(In)Justice and Wellbeing:

Social Justice and Mental Health in New Zealand

Dissertation Prospectus

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Abstract

New Zealand is considered a bicultural nation and therapeutic attendance to the needs of a bicultural society are interwoven with the sociopolitical development of therapists and the process and goals of social justice. **RESEARCH AIMS:** This research will be conducted to increase understanding of how sociopolitical and cultural development influences social justice orientations of New Zealand's mental health service providers. **METHODS:** Using a concurrent mixed-methods approach, I will explore the multiple facets of social justice, culture, and mental health systems. **SPECIFIC AIMS:** This study specifically examines what therapeutic social justice is in a bicultural nation, how is social justice achieved, and how cultural and political identities relate to mental health. **ANTICIPATED FINDINGS:** Based on interview, observational, and survey data I expect find motivations and barriers to the development and maintenance of social justice. Expected barriers will be both internal and external, while motivations will stem from personal value systems, experiences of injustice, and participant's sociopolitical development. **IMPLICATIONS:** This study will illuminate critical strategies to increase family therapy's influence in overlapping areas of (in)justice, community healing, and wellbeing, and decrease barriers to social justice oriented therapy.

Keywords: social justice, social policy, family therapists, ethics

(In)Justice and Wellbeing: Social Justice Orientations of Therapists in New Zealand

> "Our goal is to create a beloved community and this will
>
> require a qualitative change in our souls as well as a
>
> quantitative change in our lives."
>
> *~ Dr. Martin Luther King Jr.*

The impact that structural and systemic injustice has on wellbeing has gained increasing attention in the mental health fields (Beitin & Allen, 2005; Crethar, Rivera, & Nash, 2008; D'Arrigo-Patrick, Hoff, Knudson-Martin & Tuttle, 2016; McDowell & Hernández, 2010). This attention has prompted some mental health practitioners' development of a social justice orientation (Kosutic & McDowell, 2008; Seedall et al., 2014; Waldegrave, 2009). What is becoming clear is the complex and interconnected phenomena of therapy, social justice, and culture dependent on both practitioner and social context (Crethar et al., 2008; Edwards, 2006; Ratts, 2015). At the same time U.S. based mental health and therapy is rapidly globally expanding (Charlés & Samarasinghe, 2016; Kirmayer & Pedersen, 2014). The global movement has been criticized as having a colonizing effect on non-Western cultures (Arnett, 2008; Watters, 2010) facilitating an inward turn to the recognition of indigenous knowledge and healing (Liu, 2015; Staniforth et al., 2011).

This is especially crucial in New Zealand, where social justice therapists seek to put therapy "in perspective and not accept uncritically the claims for a global profession" (Beddoe & Harrington, 2015, p. 34; Cook, 1996). Psychotherapy in New Zealand is dominated by values, principles, and theories relevant in the sociocultural context of the United States (Beddoe & Harrington, 2015). New Zealand's unique political and bicultural history developed out of a

legacy of colonialism with increasing attention and recognition of indigenous traditions (Beddoe & Harrington, 2015; Liu, 2011). In this complex context mental health practitioners have developed a continuing commitment to bicultural practice and a "fundamental commitment to human rights and social justice" (Beddoe & Harrington, 2015, p.34).

Statement of the Problem

New Zealand's social justice movement in psychotherapy has struggled to articulate what social justice therapeutic work actually looks like within a bicultural nation (Beddoe & Harrington, 2015). As explained by Gergen, Lock, Gulerce and Misra (1996), "there is, here, a clash of values, of logics, and of conceived worlds and personhood: it is a difference… with incommensurate historical roots" (p. 504). This clash has been felt within therapeutic training and practice between therapists and clients of Māori (the indigenous people of New Zealand) and Pākehā (New Zealand's settlers of European descent) heritage (Connor, Gremillion & Meima, 2016; Liu, 2011; Ward & Liu, 2012). Questions of what social justice actually means and how it is carried out have risen (Berryman, Nevin, SooHoo & Ford, 2015). These questions are heightened by the fact that Maori over-represent clinical populations (Durie, 2013). It is unknown if social justice therapy from a Western-lens is relevant or helpful for to Maori, yet social justice therapy is being promoted regardless (Newton-Howes, Lacey & Banks, 2014).

Significance of Study

It is assumed that social justice orientations develop differentially within therapists for a variety if meanings and from a variety of experiences (Edwards, 2006). As the helping professions continue to focus on matters of social justice and global expansion research is needed to understand how culture, justice, and therapy can be bridged. The multifaceted social, political,

and historical context of New Zealand's offers rare insight into the ways culture and identity intersects in therapist's justice orientation (Grbic, 2010).

Broader implications of this research move outside of New Zealand and into the global context. In understanding the complex and personal nature of therapeutic commitment to social justice, I hope to identify core factors that influence justice orientations. This is especially important in countries with a complex multicultural population such as the United States. This research will seek to know if social justice carries the same meanings and processes across cultures. In an attempt to develop this understanding and promote global therapist involvement in social justice, I will conduct a mixed methods study with therapists in New Zealand.

Literature Review

Inspiring this research is mental health professions' rising interest in the development of social justice interventions and political stances (Beitin & Allen, 2005; Crethar et al., 2008; D'Arrigo-Patrick et al., 2016; McDowell & Hernández, 2010). This is especially felt in New Zealand where a relatively young mental health field is nested in a relatively young country (Cook, 1996; Staniforth et al., 2011). New Zealand was the last country to be colonized and one of the only to be peacefully settled between indigenous and colonizers (King, 2003). It is considered bicultural nation and lies in the South Pacific, yet, its strong colonial influences position it as a Western country. Politically, it is the least corrupt country (Transparency International, 2013) and the 4th most democratic country in the world (Economist Intelligence Unit, 2015). It was the first country to give all women (Māori and Pākehā) the right to vote and is the only country in the world where all the highest positions have been simultaneously held by women (Kelsey, 2015). In its geographical isolation and with a population of just 3.4 million people (Kelsey, 2015) New Zealand is considered a social laboratory where "in social justice,

New Zealand has, for most of its modern history, been advancing the lantern into the future's blank mist" (Sherborne, 2008, p. 1).

Social Justice and Bi-Culturalism

The practice of mental health and social justice cannot be prized apart from New Zealand's complicated bicultural history (Ward & Liu, 2012). Biculturalism has been defined as both a goal (the equal partnership between two groups) and a process (the righting the past injustices and re-empowerment of indigenous peoples) (Culpitt, 1994). Māori are the indigenous people of New Zealand who came to the country from East Polynesia between 1250 and 1300 CE. Pre-colonization, Māori had a well-developed social structure and system of protection, survival and relational ethics (King, 2003). The first known Europeans arrived in 1692 but it wasn't until the mid-1700s that Europeans and Māori had extensive contact (Howe, 2003). This early contact was amiable and allowed for exchanges of language, customs, and information (King, 2003). In 1840, Māori chiefs and settlers from the United Kingdom signed the Treaty of Waitangi (Howe, 2003). This treaty signaled the establishment of Māori rights and equality while ensconced in British ways of knowing (Stevens, 2016). Assumptions with the treaty granted a bicultural existence between Māori and Pākehā citizens (Stevens, 2016). However, the rule of British sovereignty subjected Māori to regulations that disregarded and interfered with longstanding Māori ways of life (Howe, 2003; King, 2003; Stevens, 2016). Then began a long slide of forced assimilation that has had devastating impacts on Maori communities (Stevens, 2016).

During the 1980s Māori fought assimilation and mono-culturalism, asserting their rights for self-determination and collective identity (Sharp, 1980). The political response to this was a return to the Treaty of Waitangi and the re-introduction of biculturalism (Stevens, 2016). To be a

positioned as a bicultural nation promotes ideas of parallel yet equal status between Māori and

Pākehās (Culpitt, 1994). This political turn was influenced by concepts of social justice, the

affordance of equal opportunity, equality in decision making and policy development, as well as

reparation for historical injustices (Ward & Liu, 2012). This political turn also shed light on the

ways in which Māori were overrepresented in a Westernized mental health system (Durie, 2013).

Since Māori's growing persistence against mono-culturalism there has been increased

engagement of decolonizing practices in research (Smith, 1999) and mental health (Waldegrave,

1985). If New Zealand's therapists take seriously the country's claim as a social laboratory it is

crucial that cultural meanings of therapeutic and community social justice are understand

(Sherborne, 2008). To date there are no known studies of social justice, mental health, cultural

and sociopolitical identity in New Zealand. Pursuing research in this area will add to mental

health and social justice research literature, give voice to marginalized ideas of social justice, and

promote the development of new ways to train and engage in justice work.

Bi-Cultural Differences in Social Justice

Social justice maintains a vaulted, yet ambiguous, place in many Westernized societies

(Paré, 2014; Reisch & Garvin, 2016). With no one definition of what social justice means it can

become an empty term with no direction for goals, motivations, and process. Pare writes that no

matter the definition of social justice, "justice and injustice are features of social interaction"

(Paré, 2014, p.207). Given that social interactions in New Zealand occur between and within

cultures, it begs the question if the meanings and actions of social justice are shared or not.

To date there has been no research published regarding therapists' social justice

orientations in New Zealand. Sociopolitical identity and social justice commitment have been

looked at in largely American populations of therapists (Beer, Spanierman, Greene, & Todd,

2012; Watts, Williams & Jagers, 2003). Differing factors such as a supportive training environment, developed political interest, and critical consciousness have been attributed to social justice orientations (Beitlin & Allen, 2005; Hernández et al., 2005; McDowell & Shelton, 2002; McGeorge & Carlson, 2010; Zimmerman & Haddock, 2001). Often the literature notes that ideas of social justice are housed in principles attached to individualistic ideas of resource distribution and welfare (Reisch & Garvin, 2016). Literature also discusses the impact that oppression, privilege, and liberation ideologies have on therapist sociopolitical identity development (Briodo & Reason, 2005; Edwards, 2006).

Both mental health and social justice in New Zealand are often overwhelmingly discussed from a Western perspective, overlooking Maori perspectives and worldviews (Milne, 2005; Shields, Bishop & Mazawi, 2005). New Zealand's traditions of social justice are said to have been transplanted from Pākehās' countries of origin (i.e., England, the Netherlands; Fischer, 2012). In one study, social justice in New Zealand was described as equality in distribution of resources, opportunities, treatment, and rights. These concepts align closely with the American philosopher John Rawls, whose theory of distributive justice seeks to balance freedom and equality (Reisch & Garvin, 2016). Given the interrelationship between Māori and Pākehā it could be assumed that there is a uniquely Kiwi (affectionate term for New Zealanders) definition of justice. Māori might have been excluded from defining the meaning of social justice but they have long fought for the establishment and maintenance of Māori justice (Durie, 1998; Reid, Varona, Fisher & Smith, 2016).

Social Justice in New Zealand's Mental Health Fields

In New Zealand Māori are disproportionately represented among those with the highest socioeconomic needs, risks of poor mental health, and decreased access to mental health care.

(Reid et al., 2016; Durie, 2013). These risks are often attributed to Māori's legacy of colonizing

practices, including the loss of land and language and displacement from social and economic

structures (Dure, 1998; Lawson-Te Aho & Liu, 2010).

While mental health practice in New Zealand is largely focused on Western models

growing awareness of cultural injustice has increased Maori oriented therapy (Conner et al.,

2016; Milne, 2005). Scholars have stated that a bicultural mental health system should deliver

culturally safe services recognizing Maori rights and practices (Pavagada & DeSouza, 2012).

Māori models of wellbeing and care have been developed, stemming from kaupapa Māori

principles (described in Table 1). Such models include Family Group Conferencing (FGC;

Rangihau, 1986) and Just Therapy (Waldegrave, 2009).

Table 1.
Definitions of kaupapa Māori principles (Pihama, Cram & Walker, 2002)

Tino Rangatiratanga	**Principle of Self-determination**	Acknowledges Māori sovereignty, autonomy, control, self-determination and independence for cultural and aspirational destiny.
Taonga Tuku Iho	**Principle of Cultural Aspiration**	Acknowledges the centrality and legitimacy of Māori ways of knowing, doing and understanding the world. Including spiritual and cultural awareness.
Ako Māori	**Principle of Culturally Preferred Pedagogy**	Acknowledges the preferred and or inherently Māori methods of learning practices.
Kia piki ake i ngā raruraru o te kainga	**Principle of Socio-Economic Mediation**	Asserts need to alleviate socio-economic disadvantages experienced by Māori communities.
Whānau	**Principle of Extended Family Structure**	Acknowledges the relationships that Māori have to one another and to the world around them, it is a key element of Māori society and culture.
Kaupapa	**Principle of Collective Philosophy**	Refers to the collective vision, aspiration and purpose of Māori communities.
Te Tiriti o Waitangi	**Principle of the Treaty of Waitangi**	Acknowledges the role of the treaty which defines the relationship between Māori and the Crown in New Zealand. And Māori's abilitiy to critically examine their position in society against the promises of the treaty.

Ata	**Principle of Growing Respectful Relationships**	Acknowledges the importance of building and nurturing of relationships. It acts as a guide to the understanding of relationships and wellbeing when engaging with Māori.

FGC is a decision-making model used in mental health and child welfare proceedings focused on community building and communal interaction in decision-making (Connolly, 2006; de Jong, Schout, Pennell, & Abma, 2015). FCG has been successful in incorporating communal forms of healing and reconciliation for Maori and Pakeha alike. It has become so successful that is has moved beyond the therapeutic paradigm and into the legal system. There FCG assists Māori adolescents who are overrepresented in the criminal justice system towards restoration and repair rather than legal retribution (Morris & Maxwell, 2001).

Similarly, the Just Therapy approach was developed by the Family Centre in an effort to eliminate the mono-cultural stance of therapists in New Zealand (Waldegrave, 1985). Their therapeutic approach attends to the intersection of gender, culture, and economics while simultaneously maintaining integrated Māori, Pacific Islander, and Pākehā sections. In Just Therapy Maori ways of knowing are brought to the center and therapy is focused on belonging, sacredness, and liberation (Waldegrave & Tamasese, 1993).

While the development of Maori specific methods of healing is crucial to creating a socially just field, it appears to be a somewhat isolated practice (Milne, 2005). Largely therapists are trained in models developed for Western populations with occasional nods to kaupapa Māori principles (Connor et al., 2016). Similarly, issues of social justice are taught from the research and practice of American psychotherapy. What remains unclear is if social justice from a Western lens fits the needs of a bicultural nation. It is also unknown if social justice develops and holds the same meaning within a bicultural nation. The proposed research will investigate the

social justice orientations of therapists in New Zealand to deepen the understanding of methods

and means towards social justice in psychotherapy.

Conceptual Framework

The conceptual framework for this research encompasses two intersectional yet distinct

theoretical perspectives. One, sociopolitical development, is an American theory of the

developmental stages of a social justice identity (Watts et al., 2003). The second, kaupapa Māori,

is a theory of knowing developed in New Zealand to attend to the knowledge and needs of Māori

(Pihama, 2001). Both have influenced the conceptualization of this project and will continue to

inform my progress throughout data collection, analysis and ongoing reflexivity.

Sociopolitical development. The theory of sociopolitical development was introduced in

mid-1990 as the developmental process of committing to a social justice identity (Diemer, 2012).

It attends to the cultural and political processes that influence the development of knowledge,

skills, emotional responses, and actions in political and social institutions (Watts et al., 2003;

Watts & Guessous, 2006). Stemming from the community psychology literature it was

specifically developed to understand and promote African-American adolescent awareness and

behaviors in enriching political wellbeing (Watts, Griffith & Abdul-Adil, 1999). It remains a

neglected theory in the family science literature although it holds relevance to the study and

promotion of human development.

The developmental stages grow from a person's feelings of psychological empowerment,

political interest and efficacy, levels of self-determination and control in decision-making, and

the ability to critically consider her social and political context (Speer, Peterson, Armstead &

Allen, 2013). Within sociopolitical development, culture maintains an important dimension

(Watts et al., 2003). Culture is considered a created and shared system of meanings that informs

intrapersonal, interpersonal, and institutional processes (Diemer, Rapa, Voight & McWhirter, 2016; Watts et al., 2003). Developing the ability to critically examine one's position to and engagement in oppressive practices requires critical consciousness (Diemer et al., 2016). Once such awareness is gained then an activist identity can become salient and motivational towards the creation of a just society (Thomas et al., 2014). Social context and life experiences are also an aspect of sociopolitical development. Through personal experiences of oppression, privilege, and activism a synergistic relationship grows from praxis and reflection. In table 2 the five stages of sociopolitical development are described Watts et al., 2003).

Table 2.
Theory of Sociopolitical Development (Watts, Williams, Jagers, 2003)

Acritical stage	Asymmetry is outside of awareness, or the existing social order is thought to reflect real differences in the capabilities of group members. In essence, it is a "Just World" (Rubin & Peplau, 1975).
Adaptive stage	Asymmetry may be acknowledged, but the system maintaining it is seen as immutable. Predatory, antisocial, or accommodation strategies are employed to maintain a positive sense of self and to acquire social and material rewards.
Precritical stage	Complacency gives way to awareness of and concerns about asymmetry and inequality. The value of adaptation is questioned.
Critical stage	There is a desire to learn more about asymmetry, injustice, oppression, and liberation. Through this process, some will conclude that the asymmetry is unjust and social-change efforts are warranted.
Liberation stage	The experience and awareness of oppression is salient. Liberation behavior (involvement in social action and community development) is tangible and frequent. Adaptive behaviors are eschewed.

Sociopolitical development has strong implications for the development of social justice orientations. It is assumed that the more knowledge one has about the oppressive social conditions the more likely they are to either engage or foreclose from activism (Thomas et al., 2014; Diemer et al., 2016). It can be discomforting to learn about ones positionality in society

and how that might contribute to injustice. When therapists are trained in ways to understand and use their privilege to combat oppression it is thought that they will become committed to the adoption of a social justice orientation (Beer et al., 2012). However, it is unknown if this is true as studies to date have been limited to adolescent populations. Through the application of the sociopolitical development theory in this project, I seek to understand if social justice orientations can be promoted in therapists. It must be noted, that it is unknown if the idea of sociopolitical development translates across the globe and within a bicultural nation.

     Kaupapa Māori. Kaupapa Māori is a theory of being within Māori networks that is centuries old yet recently explicated (Pihama, 2001; 2015). It was developed to theoretically describe Māori experiences (Pihama, Cram & Walker, 2002; Pihama, 2015). Scholars concede that there is no one way of being Māori but that there are particular interconnections with history, ancestry, colonialism, and experience uniquely Māori (Pihama, 2015). It is a way "holding firmly and connecting to the foundation" of Māori existence (Pihama, 2001, p.77). Part of this foundation is the ancestral connection to the heavens and the earth in collective commitment to one another (Pihama, 2001; 2015).

     Similar to sociopolitical development kaupapa Māori theory involves the development of critical consciousness, resistance of oppression, and a promise to praxis (Smith, Hoskins & Jones, 2012). It tells the history of Māori's modern day shift from:

> "waiting for things to be done to them, to doing things for themselves; a shift away from an emphasis on reactive politics to an emphasis on being more proactive; a shift from negative motivation to positive motivation" (Smith, 2003, p. 2).

     The above quote synthesizes the way the development of kaupapa Maori has become a political and cultural move from being the *researched* to becoming the *researchers* (Pihama,

2001; 2015; Smith, 1999). Kaupapa Māori theory draws on a dialectical experience of Māori expectations, ethics, cultural values, and practices, and in table 1 the principles of kauppa Māori are presented (Pihama, Cram & Walker, 2002). Kaupapa Māori was developed to honor the legitimate place of Māori knowledge (Mahuika, 2008) in academic, pedagogical, and research institutions. It stands counter to the Western and colonized knowing that has promoted and rationalized the ongoing marginalization, discrimination, and subordination of Māori (Pihama, 2015). While kaupapa Māori is a theory of active resistance it does not reject Pākehā knowledge (Royal, 2012). Instead it advocates for excellence from both Pākehā and Māori ways of knowing, being, and doing (Royal, 2012; Smith et al., 2012).

Kaupapa Māori is in constant flux as it seeks to define and refine what it means to be Māori (Pihama, 2015). In this research project, I seek to engage in bicultural meanings of Māori and Pākehā social justice. Thus it is crucial that I remained informed and open to kaupapa Māori to engage in research that promotes cultural integrity and safety (Pihama, 2001; 2015). While I will never truly know what it is and what it means to be Māori, I can seek a deeper and richer understanding through the application of the conceptual principles of kaupapa Māori.

Philosophical Framework

In mixed methodological research philosophical assumptions guide the researcher through each step of the process from questions asked to analysis undertaken (Creswell & Plano Clark, 2007). This philosophical stance is important to consider as mixed methodologies engage methods that come from what is positioned as dichotomous paradigms (Greene, 2007; 2008). Although the term paradigm is frequently used in the social sciences it is defined ambiguously throughout the literature (Morgan, 2007; Kuhn, 2012). For the proposed project *paradigm* refers to Kuhn's (2012) later definition that a paradigm is a shared "…set of beliefs, values, and

assumptions that a community of researchers has in common regarding the nature and conduct of research." (Johnson and Onwuegbuzie, 2004, p. 24).

That paradigms have been declared incongruous presents challenges mixed methods research. The so called *incompatibility thesis* is based on the idea that each methodology, quantitative and qualitative, holds differing ideas of the nature of reality and the procedures to explore these realities (Howe, 1988). Quantitative methods stem from a post-positivist claim that there is an objective world separate from the knower while qualitative methods stem from subjective interpretivists who claim the world is created through reflections on it (Morgan, 2007; 2014). These are metaphysical assumptions that delimit the researcher and the type of knowledge that is possible to develop (Feilzer, 2010).

One stance, pragmatism, offers "an alternative epistemological paradigm" (Hall, 2013, p. 19). Pragmatism is a philosophy that places method and epistemology at the service of answering the research question (Greene & Hall, 2010; Johnson & Onwuegbuzie, 2004). Pragmatists do not believe arguments about the nature of truth and reality are the criterion for the choice of research methods (Elkjaer & Simpson, 2011; Haack & Lane, 2006). What is most important to the pragmatist is the ways in which the knowledge produced will be useful, rather than the procedures used to produce knowledge (Morgan, 2007; 2014). Research then becomes both a practical and applied pursuit; in search of an answer by whatever means (quantitative, qualitative, or mixed) fits best (Denscombe, 2008). Given my belief in multiple ways of knowing and an activist desire to create social change through inquiry, I propose to frame my research within the pragmatic paradigm. Figure 1 presents my overall and inclusive research framework.
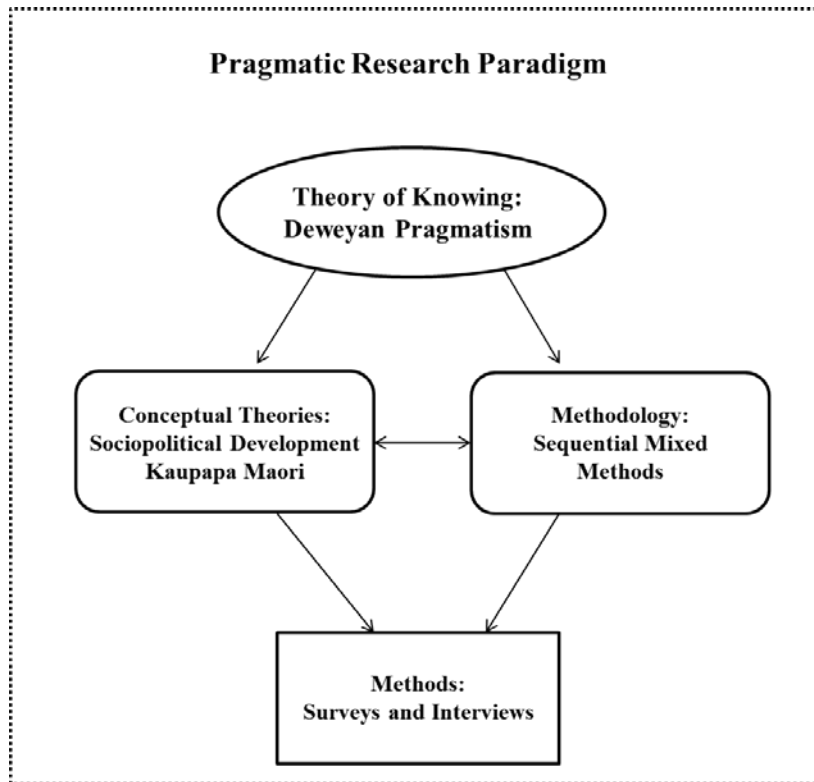
Figure 1. Visual presentation of philosophical framework and methods.

Theory of Knowing: Deweyan Pragmatism

The principles of pragmatism have been framed as the paradigm guiding this mixed methodological study because it is frequently employed by communities of inquiry to guide the assumptions and purpose of research. Deweyan pragmatism is further elucidated as the theory of knowing that guides my personal position in this community of inquiry. Epistemology is purposefully not used, because Dewey rejected this notion as too concrete and removed from the knower preferring instead a theory of knowing (Feilzer, 2010).

Dewey's pragmatism is a reflexive approach that is undergirded by values of social justice, action, and democracy (Miettinen, Paavola & Pohjola, 2012). Dewey (1933) posited that through iterative interpretation, people's beliefs generate action, which in turn generates beliefs. In this view, research and inquiry exist as a conscious and self-conscious process of decision

making and belief generating (Biesta, 2010). As Morgan (2014, p.7) writes, "pragmatism insists on treating research as a human experience that is based in the beliefs and actions of actual researchers." Pragmatism focuses on intersubjectivity, which assumes that "the mind and the world are in constant interaction with each other through transactions" (Hall, 2013, p. 17). These transactions are a process by which one engages with, understands, and creates change in the world. Research is not meant to simply understand, but instead to drive towards intelligent action (Hall, 2013). This action is neither absolute nor fixed, and it requires the researcher take into account contextual meanings of the problem/solution and the perspectives of self and other, to commit to maintaining ethics, and to promote the democratic idea of shared responsibility (Hall, 2013; Campbell, 1995). Dewey himself engaged in ideas of social justice through the promotion of critical consciousness, critical theorizing, and participatory democracy. Dewey's beliefs in communal wellbeing, relational ethics, and practical theorizing for the purpose of social action fit well as a guiding theory to understand sociopolitical development and kaupapa Māori theory. In the end, research guided by a Deweyan perspective recognizes that knowledge is created in a "continuously unfolding social process in which meanings are constructed as people engage with each other" (Friedrichs & Kratochwil, 2009, p.10).

Statement of Subjectivity

"Pragmatism insists on treating research as a human experience that is based in the beliefs and actions of actual researchers" (Morgan, 2014, p.7), positioning the findings from inquiry to be emergent from the researcher rather than the data (Simons, 2009; Stake, 2013). To understand that findings are based in my own reflections and engagement with the data requires a continuous monitoring of my biases, assumptions, and desires.

The present study is influenced by my identities as a lobbyist, a researcher, a therapist, and a citizen. In these roles, I feel I have an ethical imperative to engage with social justice at intersecting and multiple levels. I am also aware of the difficulties in engaging in social justice work while feeling overburdened in the requirements of therapeutic and academic practice.

It is important to note that I come from a very specific social location. I was born in a highly educated upper-middle class family in a southern town. I went to a school that utilized bussing; bringing in students from low-SES inner-city neighborhoods and rural farm towns to the large and well-funded school in my area. In these interactions I began to see and experience the impact of systemic inequality and structural inequity. I had limited knowledge in how to handle these concepts, so I felt shame for my whiteness, my social class, and all of the privileged identities I have. I had no words at the time to express this, so I attempted to both over-identify with my friends social locations while at other times believing that 'color blindness' was a just position.

In the past few years, I have grown my personal understanding of the process of privilege and oppression in life and in therapy. This awareness fuels my belief and commitment to creating a socially just oriented profession. At the same time, I work to attend to the ways in which my background shapes what I believe about justice and the methods of obtaining it. Looking through Dewey's pragmatic beliefs I recognize that many of the beliefs of justice I hold stem from my protestant upbringing steeped in individualistic Americanism. I hope through a dialectical engagement with kaupapa Māori I will learn to understand the ways I interpret things from a distinctly Western lens.

My choice to conduct research on social justice and mental health abroad stems from an intentional desire to step outside of myself. I admit that I will never truly be able to step fully

away from my own beliefs and desires. I do hope that coming to New Zealand will assist in

making the familiar *of* me unfamiliar *to* me. I find that this open and purposeful engagement as

an outsider and insider to be the most important aspect of the proposed research. To learn to

grow, respect, and honor the knowledge, perspectives, and worldviews of those unfamiliar to me

can only help me to grow as a social justice advocate. This is crucial to my own sociopolitical

development and when I return to the United States I hopefully will have learned to be more

inclusive of the needs, voices, and experiences of our complex multicultural nation.

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Research Questions

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The guiding research question for this study is, "How does New Zealand's mental health service

providers develop and implement a social justice orientation? This question will merge

quantitative and qualitative data collected from therapists within New Zealand. (Tashakkori &

Creswell, 2007). In addition, one quantitative and one qualitative sub-question are asked to

address specific facets of the project to aid in answering the overarching research question. The

quantitatively driven sub-question is: "How do the political and cultural identities of service

providers contribute to social justice?" The qualitatively driven sub-question is: "What are

personal meanings of justice in mental health systems?"

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Rationale for Mixed Methods Research

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Definition of Mixed Methods

Mixed methods research has emerged as a third methodological movement (Greene,

2008; Johnson & Onwuegbuzie, 2004) that draws from the strengths of both quantitative and

qualitative methods while minimizing the limitations (Collins, Onwuegbuzie & Sutton, 2006;

Onwuegbuzie & Leech, 2006; Johnson, Onwuegbuzie & Turner, 2007). At the same time, mixed

methods have allowed researchers to break away from dualistic epistemological arguments that

can occur when locating oneself in either a quantitative or qualitative framework (Kidder & Fine,

1987). Mixed methods are a continually developing field and there are differing perspectives on

what constitutes and signifies a mixed methodology (Leech & Onwuegbuzie, 2009; Teddlie &

Tashakkori, 2010). In this study, mixed methods is defined as a process of creating inferences

about the phenomena under study through a research design in which qualitative and quantitative

approaches are used (Johnson, Onwuegbuzie & Turner, 2007).

Suitability of Mixed Methods Research

A mixed methodology is particularly fitting for my study, as I seek to understand and

analyze different facets of the complicated phenomenon of therapists' social justice orientation

(Creswell & Plano Clark, 2011). The use of mixed methods has been noted to be a particularly

fitting methodology for social justice research (Fassinger & Morrow, 2013; Mertens, 2007;

Ponterotto, Mathew & Raughley, 2013). Quantitative methods can promote wide sampling of

different communities and subcultures (Leech & Onwuegbuzie, 2009). It is also important to

include qualitative data because sole reliance on quantitative methods assumes people can be

boiled down statistically with the answers of some representing the voices of all (Fassinger &

Morrow, 2013; Ponterotto et al., 2013). This is an essentializing practice that might exclude

members of communities (Mohatt & Thomas, 2006). Rather than relying on questionnaires to

flatten and represent, qualitative methods can provide platforms for in-depth representation of

the voices of social justice oriented clinicians (Ponterotto, et al, 2013). Similarly, the use of

qualitative methods provides an opportunity for my own growth, understanding, and knowledge

of social justice. Meaning-making dialogues (Anderson, 2008) between myself and participants,

the data, and the context will afford a chance to monitor my own socio-political responses to the

data (Ponterotto, et al, 2013).

As a social justice researcher, I am interested in attending to and promoting the principles of equity, access, participation, and harmony (Crethar, et al., 2008; Ponterotto, et al, 2013). Equity is concerned with the fair distribution of resources, rights, and responsibilities (Crethar et al., 2008). Access is based on the ability of people to access to power, resources, services, and knowledge (Ponterotto et al., 2013). Participation is the right for every person to fully participate in their communities, societies, and the decisions which impact their lives (Dewey, 1954). Harmony is accounting for the rights and good for all in society rather than the benefit of one over another (Fassinger & Morrow, 2013). By utilizing a mixed methodology, I hope to enhance participants' access, and participation in the research. I hope to share findings through equitable and purposeful dissemination. Finally, I hope to engage a community of interested social justice advocates in promoting and continuing justice in therapeutic fields.

Mixed Methods Purpose

Social justice is a complex phenomenon with differing purposes and processes. Mixed methods allows for a mixing of data to gain a comprehensive elaboration and deepening of inferences drawn through the inclusion of multiple points of data (Greene, Caracelli & Graham, 1989; Greene, 2007). In this study the purpose of a mixed methods design is to clarify, enhance, and to possibly illustrate the results from one method with the results from the other (Johnson, Onwuegbuzie, Turner, 2007).

Quantitative data will be collected to address the specific aspects of sociopolitical development, considered a core facet of social justice identity (Watts et al., 2003). Participants will be surveyed on levels of critical consciousness (Thomas et al., 2014), beliefs and actions (Diemer, Rapa, Park, & Perry, 2016; Torres-Harding, Siers & Olson, 2012), and observance of biculturalism (Sibley & Liu, 2004). Qualitative data will stem from in-depth interviews (Patton,

2002), to promote deeper understandings of the meaning and experience of social justice in New Zealand

Mixed Methods Research Design

This study will utilize a sequential mixed methods design for the purpose of complementarity (Tashakkori & Creswell, 2007; Green, Caracelli, & Graham, 1989). Complementarity engages different methods to create both broad and deep understandings by looking at different facets of the same phenomenon. The goal is to find an "overlapping and interlocking pattern" of results to provide a comprehensive account of the question under study (Greene, 2007, p. 101). Mixed methods designs require that one pay attention to the issues of implementation, priority, and integration of quantitative and qualitative data (Leech & Onwuegbuzie, 2009). These issues are dictated by the researcher's theoretical framework, the purpose of the study and the questions asked (Morgan, 2007; 2014; Tashakkori and Teddlie, 1998).

Implementation refers to the timing of the quantitative and qualitative phases of data collection and analysis (Leech & Onwuegbuzie, 2009). In this study, the quantitative data will precede and inform the qualitative data. Priority refers to the weight that the researcher gives both qualitative and quantitative approaches in data collection and analysis (Morgan, 1998). Priority cannot be determined until the study is completed, as either of the data sets might become more important than the other (Teddlie & Tashakkori, 2006). However, throughout the study I will strive to give equal weight to both data sets. The implementation and priority of this study are noted by the symbols QUAN $\rightarrow$ QUAL.

Integration refers to the stages in the research wherein the quantitative and qualitative data are mixed. (Green, Caracelli, & Graham, 1989; Ivankova, Creswell & Stick, 2006;

Tashakkori & Teddlie, 1998). In this project the qualitative and quantitative phases will

integrate at the intermediate and final stages. In the intermediate phase, the results from the

quantitative data analysis will inform my sampling and interview protocol design for the

qualitative stage (Beer, Spanierman, Greene, & Todd, 2012; Ivankova, Creswell & Stick, 2006).

Integration will also occur in the final stages of the study, wherein inferences from both phases

will be considered together. Comparing and contrasting inferences will assist in the creation of

meta-references which incorporate my personal experiences and the existing literature to answer

the overarching research question (Creswell & Clark, 2011). Figure 2 is a graphic representation

of this mixed methods sequential complementarity design and explicates the sequencing,

priority, and integration of each stage of the proposed study (Ivankova, Creswell & Stick, 2006;

Teddlie & Tashakkori, 2006).

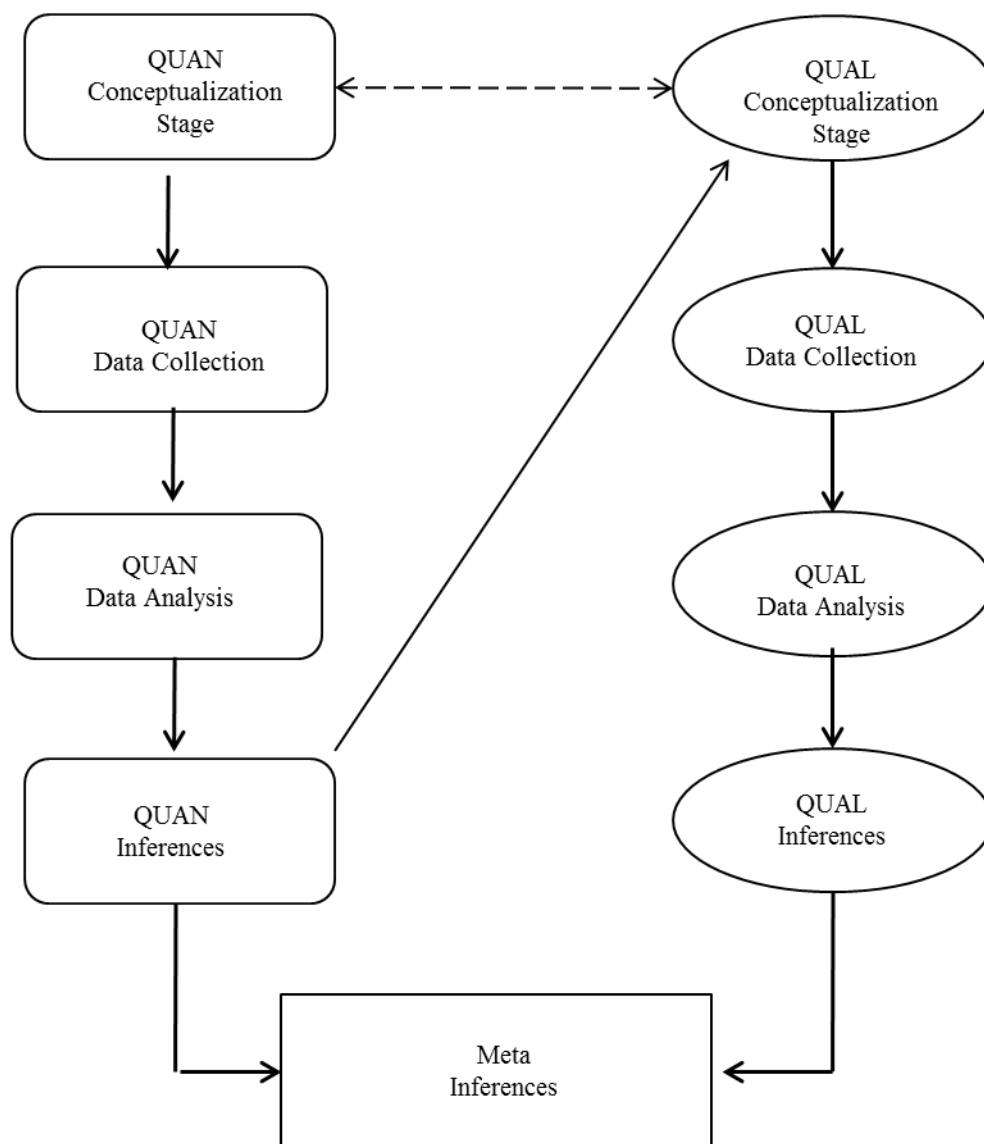*Figure2*. Graphical representation of mixed methods design. This figure demonstrates the design of steps taken within this research.

Sampling Strategies

Sampling for this study will occur independently, with snowball sampling during the

QUAN strand and purposive sampling for the QUAL strand (Teddlie & Yu, 2007). In the

quantitative phase I will send out an email with an invitation to participate in the study along

with a link to the survey to two pools of possible participants. The first will be from currently

practicing psychotherapy professionals. In New Zealand, most psychotherapists are registered as

psychologists, counselors, or social workers (Dowell et al., 2009). Access to the membership

databases of the four largest professional organizations in New Zealand will be sought. These

include the New Zealand Association of Counselors, the New Zealand Association of Family

Therapy, the Aotearoa Association of Social Workers, and the New Zealand Psychologists

Board. Second, emails will be sent out to professors of psychology, counseling, and social work

from the five major colleges for mental health education in New Zealand. These colleges include

the University of Canterbury, Victoria University, the University of Waikato, Auckland

University of Technology, and Massey University. Total numbers of practicing psychotherapists

are unknown in New Zealand however a 2009 study of psychotherapy deemed 198 participants

to be a representative sample (Dowell et al., 2009). Thus, 200 total participants will be sought for

the quantitative phase. Participants will be offered a koha of $5NZD for participation in the

survey.

The QUAL sample will be drawn as a subset from the larger QUAN sample following a

stratified purposeful sampling strategy (Patton, 2002). This is appropriate sampling method in a

sequential design (Teddlie & Yu, 2007), and is useful for illustrating and facilitating

comparisons between inferences. As this study is interested in the cultural meanings of social

justice sampling will focus on service providers from all ethnic and cultural backgrounds. I hope

to be able to obtain a rich enough sample size wherein the information from interviews becomes

redundant (Lincoln & Guba, 1990) and reaches saturation (Glaser & Strauss, 1967). A minimum

of 20 participants will be sought. Participants will be offered a koha of $30NZD, to thank them

for the gifts of their time and knowledge.

Methods

Methods used for this study will include survey and semi-structured interviews. Table 3

presents the methods showing the data to be collected and planned analysis for each set of data.

Table 3
Data Collection and Analysis Procedures

Phase	Procedure	Product
Quantitative Data Collection	Select 1000 participants Administer web-based survey Collection ends at (N=200)	Numeric Data
Quantitative Data Analysis	Data cleaning Frequencies Correlations Regressions	Descriptive statistics Correlations Coefficients Factors
QUAN and QUAL Connection	Purposeful sampling Develop interview questions	Sample (n=25) Interview protocol
Qualitative Data Collection	Individual in-depth interviews Transcribe interviews	Digital recordings Interview transcripts
Qualitative Data Analysis	Constant comparative coding	Codes and themes Visual model of themes
Integration of QUAN and QUAL	Interpretation and explanation	Meta-inferences Discussion Implications

Quantitative survey method. The purpose of the quantitative phase is to gather data on

a national sample of therapists, regarding their sociopolitical development and social justice

commitments. Sociopolitical development represents a consciousness of sociopolitical inequity

and the motivation to reduce that inequity (Watts & Flanagan, 2007) which can be captured by

four components. These components include 1) consciousness and motivation to reduce social

and economic inequalities, 2) discussion of social and political issues and events, 3) motivation

to help others in one's community, 4) and participation in community or social action groups

(Diemer & Li, 2011). Measures are included in this study to explore levels of the four

components, and include: a demographic measures, Social Justice Scale (Torres-Harding et al.,

2012), Critical Consciousness Inventory (Thomas et al., 2014), Attitudes to Bi-Culturalism Scale

(Sibley & Liu, 2004), and the Critical Action: Sociopolitical Participation Subscale (Diemer et

al., 2016). See Appendix A for the complete survey.

Demographic Measures (9 items): Demographic questions will be asked to gain deeper

understanding of the participants (See Appendix A).

Social Justice Scale (16 items): This is a 24 item scale which measures social justice

orientation over the following 4 domains: attitudes toward social justice, perceived

behavioral control for engaging in social justice activities, perceived social norms

regarding social justice, and intentions to engage in social justice work or activism

(Torres-Harding et al., 2012). In this study two subscales (16 items) will be used. The

first is the attitudes towards social justice subscale consisting of 11 items to assess

attitudes, values, and behaviors (i.e., "It is important to allow all people to define and

describe their problems, experiences and goals in their own terms"). The second is the

perceived behavioral control subscale, consisting of 4 items to assess feelings of efficacy

in justice oriented activities (i.e., "I feel confident in my ability to talk to others about

social injustices and the impact of social conditions on health and well-being"). All items

are measured on a 7-point Likert scale. Chronbach alphas for the subscales were:

attitudes, $\alpha = .95$; perceived behavioral control, $\alpha = .84$ (Torres-Harding et al., 2012).

Critical Consciousness Inventory (9 items): This is a 9 item scale utilized to assess

levels of critical consciousness measured on a Guttman (1944) scale. It focuses on

participants' thoughts about themselves and a variety of situations pertaining to justice. A

sample item states: 1a. "I believe that the world is basically fair," 1b. "I believe that the

world is basically fair but others believe that it is unfair," 1c. "I believe that the world is

unfair for some people," 1d. "I believe that the world is unfair, and I make sure to treat

others fairly" (Thomas et al., 2014). Each letter represents a specific level of critical

consciousness that pertains to sociopolitical development, as outlined in table #. The

Cronbach alpha for the 9-items was shows moderate internal consistency (α= .75).

Attitudes to Bi-Culturalism Scale (8 items): This 8-item scale measures differences

between participants' principled support versus actual support of bi-cultural resource

provision (Sibley & Liu, 2004). For example the item, "We are all New Zealanders, and

no one ethnic group should get special privileges" which does not support biculturalism

versus the item "Maori language should be taught in all New Zealand schools," which

expresses support for biculturalism. All items are measured on a 7 point Likert scale, and

psychometric evaluation of the scale has not been provided.

Critical Action: Sociopolitical Participation Subscale (9 items): This is a 9 item

subscale of the larger Critical Consciousness Scale (Diemer et al., in press). The critical

action subscale measures participants' level of engagement in sociopolitical activities,

such as discussing issues, participating in human rights groups, and contacting public

officials (i.e., Rate how often you have: "Joined in a protest march, political

demonstration, or political meeting"). It is measured on a 7 point Likert scale and

Cronbach's alpha was $a = .87$.

Qualitative semi-structured interviews. The qualitative phase will be conducted to

gather in-depth data from a subsample of the quantitative participants who demonstrated high

commitments to social justice (Beer et al., 2014). The purpose for this is to gain a richer

understanding of the factors that contribute to social justice orientations. I will conduct

individual, in-depth, semi-structured interviews in a private or semi-private setting convenient

for the participant. Each interview is expected to last between 60 and 90 minutes. The interview

protocol will be designed from the quantitative data, as well as, questions developed from

previous literature on critical incidents in therapist social justice commitments (see Appendix B

for an example of possible questions). Interviews are intended to illicit a deeper understanding of

the experiences that promote and sustain a social justice orientation.

Data Management

I will be entirely responsible for the organization and protection of all data in this project.

Each day I will enter the quantitative survey into SPSS v22 (IBM, 2013). Similarly, at the

completion of each interview I will download the digital recording onto my password protected

computer and erase the digital recorder file. Transcripts from the interview data will also be kept

on the same password protected computer. No identification will be linked to participants who

opt out of the interview portion. Identifiers linked to possible interview participants will be

deleted once saturation of interviews is complete. Interviewees will be given a pseudonym,

which will also be recorded on the de-identified surveys and no further identification will be

collected during interviews. Interview data will be transcribed using Word and entered into

MAXQDA (VERBI Software Consult, 2012), a qualitative analysis platform that can incorporate

quantitative data.

Data protection: All data will be stored on my password-protected computer in a locked

office at Massey University. Data will also be backed up on an encrypted hard drive that will

remain in a locked storage cabinet.

Data Analysis

Mixed methods data analysis involves rigorous analysis of both QUAN and QUAL data (Greene, 2007). In the following, I outline the steps I will take for data analysis.

1. **Quantitative data**

    Preliminary analysis. Analysis will include the organization and entering of the data into SPSS. Descriptive statistics will be used to examine the basic features of the results. Correlation coefficients will be performed to understand the relationships among variables.

    Main analyses. Linear regression analyses will be conducted to test the influence of sociopolitical variables on social justice variables. Sociopolitical variables include psychological engagement, public service motivation, and belief in a just world. Social justice variables include social justice attitudes, social justice perceived behavioral control, social justice norms, and social justice intentions.

2. **Qualitative data**

    Constant Comparative Analysis. All qualitative data will be analyzed following Charmaz's (2006) constant comparative approach (CCA). CCA is an inductive, immersive, and iterative data analysis approach oriented to exploration and discovery (Charmaz, 2006; Fram, 2013; Tan, 2010; Thornberg & Charmaz, 2014). In CCA coding reduces data until codes become connected, themes are developed, and categories established (Thornberg & Charmaz, 2014). Coding can occur in multiple ways; "word by word, line by line, paragraph by paragraph, or incident by incident" or any blend of these strategies (Thronberg & Charmaz, 2014, p. 156). Codes generated should fit rather than force the data, are provisional, and open to change. Memoing will be ongoing during data analysis. To give me the "space and place" (Charmaz, 2006, p.72) to ask questions of the

data, consider my place within the data, and to further develop meanings of the data (Lempert, 2007).

a. Initial coding: In the first phase of analysis, initial coding, I will ask questions of the data to develop an understanding of what is occurring, being said, and the meanings within (Thornberg & Charmaz, 2014). I will code with gerunds (noun forms of verbs) and focus on "describing versus description, stating versus statement" while staying close to the data (Charmaz, 2006 p. 49).

b. Focused coding. In the second phase of analysis, focused coding, I will sift through the data using the most analytically significant codes developed during the initial phase Charmaz, 2006). Focused codes capture and synthesize significant themes in the creation of core categories (Thornberg & Charmaz, 2014).

c. Theoretical coding. The final phase is theoretical coding wherein I will analyze the ways in which the categories relate to each other in telling the analytic story (Thornberg & Charmaz, 2014).

Data Integration

Data integration will occur once both sets of data (QUAL and QUAN) have been collected and analyzed. Merging the data can be done in multiple ways and in this study it will occur through side-by-side comparison. This will occur in the discussion section where results will either supplement, confirm, or disconfirm each other in dialectical engagement (Creswell & Clark, 2011; Greene, 2007). From the merging of data meta-inferences will be drawn to address the overarching mixed methods question (Onwuegbuzie & Johnson, 2006).

Assessing Data Quality

The quality of the study will be attended to at all times and through all phases (Merriam, 1995). To establish trustworthiness, credibility will be sought through multiple paths. The first is the use of the well-established methods of survey, in-depth interview, and participant observations. Credibility will also be influenced by my spending a significant amount of time in the field (Lincoln & Guba, 1990). Trustworthiness will also be heightened by my own sincerity (Tracy, 2010) for the project and will be evidenced by my continuing engagement with reflectivity and transparency in reporting about the process of data collection

To assist in creating a study which is deemed credible by the readers and participants, I will be devoted to the generation of thick description with concrete details (Tracy, 2010). I will be transparent about where meanings were derived rather than cherry-picking (Morse, 2010) data. Crystallization through multiple methods rather than triangulation will be sought. While triangulation assumes the possibility of a single reality (Tracy, 2010), crystallization encourages the gathering of multiple points of data, valuing differing perspectives, and frameworks. The ultimate goal is to develop "a more complex, in-depth, but still thoroughly partial, understanding of the issue" (Tracy, 2010, pg. 844). Finally, trustworthiness will be supplemented by my ongoing consideration of ethics beyond internal review boards.

Ethical Considerations

As a cross-cultural researcher, I am challenged remain aware of my own biases and to understand their impact on my collection and analysis. Ultimately, I am an outsider in this research. First, I am from the United States and as such carry with my own ideas of social justice which are influenced by (among many other things) my upbringing as a white woman in the south, my social location, and my understanding of current events. This is complicated by the fact that I might appear similar to a Pakeha, the European colonizers of New Zealand. In this

study I will speak with Maori participants who will have different historical, cultural, and political perspectives than myself, and who have a history of being the "researched". I hope to attend to these issues through continuing reflexivity while also learning about the culture and history of Maori. Second, I am entering a mental health field that is small and newly developing. I will have to become familiar with the history of psychotherapy in New Zealand as well as my own possible 'expert' biases as a western-based therapist.

Situational ethics positions me, as the researcher, in a continual state of reflection on my own ethical principles (Tracy, 2010). It requires a flexibility and awareness in the field and an attendance to the context and realities of my participants. I will be situated as a participant-observer, surveyor, and interviewer while engaged in this study. Thus, relational ethics, which was a core interest of Dewey (Pappas, 2008), will be a key factor in my ethical considerations. This includes a general respect for social justice and the participants, in which, I will seek collaboration and connectedness in the process, and reporting that does not exploit or misuse the data (Tracy, 2010).

While considering ethics, I also reflexively consider ideas of power that might create discomfort (Pillow, 2003). In this study, I will have power and simultaneously be powerless. As the researcher, I will attend to the power I have as a white, doctoral student from the United States and the effect that any findings I produce might have. I must also attend to ways I might engage in silencing or marginalizing practices without knowing. I also feel the need to balance the feeling of powerless that I might feel as a graduate student whose degree rests upon the successful completion of this project and external expectations from stakeholders. These stakeholders include the Fulbright organization, the participants, my professional contacts in New Zealand, and my professors in the United States. To attend to these power dynamics

ethically, I will engage with my critical friends (Stake, 2013) to help me understand and process my place in the balance.

Anticipated Limitations of the Study

The limitations that I anticipate for this study include issues related to cross-cultural research and the nature of mixed methods. Having engaged in a cross-culture research in Cambodia, I recognize that differing challenges might arise. One of these challenges is my lack of awareness of New Zealand's social, academic, and therapeutic culture. I will need to spend some time familiarizing myself with the customs of New Zealand while simultaneously renegotiating my own expectations. In addition, I do not have a large pool of contacts in New Zealand. I imagine accessing some of the organizations I want to sample from might take time to establish entrée. Finally, I am hoping to gain an understanding of social justice from the varying perspectives of Māori and Pākehā. Given that Māori currently make up 14.6% of the total New Zealand population I recognize it might be difficult to get a suitable number to gauge significance for statistical analysis.

Anticipated Timeline for Dissertation Research and Completion

Semester	Activity	Ongoing Tasks
November-December 2016	Submit IRB for UGA and Massey University	Collect literature, introduce self to NZ organizations and schools with email
January 2017	Request contact lists of therapists, create database and master list of 1000 potential participants.	Become acquainted with Wellington, the Family Centre, Massey Uni
February 2017	Email surveys to potential participants	Begin final literature reviews
March-April 2017	End QUAN data collection Quan analysis	Clean and enter data as it is returned Conceptualize questions for interviews
May 2017	Schedule interviews Develop interview protocol	Plan format for manuscripts
June-July 2017	Conduct interviews Analyze data with CCA	Transcribe interviews as they occur
August 2017	Merge data Meta-inferences and warranted assertions are made regarding research questions using mixed data.	Create visual matrices and graphics to display merged results Compile appropriate intro, lit review for manuscripts
September - November 2017	Write manuscript 1 and 2	
December 2017	Turn in manuscripts for review	
January 2018	Turn in completed dissertation to committee	
February 2018	Defend dissertation	
May 2018	Graduate and disseminate results	Articles sent out

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Appendix A

Survey for Quantitative Strand

Thank you for taking part in this survey. Please answer the following questions as honestly as you can.

Gender: _____   **Age**: _____

Occupation: _____   **Education:** _____

Ethnicity: _____   **Nationality**: _____

On a scale of 1 to 7, please indicate how you agree or disagree with the following statements, with 1 meaning you "completely disagree," and 7 meaning you "completely agree."

Critical Reflection: Perceived Inequality

1. Discrimination against gay, lesbian, and bisexual individuals is still a significant problem
2. All Pakeha receive unearned privileges in New Zealand society
3. Certain racial or ethnic groups have fewer chances to get ahead in life
4. People with disabilities are not given the same rights as everyone else in society
5. Men and women are treated equally in our society
6. In NZ society there is not much oppression or inequality
7. Poor people without jobs could easily find work but remained unemployed because of social welfare programs

Critical Action: Socio-political Participation
8. Participated in a political party, club or organization
9. Contacted the media (newspaper, radio, online site) about a social or political issue
10. Contacted a public official (phone, mail, email) to explain how you felt about a social or political issue
11. Joined in a protest march, political demonstration, or political meeting
12. Participated in a discussion about a social or political issue
13. Signed a petition about a social or political issue
14. Participated in a civil/human rights group or organization

Critical Reflection: Egalitarianism
15. It is a good thing that certain groups are at the top and other groups are at the bottom **
16. Group equality should be our ideal
17. All groups should be given an equal chance in life
18. We would have fewer problems if we treated people more equally

Critical Action: Motivation
19. It is important to speak out when an injustice has occurred
20. Therapists have an important role to play in making the world a better place
21. It is important for therapists to know what is going on in the world
22. It is important to be an active and informed citizen
23. It is important to correct social and economic inequality
24. It is important to confront someone who says something that you think is racist or prejudiced
25. It is my responsibility to get involved and make things better for society
26. People like me should participate in the political activity and decision making of our country
27. It does not matter whether I participate in local organizations or political activity because so many other people are involved

Bi-culturalism: Resources
28. We are all New Zealanders, and no one ethnic group should get special privileges
29. It is racist to give one ethic group special privileges, even if they are a minority
30. I feel that although Maori have had it rough in the past years, they should still be treated the same as everyone else.

Biculturalism: Principles
31. Maori language should be taught in all New Zealand schools
32. NZ should be known and seen as a bicultural society, reflecting equal partnerships between Maori and Pakeha
33. If NZ were to change to a republic, then the Treaty of Waitangi should be used as a foundation for our constitution.
34. NZ should embrace its cultural diversity

Therapeutic Activism: Beliefs
35. There is nothing unethical about identifying the political interests of clients
36. It would be unethical to encourage a client to try to influence social policies
37. It is part of my mission to empower clients politically as well as personally
38. Therapists should do more to involve clients in the political process
39. My clients have more important things to worry about than politics and policy
40. It is important that I remain neutral with my clients during sessions
41. I openly discuss my political or public policy opinions with my clients
42. It's my responsibility to make critical issues visible by openly discussing them with clients to help raise their awareness about the way injustice impacts their lives.
43. I believe it is ethical to explicitly confront critical social issues even if it means privileging my knowing over the client's knowing
44. It is unethical to explicitly attend to critical social issues of justice when the client appears to prefer a different direction.

Appendix B

Semi-Structured Interview Prompts

"**Demographic Information**

1. Please tell me a little bit about yourself
   a. What is your age?
   b. Where were you born?
   c. What do you consider as your nationality?
   d. What political groups do you identify with?
   e. Can you tell me if you practice a religion and, if so, which religion you practice?
   f. How do you identify yourself ethnically or culturally?

Meanings of terms: To begin, I thought it would be good to get a basis understanding of your definitions of key terms.

1. Many people define culture in different ways, please define culture for me.
   a. What has been the most important influence on your thinking about culture?
   b. How does culture influence your practice?
   c. How has the mental health system attended to differing cultural needs, beliefs of mental health, wellbeing, and healing?
   d. How does NZ attend to bi-culturalism and the Treaty of Waitangi in mental health systems? Is bi-culturalism a way towards reaching justice in mental health?

2. Many people define social justice in different ways, please define social justice for me.
   a. What has been the most important influence on your thinking about social justice?
   b. Would you say that you are a therapist that works for social justice?
   c. What is the current situation with social justice in the mental health system in New Zealand?

3. Could you describe what the relationship is, if any, between social justice and culture, in mental health?

Personal Influence of Culture: If I could have you reflect on your own cultural back ground…

1. Can you think of a specific story about when you were aware of yourself as a _____ and tell me about it?

2. I wonder if you can tell me about a time that you have perhaps experienced discrimination as a part of the group that you identify with. What was that like for you?

3. What does being a _____ mean to you?

4. How has being a _____ …..
    a. influenced the way you work with clients?
    b. the way you relate to mental health system?
    c. your beliefs about mental health?
    d. your beliefs about social justice?
5. Do you believe that beliefs, or values from your own culture have been incorporated into the mental health systems in NZ?
    a. If so, how?

6. Has your cultural background ever clashed with your therapeutic training/practice?
    a. How have you negotiated these clashes?

7. Have you ever experienced any injustices that have influenced your beliefs and values?

Work, Culture, and Justice

1. Please describe how you feel, personally, about the mental health system in NZ?
    a. How is the system just or unjust?
    b. How has this climate affected you, personally?
    c. Tell me about how this climate influenced your attitude about your job as a provider.

2. Who is included in the decisions that are made about what clients are seen and how to see them?
    a. Who is excluded in them?

3. Tell me about the feelings you may experience related to your personal beliefs, ethnicity, your job as a provider and the NZ mental health system.
    a. Please tell me about any positive or negative experiences you've had regarding your work with clients.

4. As a therapist from a _____ culture, what injustices do you see as a occurring in the mental health system?
    a. What is it like working within that system?

5. Have you noticed any differences in treatment or care for clients and whanua from your own community or cultural background, compared to other NZers?
    a. Tell me about how you feel about the treatment they are receiving.
    b. In what ways do you think the treatment they receive is different than or is the same treatment other clients receive?

6. Please tell me what injustices, if any, do you see for (Maori/Pacific/Asian) communities, that come up during your work?
    a. Are their mental health needs treated appropriately?

7. What do you believe is the greatest issue of injustice within mental health right now?

8. What do you believe is most needed for the mental health system to successfully integrate ideas of justice and culture?

9. Is there anything you would like to add or any thoughts that have occurred as we spoke?

Appendix C

Interview Consent Letter

Dear participant,

I am a graduate student under the direction of a professor, Dr. Desiree Seponski, in the Department of Human Development and Family Science at The University of Georgia, USA. I am currently on a Fulbright US Graduate student research fellowship, working under the advisement of Dr. Chris Cunningham, director of Massey University's Research Centre for Maori Health & Development.

I am asking you to take part in a research study entitled: Mental Health Service Providers' Experience of Culture and Justice in New Zealand. The purpose of this study is to more deeply understand how mental health professionals in New Zealand understand, develop, and enact cultural meanings within their clinical work.

Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully and ask the researcher any questions you might have. When you have finished you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be given to you.

Project Contacts
Researcher: **Lorien Jordan**
                lorienj@uga.edu
                027-649-7391
Supervisor: **Dr. Chris Cunningham**
                Research Centre for Maori Health and Development
                Massey University
                c.w.cunningham@massey.ac.nz
                04.801.5799, ext. 63242
Advisor: **Dr. Desiree M. Seponski**
                Human Development and Family Science
                University of Georgia
                dmpaulin@uga.edu

Participation: You are eligible to participate in the study if you are either (a) currently enrolled clinical psychology master's student or (b) a practicing mental health worker or (c) a service delivery agent or community worker in the Mental Health field. Male or females are eligible, but you must be 21 years and older. You are *not* eligible to participate in the study if you are not actively enrolled in school or do not currently see clients.

Purpose of the Study: This project aims to develop deeper knowledge of how New Zealand's mental health providers personally and therapeutically experience and express culture and/or justice. This project is part of a larger Fulbright project, wherein I am here to learn from the multifaceted historical, political, and social context of New Zealand and the ways that

biculturalism are encouraged or discouraged in mental health. I am interested in interviewing people of all cultural backgrounds and on developing a deeper understanding of personal meanings and experiences of culture. Coming from the United States, I feel this project and the insights gained are especially important and timely as the need for dialogue across and between cultures is increasingly clear.

Study Procedures: If you agree to participate, you will be asked to …
1. Meet for an individual in-person semi-structured interview lasting 60-90 minutes which will be conducted in the Winter and Spring of 2017.
2. The interviews will be held in a comfortable and quiet location convenient for you.
3. You will be provided an information sheet and an informed consent form that we will review together.
4. After consenting, digital recording of the interview will begin and the researcher will conduct a semi-structured interview with you.
5. At the end, you will be provided with a modest koha to thank you for your time and sharing your experiences. You will also have time to ask any questions that you might have.
6. After the data is transcribed you will have the opportunity to review the key statements you have provided for your follow up comments. A copy of the final report will also be made available to you. Both of these items are optional.

Risks and discomforts: We do not anticipate any risks from participating in this research. You may feel some discomfort if you remember a clinical situation that was difficult for you.

Benefits: You may benefit from describing your experiences as a clinician. To benefit the larger field of psychotherapy, from this study it is expected that: 1) The resulting information from this project will assist the development of culturally specific social justice therapeutic methods, 2) The experiences of New Zealand's therapists will be more deeply known.

Incentives for participation: As a token of my appreciation, participants will receive a small koha of $30 to thank them for the gifts of their time and knowledge.

Audio Recording: Your responses will be audio-recorded for transcribing. Audio-recordings will be deleted following the transcription of the interviews, and not more than five years from the date of completion of this study.

Privacy/Confidentiality: No individually identifiable information about you, or asked to be provided by you during the research, or will be shared without your written permission. You will be assigned an identifying number and a false name. This number and name will be used on all material collected about you. The researcher will not use your name or your family name in any report shown to anyone outside the research team (the researcher and principal investigator, Desiree Seponski). The transcriptions from digital recordings will be stored in an electronic file, on a password and finger print protected computer. The data which has your contact information will be kept separately in a different file, in a different location on a password protected hard drive, kept in a locked cabinet accessible to only the researcher. The digital recordings will be password protected and stored on a password and fingerprint protected computer in a locked

cabinet. The recordings will not be publicly disseminated. Researchers will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law.

Taking part is voluntary: Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to withdraw from the study, the information that can be identified as yours will be kept as part of the study and may continue to be analyzed, unless you make a written request to remove, return, or destroy the information.

If you have questions: If you have any questions about this research project, please feel free to send an e-mail to Lorien Jordan at lorienj@uga.edu, or call me at 027-649-7391. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 629 Boyd GSRC, Athens, Georgia 30602; telephone (706) 542-3199; email address irb@uga.edu.

Massey University Disclaimer: Study #4000017974
This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr. Brian Finch, Director (Research Ethics), email: humanethics@massey.ac.nz.

Research Subject's Consent to Participate in Research: To voluntarily agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

I have read the consent form and information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

By initialing here _____ you give permission to be contacted to review researchers' interpretations of your interviews and summary reports. You will be contacted via your preferred method of contact.

By initialing here _____ you request that the researcher return key statements from the transcript of your interview. You will be contacted via your preferred method of contact, and have 5 days to make any additions to the statements.

I agree to participate in this study under the conditions set out in the consent form and information sheet.

_____   _____   _____
Name of Participant   Signature   Date
_____
Participant's preferred method of contact (email or phone number)

Appendix D

Survey Consent Letter

Greetings! Kia Ora! Tālofa!

I am a graduate student from the University of Georgia in the United States. I worked under the direction of a professor, Dr. Desiree Seponski, in the Department of Human Development and Family Science.

I am asking you to take part in a research study entitled: New Zealand, Decolonizing Perspectives, Social Justice, and Mental Health. The purpose of this study is to develop deeper understanding about New Zealand's therapists and their social justice and or/cultural therapeutic orientations. A portion of this project is funded by the Fulbright US Graduate Student award, through the Institute of International Education.

Before you decide to participate in this study, please take the time to read the following information carefully and ask me (through email/phone call) any questions you might have. When you have finished you can decide if you want to be in the study or not. This process is called "informed consent" and it will be considered complete if you decide to participate in the online survey by clicking the link at the end of this reading.

INFORMED CONSENT:

Principal Investigator: Dr. Desiree M. Seponski, dmpaulin@uga.edu

Researcher: Lorien S. Jordan, lorienj@uga.edu, 027-649-7391

Participation: You are eligible to participate in the study if you are either (a) currently enrolled clinical psychology master's student in New Zealand or (b) a practicing psychotherapist/psychologist/social worker/family therapist/psychiatrist or (c) a cultural consultant, cultural advisor, family advisor. Male or females are eligible, but you must be 21 years and older.

Purpose of the Study: The present study has the following aims; to develop understanding of New Zealand's therapists engage in and develop a decolonizing and social justice orientation.

Study Procedures: Your participation will involve completion of the linked online survey regarding your experiences. The survey consists of 44 questions and 11 demographic questions. Questions on the survey broadly address your personal and professional feelings and beliefs about equality, social justice, culture, and ethical work with clients.

The survey should take about 15 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate, to stop at any time, and to not submit this survey. Once you complete the survey, you will be invited to participate in a follow up interview. Information about the interview is included at the end of the survey.

Risks and discomforts: You may feel some discomfort during this survey, as you think about your feelings of culture, justice, and ethic. This risk is not expected to be more than the type experienced during clinical supervision.

Benefits: You may gain positive feelings while thinking about your commitments to social justice and culture, which might reinforce your decisions as a clinician. You might also gain positive feelings from assisting in a study devoted to better understanding the unique justice oriented position of New Zealand's mental health practices.

Incentive for participation: As a token of my appreciation, you will have the option to receive a small incentive ($5). Following this survey you will be taken to a separate link to enter your address, where the incentive will be mailed. This address will be kept entirely separate from your survey responses. I offer this modest gift to acknowledge the gifting of individual knowledge to deepen collective understanding.

Privacy/Confidentiality: No individually identifiable information about you, or asked to be provided by you during the research, will be shared without your written permission. You will be assigned an identifying number that will be used on all information collected about you. You will not provide your name, unless you decide to participate in the interview. I will not use your name in any report and your name will not be shown to anyone.

If you decide to further participate in the follow up interview, you will be taken to a secure link to enter your contact information. A list will be compiled of the unique identifiers and contact information, so that I may connect your interview with your survey. The master list will be stored separate from the survey and interview data on a password protected hard drive, kept in a locked cabinet accessible to me only. The online surveys will be downloaded by myself and stripped of your IP address. Any identifiable information unintentionally obtained by myself will be erased.

Taking part is voluntary: Your involvement is voluntary and you may choose to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to withdraw from the study, the information received will be kept as part of the study and may continue to be analyzed, unless you make a written request to remove, return, or destroy the information.

If you have questions: If you have any questions about this research project, please send an e-mail to Lorien Jordan at lorienj@uga.edu, or call me at 027-649-7391. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board; telephone 1-706-542-3199; email address irb@uga.edu. The IRB approval reference number is: STUDY00004419.

Research Subject's Consent to Participate in Research: To voluntarily agree to take part in this study, you must read this entire consent form. Please keep this letter for your records. By to the survey, you are agreeing to participate in the above described research project.

Kia ora! Fa'afetai! Many thanks for your consideration!

Lorien Jordan, LAMFT

The University of Georgia