SV_bEDF5DhaSQMZqJg .

# Appendix D: Consent form and participant demographics

**Default Question Block**

**Participation Information Sheet**

You are invited to take part in a research study conducted by researchers at the University of Waikato, Aotearoa New Zealand.

**Purpose of the Study**
This study explores how psychologists incorporate bicultural principles into their everyday practice in Aotearoa New Zealand. Bicultural competence is an important aspect of psychological practice, reflecting the principles of Te Tiriti o Waitangi and aligning with ethical guidelines for psychologists. While these ethical foundations are well established, there is limited empirical research on how psychologists apply bicultural principles in their day-to-day work. This study aims to contribute to this area by gathering insights from psychologists about their experiences and approaches to implementing bicultural principles in practice.

**Research Question**
How do psychologists in Aotearoa New Zealand incorporate bicultural principles into their practice?

**Who Can Participate**
Registered psychologists who have experience working with Māori clients are invited to take part. You will need internet access to be able to take part in the study. You are also welcome to bring a support person with you.

**What Will You Do?**

- **Consent & Demographic Survey (10 mins)**: Complete an online consent form and survey via Qualtrics.
- **Online Interview (30–45 mins)**: A one-on-one Zoom interview discussing bicultural practices. The interview will be audio-recorded (with consent) and transcribed.
- Review Your Transcript (Optional): You may review and verify your interview transcript to ensure accuracy.

**Potential Risks & Support**
Reflecting on practice may bring up challenges. You may skip any question or stop the interview at any time. If you experience discomfort, professional support is encouraged.
Some resources are:
• Lifeline: 0800 543 354
• Need to talk: 1737

• Depression helpline: 0800 111 757

**Confidentiality & Data Storage**
All data will remain confidential, with identifying details removed. Only audio recordings (not video) will be stored for analysis and deleted after transcription. Data will be securely stored on the University of Waikato's OneDrive.

**Access to Results and Information**
A summary of findings will be available upon request. De-identified data may be used in academic publications and shared with journals for verification. You can also contact the Simone Mohi in the future via the email provided at the end of this form if you wish to request information about the research and/or the results

Publication of Results
Findings from the study may be presented in journal article/s and or presented at the conference/s. Data from this study will also be used by nominated University of Waikato Masters and Honours students to fulfill their research requirement. De-identified data may be requested by academic journals as part of the publication process to verify the research findings.

**Withdrawal**
Participation in this study is voluntary, you are not under any obligation to consent, and if you do consent - you can withdraw upto three weeks after the interview. You can withdraw by informing the research team verbally, or via email. If withdrawn, your data will be destroyed.

**Funding & Benefits**
This study is partially funded by the Research Trust Fund of the chief investigator, Dr. Simone Mohi. Findings may enhance psychologists' understanding of culturally responsive practice.

**Your Rights**
Participation is voluntary.
You may skip any question.
You can withdraw at any time.
Your data will remain confidential and securely stored.

**Research Team**

- Dr. Simone Mohi – Registered Clinical Psychologist, Senior Lecturer, University of Waikato
- Nandita Nand – Research Assistant
- Priyanka Duggal, Nicole Whitford & Alice Wilson – Master's students in Psychology

**Ethics & Complaints**
This study is approved by the Human Research Ethics Committee

of the Division of Arts, Law, Psychology, and Social Sciences.
For ethical concerns, contact alpss-ethics@waikato.ac.nz. Further Information For questions, contact Dr. Simone Mohi at simone.mohi@waikato.ac.nz.

**Further Information**

For questions, contact Dr. Simone Mohi at simone.mohi@waikato.ac.nz.

**Block 2**

Consent Form

I have read (or had read to me) the Participant Information Sheet in a language I understand and fully comprehend the purpose of this study.

- I have had enough time to consider my participation.
- I have had the opportunity to ask questions and received satisfactory answers.
- I understand that participation is voluntary, and I can withdraw at any time up to three weeks after the interview.
- I understand that withdrawing will have no consequences for me.
- I understand my identity will remain confidential, and no identifying information will be included in reports.
- I understand my interview will be recorded and transcribed.
- I understand that online transcription software may be used. If I do not agree, I can request manual transcription.
- I understand that I retain ownership of my interview but give consent for its use in this study.
- I understand that de-identified data may be requested by academic journals for verification.

I agree to participate in this study and understand my rights as a participant. If I have any concerns or would like to receive a summary of the research findings, I may contact Dr. Simone Mohi at simone.mohi@waikato.ac.nz or University of Waikato, Private Bag 3105, Hamilton 3240.

○ I agree

○ I do not wish to participate

If you have consented to your participation in the study, please provide your full name and signature below

Please write your full name:

Please provide your signature below:

SIGN HERE

clear

**Demographic/Professional Background Questionnaire**

Gender: (Please select the option that best describes your current gender. Gender may differ from the sex assigned at birth or what is indicated on legal documents.)

- Woman/Female
- Man/Male
- Non-binary
- Transgender
- I use a different term (Please specify below)

Age:

- Please specify your age below.

Ethnicity:

- New Zealand European

☐ Māori
☐ Pacific Peoples (e.g., Samoan, Tongan, Cook Islands Māori, Niuean, Fijian, Tokelauan)
☐ Asians (e.g., Chinese, Indian, Filipino, Korean, Japanese, Southeast Asian)
☐ Middle Eastern/Latin American/African
☐ Other European
☐ Other (Please specify):

Level of experience as a practicing psychologist:

○ Recent graduate (within last 6 months)
○ Early-career (5 years of practice or less)
○ Mid-career (up to 10 years in practice)
○ Later-career (more than 10 years in practice)

Country/Countries where you trained as a psychologist:

☐ Aotearoa New Zealand
☐ Australia
☐ Other (Please specify)

How long have you been practicing in Aotearoa New Zealand:

○ Less than 1 year
○ 1-3 years
○ 4-7 years
○ 8-15 years
○ 16+ years

Psychologist type:

☐ Clinical psychologist
☐ Clinical neuropsychologist
☐ Community psychologist
☐ Counselling psychologist
☐ Educational/Developmental psychologist
☐ Forensic psychologist
☐ General psychologist
☐ Health psychologist
☐ Neuropsychologist
☐ Organisational Psychologist
☐ Other (please specify)

Primary therapeutic orientation/s adopted in psychological practice (e.g., CBT)

☐ CBT
☐ ACT
☐ DBT
☐ Family Systems
☐ Psychodynamic/analytic
☐ Eclectic
☐ Other (Please specify)

Primary Practice setting/s

☐ School/s
☐ Community mental health
☐ Hospital
☐ Corrections
☐ Private sector
☐ Government based organisation
☐ Other (Please specify)

Which group best describe your primary client base?

☐ Children
☐ Adolescent
☐ Young adults
☐ Middle-aged adults
☐ Older adults
☐ Families
☐ Other

How much experience do you have working with Māori clients?

○ No experience
○ Limited experience
○ Some experience
○ Extensive experience
○ Very extensive experience

Approximately what proportion of your clients (past and present) are Māori individuals or whānau?

- 0% - I currently have no Māori clients or whānau
- 5% - A small proportion (e.g., 1 in 20 clients)
- 10% - Roughly 1 in 10 clients
- 20% - About 1 in 5 clients
- 30-40% - A significant portion of my caseload
- 50% - Half of my clients identify as Māori
- 60-70% - A majority of my caseload is Māori
- 80-90% Almost all of my clients or whānau identify as Māori
- 100% - All of my clients or whānau identify as Māori
- Other (Please specify):

To what extent do you incorporate bicultural practices in your work with Māori clients?

- 0 - Not at all
- 1 - Minimally
- 2 - Somewhat
- 3 - Moderately
- 4 - Significantly
- 5 - Completely

How confident do you feel in your ability to engage in bicultural practice when working with Māori clients and whānau?

- 0 - Not at all confident
- 1 - Slightly confident
- 2 - Somewhat confident
- 3 - Moderately confident
- 4 - Very confident
- 5 - Extremely confident

Do you have access to cultural support, such as a cultural advisor, cultural supervision, or other resources, to assist you in your daily therapeutic practice?

- Yes (please specify the type of support)
- No

**Appendix E: Definition of Bicultural Practice**

Before we begin, I'd like to share our working definition of bicultural practice drawing upon the code of ethics. We understand it as bringing together Māori and Western psychological approaches in clinical settings, guided by Te Tiriti Principles. This means recognizing Māori as tangata whenua and moving beyond just cultural awareness to actively incorporating Māori perspectives in a safe therapeutic environment. We recognize you might have your own understanding of bicultural practice, and we're interested in exploring that today.

**Appendix F: Example of the Reflexive Thematic Analysis Coding Process**

The following appendix illustrates the reflexive thematic analysis coding process used in this study, following Braun and Clarke's (2006, 2019, 2021) six-phase approach. To demonstrate how raw interview data were systematically analysed, a section of dialogue from one participant for one question has been selected. The full transcript excerpt is presented first, followed by a table showing how specific sections of that dialogue were coded into initial codes, grouped into sub-themes, and developed into overarching themes. This process was collaborative and reflexive; the examples below represent the final analytical output rather than a linear sequence.

**Research Question 2: What Are the Biggest Challenges Psychologists Have Experienced in Engaging in Bicultural Practice?**

**Participant 5** is a NZ European psychologist. The following excerpt is from their response to the question: *"What are the biggest challenges you've experienced in engaging in bicultural practice?"*

***Transcript Excerpt***

*Yeah, I'm having a strong reaction that sort of points to one thing. I think the main challenges are like the lack of specificity, perhaps, around the models that are available to guide us in bicultural practice. At the same time, though, the more specific they are, the less useful they would be. So it's that dichotomy. It's that whole issue.*

*I think if I speak real generally, I think there's a little, it's like a little ghost that's haunting a lot of clinical psychology students in the world is how to do bicultural practice well. And I feel like there's a horrible sneaking belief that there's something better than what I know. There must be something better than what I know. There must be something better. And so I feel like that kind of dissatisfaction can make it harder for people to feel like they're actually making any progress in the area.*

*[Researcher: It creates that fear.]*

*Yes, that we spoke about earlier of doing it wrong. And that's the real problem. Yeah. And I should say that if the anxiety is insurmountable, then it becomes like a barrier to entry. And then I think that's probably how you end up with like a culturally unsafe practitioner. As the anxiety got the better of them and they kind of just blocked it all out. And it was a bit much.*

*[Later in interview]: ...learning te reo in a full immersion environment with adults was like one of was the best learning experience of my life.*

*Coding Process Applied to Participant 5's Transcript Excerpt*

| **Data Extract (highlighted section)** | **Initial Codes Generated** | **Sub-theme → Theme** |
|---|---|---|
| "*there's a little, it's like a little ghost that's haunting a lot of clinical psychology students in the world is how to do bicultural practice well*"<br>"*I feel like there's a horrible sneaking belief that there's something better than what I know... that kind of dissatisfaction can make it harder for people to feel like they're actually making any progress*" | Persistent anxiety about adequacy<br>Feeling of never being good enough<br>Dissatisfaction as barrier to progress | **Sub-theme: Fear of Causing Harm Through Cultural Errors**<br>↓<br>**Theme 1: Fear and Anxiety as Barriers to Engagement** |
| "*if the anxiety is insurmountable, then it becomes like a barrier to entry*"<br>"*that's probably how you end up with like a culturally unsafe practitioner. As the anxiety got the better of them and they kind of just blocked it all out*" | Anxiety as barrier to bicultural engagement<br>Avoidance leading to culturally unsafe practice<br>Fear creating disengagement rather than growth | **Sub-theme: Anxiety Leading to Avoidance**<br>↓<br>**Theme 1: Fear and Anxiety as Barriers to Engagement** |
| "*the main challenges are like the lack of specificity, perhaps, around the models that are available to guide us in bicultural practice*"<br>"*At the same time, though, the more specific they are, the less useful they would be. So it's that dichotomy*" | Lack of specific guidance in bicultural models<br>Theory-practice disconnect<br>Tension between flexibility and specificity | **Sub-theme: Theory-Practice Disconnect**<br>↓<br>**Theme 2: Barriers to Engagement: Bicultural Training and Educational Preparation** |
| "*learning te reo in a full immersion environment with adults was like one of was the* | Immersion learning as response to anxiety | **Sub-theme: Ongoing Commitment to Cultural Learning** |

| | | |
|---|---|---|
| *best learning experience of my life*" | Ongoing commitment to cultural learning | ↓<br>**RQ1 Theme 5: Ongoing Commitment to Preparation and Learning**<br>*(cross-reference: participant's response to challenges also contributed to RQ1 themes)* |

*Note.* These examples illustrate how sections of participant dialogue were systematically coded and organised into themes. The full analysis involved multiple initial codes for each research question, developed across all 24 participant transcripts. The coding process was done many times, with codes being refined, merged, and reorganised across multiple phases consistent with Braun and Clarke's (2021) reflexive thematic analysis framework alongside regular consultation with research team.