# Racism and bullying as correlates for considering ending Psychology training in Aotearoa New Zealand

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## Abstract

Despite global calls to enhance culturally safe care for Indigenous and minoritised groups, little attention has been given to exploring students' experiences in psychology training programmes to meet these needs. A series of chi-square tests was performed to examine group differences for participants in the Kia Whakapapa Pounaumu survey ($n$ = 107) in their consideration of ending their training and their decision to seek professional help. Over half (55%) of students reported having considered ending their psychology training. Our findings show that students who have experienced or witnessed forms of injustice such as institutional racism, microaggressions, and bullying, encounter additional barriers in completing their training. If psychology bodies wish to redress the harm caused to Indigenous and minoritised groups in the discipline of psychology, they must ensure the training programmes themselves do not perpetuate harm.

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## Introduction

In 2018, a claim was lodged to the Waitangi Tribunal (a commission of inquiry established under the Treaty of Waitangi Act 1975) concerning breaches of Te Tiriti o Waitangi (constitutional document of Aotearoa New Zealand) in the training, employment, and regulatory of psychologists in Aotearoa (i.e., Wai 2725) (Levy, 2018). An updated Wai 2725 in 2024 has paved the way for Kaupapa Māori psychology and addresses the government's proposal to develop the 'assistant psychology' role (Levy et al., 2024). Alongside decades of research highlighting barriers for Māori to participate in psychology (Johnson et al., 2021; Levy, 2002; Morunga, 2009), Wai 2725 highlights critical issues with the dominance of the western psychological paradigm, devaluation of te ao (worldview) Māori-informed pathways to wellbeing, and a lack of consideration for cultural safety in the teaching and practice of psychology (Levy, 2018; Levy et al., 2024).

Evidence from international studies points to the pervasive nature of racism within the psychology training (Crossing et al., 2024). For instance, a U.S. study (Galán et al., 2023) found that 32% of faculty staff and graduate students in clinical psychology programmes have experienced or heard racist stereotypes about their own race, and approximately half (51%) reported witnessing or hearing stereotypes about other races. White participants were less likely than their Asian, Black, and Latinx counterparts to report perceiving racist stereotypes about their own race or other races in their programme.

An earlier report using the same dataset as this study documented a high prevalence of systemic (e.g., monocultural psychology and unpaid cultural labour) and interpersonal (e.g., microaggression and bullying) racism and oppression within professional psychology training (Waitoki et al., 2024). About half (46%) of students in training reported witnessing racism in their programmes within the last 12 months, with Māori students (69%) being more likely to report such incidents. The prevalence of racism in psychology training is not an isolated issue but is also evident in other professions, such as medicine (Cormack et al., 2024) and nursing (Wilson et al., 2022). For instance, three-quarters of Māori medical students (75%) reported having witnessed racism during their medical education and training in the past year.

It is paradoxical that a discipline focused on delivering mental healthcare and psychological expertise, including for minoritised groups, frequently overlooks the need for the training programmes themselves to be culturally safe (Macfarlane et al., 2007; New Zealand Psychologists Board, 2009). Culturally safe education is essential for retaining students from minoritised backgrounds, improving all students' understanding of and respect for cultural differences, and increasing their confidence to work in Indigenous healthcare settings (Rigby et al., 2011). In this study, we aim to conduct exploratory analyses to identify factors correlated with two indicators of cultural (un)safety for the programmes: 1) consideration of ending psychology training; and 2) seeking professional help.

## Methods

We drew data from the Kia Whakapapa Pounaumu survey that recruited 107 students currently completing professional psychology training in Aotearoa. The survey was administered by the Working to End Racial Oppression (WERO) team that explores systemic racism in health education and training, of which we are part of. Our research is guided by shared values within the takarangi (double-spiral) framework (e.g., mana aki [power enhancing] and utu [reciprocity]) (WERO, 2024) to pursue Te Tiriti justice including collecting evidence to support the tribunal claim made about Te Tiriti breaches in psychology.

The survey design reflected our interest in exploring the cost and operation of racism and monocultural psychology in training and included questions adapted from previous studies with clinical psychology students (Nathan, 1999) and Māori medical students (Cormack et al., 2024). More details about the research design can be found in our published report (Waitoki et al., 2024). A supplementary file outlining the item questions and descriptive statistics for the response options used in the current study has been attached (see Appendix 1).

The sample has a mean age between 25 to 29. Almost half (49%) were categorised as Pākehā (European) through prioritised ethnicity protocol (Ministry of Health, 2017), 28% were Māori and other groups included Asian and MELAA (including Middle Eastern, Latin American, and African; 16%), and Pacific (8%),. Most were cisgender women (81%) or men (14%). More than a quarter (26%) identified as a rainbow (LGBTQIA+ or takatāpui) person. More than three-fifths were in a clinical psychology programme (62%), with other areas of study including child and family psychology

(12%), health psychology (9%), behaviour analysis (6%), and other fields.

*Data analysis*

All data analyses were conducted using IBM SPSS Statistics v29. Missing data for the Racial Microaggression Index for Māori participants (ranged from 2% to 9%) were imputed using the expectation maximisation method, which estimates means and covariances based on available data in regression models (Enders, 2003). Subsequently, chi-square goodness-of-fit tests were conducted to assess if observed proportions of seeking professional (e.g. psychologist, tohunga, GP) help and considering to end psychology training differed significantly from the expected distribution for the predictors. A continuity correction was applied to 2x2 categorical variables (e.g., witnessing racism) to provide a more conservative assessment of significance. We refer to standardised adjusted residual values exceeding $\pm 2$ (bolded in the tables) to indicate significant differences in the proportion of participants providing affirmative responses to predictor variables within specific demographic groups (Sharpe, 2019). The threshold for statistical significance was set at $p < 0.05$ for all analyses.

## Results

Overall, about half (47%) of students indicated that their experiences in psychology training prompted them to seek professional help. Our earlier analysis revealed no significant demographic differences in the reporting of seeking professional help, except for the higher prevalence reported by rainbow people (Waitoki et al., 2024). Moreover, more than half (55%) of the participants reported having considered discontinuing their psychology training. No significant demographic differences were identified for the consideration of terminating training.

Table 1 displays the results of factors correlated with students seeking professional help during training. In this section, we only report results where a statistically significant difference has been detected. Students who sought professional help were more likely to have found it difficult to access cultural supervision during their internship, witnessed racism, experienced verbal and social bullying, agreed that traumatic training is normalised in psychology, and considered ending their psychology training. Māori students who faced fewer racial microaggressions were less likely to have sought professional help.

In Table 2, we found that participants who had contemplated discontinuing their psychology

training were more likely to rate the programme as poorly addressing issues for Māori. These participants were also more likely to have witnessed racism, experienced verbal and social bullying, and thought traumatic training is normalised in psychology.

## Discussion

Although there is a growing body of literature on the need to decolonise psychology (Morunga, 2009; Waitoki et al., 2018) and diversify its content to include affirmative care for minoritised groups (Tan et al., 2024), there is limited data on students' experiences within programmes tasked with addressing these issues. In this study, we provide preliminary evidence for stakeholders in psychology training, including the New Zealand Psychologists Board (the Board) and Programme Directors, to address factors that lead students to seek professional help and consider the option of dropping out.

Monocultural content continues to be a prominent issue for both staff and students within psychology training (NSCBI et al., 2018; Waitoki et al., 2024). Efforts to integrate Māori-focused content into the curriculum are constrained by broader issues, including staff's limited knowledge of how to incorporate Te Tiriti o Waitangi, a reluctance to challenge the status quo, institutional barriers such as funding, and the discipline's inherent epistemic racism that privileges western science (Waitoki et al., 2023). Many participants contemplated discontinuing their psychology training when their programme inadequately addressed issues relevant to Māori. Similarly, those who encountered barriers to cultural supervision during their internship were more likely to seek professional help. Low provision of content on culturally safety and teaching of Māori content within the programme is the reason participants feel inadequate to work with Māori clients—a huge portion of mental health consumers—and consequently, they must seek this knowledge elsewhere (NSCBI et al., 2018).

**Table 1.**

*Factors correlated with seeking professional (e.g. psychologist, tohunga, GP) help during training*

| | No | Yes | |
|---|---|---|---|
| **Address issues for Māori** | | | $\chi^2 (2) = 4.28$, p = .117 |
| Good or excellent | 8 (61.5) | 5 (38.5) | |
| Adequate | 12 (70.6) | 5 (29.4) | |
| Poor | **27 (44.3)** | **34 (55.7)** | |
| **Preparation to be culturally competent** | | | $\chi^2 (2) = 0.78$, p = .679 |
| Good or excellent | 9 (50.0) | 9 (50.0) | |
| Adequate | 16 (59.3) | 11 (40.7) | |
| Poor | 23 (48.9) | 24 (51.1) | |
| **Implicit or explicit demands during training**[a,b] | | | $\chi^2 (1) = 0.08$, p = .784 |
| Yes | 5 (45.5) | 6 (54.5) | |
| No | 10 (34.5) | 19 (65.5) | |
| **Monocultural psychology** | | | $\chi^2 (2) = 0.05$, p = .977 |
| Not or less of a concern | 6 (50.0) | 6 (50.0) | |
| Neutral | 6 (54.5) | 5 (45.5) | |
| Somewhat or a huge concern | 37 (52.1) | 34 (47.9) | |
| **Internship experiences**[c] | | | $\chi^2 (2) = 4.82$, p = .090 |
| Positive | **20 (55.6)** | **16 (44.4)** | |
| Neutral | 2 (25.0) | 6 (75.0) | |
| Negative | 1 (16.7) | 5 (83.3) | |
| **Access to cultural supervision during internship**[b] | | | $\chi^2 (2) = 6.23$, p = .044 |
| Somewhat or very easy | **15 (62.5)** | **9 (37.5)** | |
| Neutral | 4 (40.0) | 6 (60.0) | |
| Somewhat or very difficult | **4 (23.5)** | **13 (76.5)** | |
| **Number of racial microgression incidents on Māori**[d] | | | $\chi^2 (2) = 6.09$, p = .048 |
| 0 to 4 | **15 (78.9)** | **4 (21.1)** | |
| 4.01 to 6 | 10 (47.6) | 11 (52.4) | |
| 6.01 to 9 | 11 (44.0) | 14 (56.0) | |
| **Ever withnessed racism**[a] | | | $\chi^2 (1) = 14.28$, p < .001 |
| No | **31 (77.5)** | **9 (22.5)** | |
| Yes | **19 (35.8)** | **34 (64.2)** | |
| **Ever experienced racism**[a,b] | | | $\chi^2 (1) = 3.23$, p = .072 |
| No | **13 (56.5)** | **10 (43.5)** | |
| Yes | **6 (26.1)** | **17 (73.9)** | |
| **Ever experienced verbal bullying**[a] | | | $\chi^2 (1) = 22.39$, p < .001 |
| No | **47 (68.1)** | **22 (31.9)** | |
| Yes | **1 (5.0)** | **19 (95.0)** | |
| **Ever experienced social bullying**[a] | | | $\chi^2 (1) = 19.54$, p < .001 |
| No | **46 (67.6)** | **22 (32.4)** | |
| Yes | **2 (9.5)** | **19 (90.5)** | |
| **Normalisation of traumatic experiences**[a] | | | $\chi^2 (1) = 25.68$, p < .001 |
| No | **32 (86.5)** | **5 (13.5)** | |
| Yes | **18 (31.0)** | **40 (69.0)** | |
| **Considered ending psychology training**[a] | | | $\chi^2 (1) = 19.81$, p < .001 |
| No | **35 (77.8)** | **10 (22.2)** | |
| Yes | **15 (30.0)** | **35 (70.0)** | |

[a]Continuity correction
[b]Only asked amongst non-Pākehā students
[c]Only asked amongst students undertaking placement or internship
[d]Only asked amongst Māori students

Table 2.
Factors correlated with having ever considered ending psychology training before completion

| | Have not considered ending training | Have considered ending training | |
|---|---|---|---|
| **Address issues for Māori** | | | $\chi^2 (2) = 9.93$, **p = .007** |
| Good or excellent | **12 (85.7)** | **2 (14.3)** | |
| Adequate | 10 (52.6) | 9 (47.4) | |
| Poor | **24 (39.3)** | **37 (60.7)** | |
| **Preparation to be culturally competent** | | | $\chi^2 (2) = 2.16$, p = .339 |
| Good or excellent | 11 (61.1) | 7 (38.9) | |
| Adequate | 15 (51.7) | 14 (48.3) | |
| Poor | 20 (41.7) | 28 (58.3) | |
| **Implicit or explicit demands during training**[a,b] | | | $\chi^2 (1) = 0.89$, p = .344 |
| Yes | 9 (31.0) | 20 (69.0) | |
| No | 6 (46.2) | 7 (53.8) | |
| **Monocultural psychology** | | | $\chi^2 (2) = 0.04$, p = .979 |
| Not or less of a concern | 6 (46.2) | 1 (53.8) | |
| Neutral | 6 (50.0) | 6 (50.0) | |
| Somewhat or a huge concern | 34 (37.2) | 38 (52.8) | |
| **Internship experiences**[c] | | | $\chi^2 (2) = 3.25$, p = .197 |
| Positive | 20 (54.1) | 17 (45.9) | |
| Neutral | 3 (37.5) | 5 (62.5) | |
| Negative | 1 (16.7) | 5 (83.3) | |
| **Access to cultural supervision during internship**[b] | | | $\chi^2 (2) = 0.08$, p = .960 |
| Somewhat or very easy | 11 (45.8) | 13 (54.2) | |
| Neutral | 5 (50.0) | 5 (50.0) | |
| Somewhat or very difficult | 8 (44.4) | 10 (55.6) | |
| **Number of racial microgression incidents on Māori**[d] | | | $\chi^2 (2) = 1.89$, p = .389 |
| 0 to 4 | 11 (57.9) | 8 (42.1) | |
| 4.01 to 6 | 12 (57.1) | 9 (42.9) | |
| 6.01 to 9 | 10 (40.0) | 15 (60.0) | |
| **Ever withnessed racism**[a] | | | $\chi^2 (1) = 10.05$, **p = .002** |
| No | **28 (68.3)** | **13 (31.7)** | |
| Yes | **18 (33.3)** | **36 (66.7)** | |
| **Ever experienced racism**[a,b] | | | $\chi^2 (1) = 1.14$, p = .285 |
| No | 12 (50.0) | 12 (50.0) | |
| Yes | 7 (30.4) | 16 (69.6) | |
| **Ever experienced verbal bullying**[a] | | | $\chi^2 (1) = 7.01$, **p = .008** |
| No | **38 (55.1)** | **31 (44.9)** | |
| Yes | **4 (19.0)** | **17 (81.0)** | |
| **Ever experienced social bullying**[a] | | | $\chi^2 (1) = 9.91$, **p = .002** |
| No | **39 (56.6)** | **30 (43.5)** | |
| Yes | **3 (14.3)** | **18 (85.7)** | |
| **Normalisation of traumatic experiences**[a] | | | $\chi^2 (1) = 8.64$, **p = .003** |
| No | **25 (67.6)** | **12 (32.4)** | |
| Yes | **20 (34.5)** | **38 (65.5)** | |

[a]Continuity correction
[b]Only asked amongst non-Pākehā students
[c]Only asked amongst students undertaking placement or internship
[d]Only asked amongst Māori students

Consistent with studies demonstrating racism as a determinant of health (Cormack et al., 2018), our findings indicate that participants who have witnessed racism are more likely to report seeking professional help and considering terminating their training. Interestingly, we did not observe a significant correlation between these outcomes and Māori, Pacific, and Asian students who experienced racism. This may be attributable to the cultural resources available for these collectivist groups (e.g., whānau and community support) or their tendency to advocate for others facing injustices rather than focusing on their own experiences. Some chose to remain in the programme with the goal of eventually graduating and bringing the required professional skills to serve their communities. It could also be that our definition of 'racism' was framed broadly to encompass systemic and institutional experiences (see Appendix 1), which may have less direct personal impact compared to racial microaggressions, as indicated by the significant correlation found for Māori participants. Further studies are needed to verify these speculations.

The pathway to becoming a registered psychologist in Aotearoa typically spans at least six years, encompassing undergraduate, postgraduate, and professional training. Three fifths (61%) of participants thought training experiences that are traumatic are normalised in psychology. Trauma—including stressors that create intense feelings of fear and powerlessness such as historical trauma (e.g., colonisation, incarceration, and state abuse), interpersonal violence, natural disasters, and the loss of a loved one—is a core component of the psychology curriculum, especially in clinical psychology (Bryant, 2024; Waitoki et al., 2018). We are mindful that some participants may have interpreted the wording of the question as reflecting the normalisation in programmes of dealing with people who have experienced traumatic events including suicidal ideation and behaviour. However, its significant association with participants needing to seek help and considering dropping out signals a larger systemic issue in the programme.

Beyond the oppressive-related trauma (e.g., racial trauma) that students from minoritised background may experience (Bryant, 2024), traumatic and stressful experiences are also embedded in the programme's culture (Pakenham & Stafford-Brown, 2012) . This culture is marked by the "elitist" nature of the programme which recruits only students with excellent academic grades and backgrounds to fill the limited spots. There is immense pressure on

students to manage emotional and affective challenges, cope with the high workloads in preparation to become a psychologist, and endure social and verbal bullying (Pakenham & Stafford-Brown, 2012; Waitoki et al., 2024). Further, students are expected to achieve outstanding academic grades, secure clinical placements, and internships to remain competitive and stand out from their classmates, leaving little room for building meaningful relationships with peers and staff. The stressful nature of the programme is an important issue to address if we wish to attract and retain more students to complete the training and grow the mental healthcare workforce.

Central to a culturally safe classroom ethos are relationships, which feature key activities such as restorative practices, relationship-based classroom pedagogy, and a culture of care (Macfarlane et al., 2007). Our findings indicate that the current training does not centre on a culture of care that promotes manaakitanga (caring through fostering a sense of community) and whanaungatanga (establishing healthy, positive relationships amongst staff and students) (Macfarlane et al., 2007). It is often misunderstood that the Board's cultural safety guidelines are limited to psychological practice, which also needs considerable progress. Cultural safety is also a value listed in the updated code of ethics, which encourages psychologists to work with and advocate for organisations to demonstrate cultural awareness and sensitivity. This study provides evidence for the need to implement the principles of cultural safety within the training programme, where staff and students are sensitised to reflect on power dynamics, consider themselves as cultural bearer, and work towards addressing inequities in psychology (New Zealand Psychologists Board, 2009).

The study is not without limitations. First, it utilised convenience sampling by recruiting participants through networks such as the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists. Compared to the Workforce Survey estimate in 2016 (Psychology Workforce Task Group, 2016), our study has over-sampled Māori participants (28%), who may have a stronger motivation to improve the programme's cultural responsivity. The small sample size also prevented us from examining experiences specific to certain demographic groups. An earlier report provided statistics for ethnic groups, rainbow identity, gender, and age group when statistically significant differences were detected (Waitoki et al., 2024). Further, longitudinal studies are required to

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ascertain causality for our chi-square findings that examine group differences.

Finally, we recommend more qualitative research to expand on our findings and explore the underlying reasons or experiences related to seeking professional help while in a training programme. Not all motivations for seeking professional help are negative or linked to the programme, as some students do so to better understand themselves or to experience therapy firsthand. While our preliminary report (Waitoki et al., 2024) includes participants' comments on their reasons for considering withdrawal from the programme, further qualitative research on this topic is warranted.

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Appendix 1.
Variable questions and response options

| Variable | Questions | Response options (%) |
|---|---|---|
| Address issues for Māori | How well do you think your training programme is or has addressed issues that relate specifically to Māori? | Poor (62.7); Adequate (18.6); Good (11.8); Excellent (2.9); Don't know (3.9) |
| Preparation to be culturally competent | Overall, how well do you think your training programme is or has prepared you to be a culturally competent psychologist to work with clients from different ethnic/cultural backgrounds (e.g. ethnicity, socioeconomic background, disability, religion, and LGBTQIATakatāpui+)? | Poor (48.5); Adequate (29.7); Good (17.8); Excellent (1.0); Don't know (3.0) |
| Implicit or explicit demands during training[a] | Are/were there any implicit or explicit demands placed on you during your training as a result of you being Māori, Pacific, Asian or from an ethnic minority background? (e.g., cultural advisory role). | Yes (28.9); No (71.1) |
| Monocultural psychology | Monocultural psychology refers to the lack of inclusion of diversity in epistemologies and cultural backgrounds (e.g., age, gender, ethnicity, and rainbow identity) in the teaching and practice of psychology. Monocultural psychology is seen as dominated by Western, Educated, Industrial, Rich, and Democratic (WEIRD) societies.<br><br>Which one of the following statements best characterises the training programme that you are going through / went through? | Monoculturalism is a huge concern (39.0); Monoculturalism is somewhat of a concern (36.0); Neutral (12.0); Monoculturalism is less of a concern (9.0); Monoculturalism is not a concern (4.0) |
| Internship experiences[b] | Overall, how would you describe your internship experience? | Extremely positive (35.3); Somewhat positive (37.3); Neither positive nor negative (15.7); Somewhat negative (9.8); Extremely negative (2.0) |
| Access to cultural supervision during internship[b] | To what extent were you able to access cultural supervision or mentoring in your internship? | Extremely difficult (9.6); Somewhat difficult (25.0); Neither easy nor difficult (19.2); Somewhat easy (17.3); Extremely easy (28.8) |
| Witnessed racism | Racism is a system that perpetuates the power and privilege held by one ethnic/racial group by oppressing and devaluing other ethnic/racial groups, using the invented concepts of 'race' and racial hierarchies. Colonisation forms the main context for understanding how racism manifests in Aotearoa New Zealand. Racism occurs at all levels - from interpersonal to societal. It can involve things like racially motivated hate crimes, jokes or stereotypes, racial slurs, or unequal treatment.<br><br>In your psychology training programme, have you ever **witnessed (seen, heard or heard about)** another person or a group of people being subjected to racism? You can select both 'yes' options if applicable. | Yes, within the last 12 months (46.3); Yes, more than 12 months ago (28.4); No, never (28.4); Don't know (14.7) |
| Experienced racism[a] | In your psychology training programme, have you ever **experienced** racism? You can select both 'yes' options if applicable. | Yes, within the last 12 months (36.2); Yes, more than 12 months ago (31.9); No, never (38.3); Don't know (12.8) |

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| Verbal bullying[a] | In your <u>psychology training programme</u>, have you ever experienced the following types of bullying? <u>You can select both 'yes' options if applicable</u>.<br>Verbal: This involves saying or writing mean things (including online) e.g. offensive comments, yelling, threatening someone, spreading rumours | Yes, within the last 12 months (12.0); Yes, more than 12 months ago (18.0); No, never (68.0) |
| Social bullying[a] | Social: This is also called relational or psychological - it involves hurting someone's relationships or reputation (including online) e.g. excluding someone or humiliating them | Yes, within the last 12 months (12.0); Yes, more than 12 months ago (16.0); No, never (72.0) |
| Racial microaggression incidents on Māori[c] | Māori in psychology may experience specific racial microaggressions that are less common for other groups. Examples of racial microaggressions include being ignored when raising cultural issues, or those views are minimised; or being expected to be the cultural informant - default educator.<br><br>In your time in psychology, have you ever experienced any of the following racial microaggressions?<br>1. Got the vibe that mātauranga Māori is not viewed as "real" science (91.7)<br>2. Been told that you need to learn Western psychology to be a psychologist and/or staff member in psychology (79.2)<br>3. Been told that wairua is irrelevant to psychological practice (37.5)<br>4. Been told that Te Reo Māori is a dying language 'so why learn it' (36.0)<br>5. Been blocked from training opportunities to work with iwi or hapu organisations, or Māori NGOs (48.0)<br>6. Been told that 'We do not teach Māori cultural content at this university. You will have to go somewhere else'. (12.5)<br>7. Been told that you are not a 'real, or full Māori' (58.3)<br>8. Been told that Māori get unfair benefits (84.0)<br>9. Been told that all Māori are alike (60.9) | Yes; No; Don't know<br><br><u>Racial microaggression index</u><br>Mean = 5.08 (Standard deviation = 2.09)<br><br>We reported the percentage of participants who had responded 'yes' in the left column. |
| Normalisation of traumatic experiences | Would you say that training experiences that are traumatic is normalised in psychology? | Yes (61.1); No (11.6); Don't know (27.4) |
| Seek professional help | Have your experiences in psychology training caused you to seek professional help (e.g. psychologist, tohunga, GP)? | Yes (47.4); No (52.6) |
| Considered ending psychology training | Have you ever considered ending your psychology training before completion? | Yes, I have considered it (52.0); No, I have not considered it (41.8); Unsure (6.1) |