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When the marginalised research the privileged: One Māori group's experience

By Belinda Borell Massey University, Auckland

Abstract

Since the introduction of academic research as a tool of imperialism and colonisation, indigenous people have responded to the intent, processes and implementation of its insights about their lives and experiences in a range of ways. While many of these responses have been reactionary, greater epistemological innovation is opening up new ways for indigenous researchers to understand and interpret their social world. Recent efforts have even sought to apply indigenous frameworks to the lives and experiences of their colonisers. This paper outlines one such initiative and attempts to demonstrate how this may provide valuable insights for participants, indigenous researchers and the academy itself.

Keywords

Indigenous people, critical race, whiteness studies, colonisation, academic research, ethics.

Introduction

The western scientific tradition has, up until relatively recently, positioned indigenous peoples as oddities or exotic groups from which to draw information and later, as a group, with problems to fix or change. As problems, they have also been the focus, not only of inquiry, but also of policy and interventions from colonial powers and administrations imposed on them. Conducting research about indigenous people has had the effect of emphasising the exotic and different (and supposedly inferior) nature of the natives, justifying assimilation, theft of lands and resources, and the inherent inferiority of indigenous languages and culture (Adams 1977, Battists 2000, Moewaka Barnes 2008, Moreton-Robinson 2004, Said 1978, Smith 1999). It reinforces the, apparently, superior knowledge produced and framed by the dominant culture as universal truths, objectively sought and attained. Said (1978) describes the link between the creation of knowledge about the one-dimensional and fundamentally inferior 'other' to the implicit justifications for imperialist ambitions involving the domination and exploitation of indigenous societies.

Aotearoa, New Zealand, has been no exception and has a well-recorded history of the ways in which the creation of knowledge about the 'natives' has been an important tool in the colonial project (Pember Reeves 1899, Ward 1839). Some argue that research has, at best, been of no use to Māori and, at worst, actively disempowering (Cram 2001, Jackson 1996, Ramsden 2002, Smith 1999). Smith (1999, 1) notes that the word 'research' is "inextricably linked to European imperialism and colonisation", leaving Māori with a deep suspicion of research and the uses to which it has been put by diverse Pakeha authorities; a similar pattern to indigenous peoples internationally.

Māori have had a range of reactions to research conducted <u>about</u> and in their communities (Cram 2001, Rankine and McCreanor 2004, Stewart 1997), but the overwhelming response has been distress, dissent and despair at the inaccuracy and inadequacy of processes, findings and outcomes. Moewaka Barnes (2008, 42) points out that feminists and indigenous peoples have offered key critiques of western knowledge, its methods of production and its links to imperialism and marginalisation. Power imbalances between the researcher and the researched, fundamentally alien (and alienating) research practices and the separation of research practitioners from the production of research positioned as 'truth' have been central elements in these critiques. In a schema that seeks to position different types of research involving Māori and Māori responses to them, Moewaka Barnes outlines a continuum of experience from Māori as being solely researched 'on', to exemplars of partnership and mutual respect. Māori responses to the former have included compliance, resistance, rebellion and the internalised denigration of indigenous culture (Moewaka Barnes 2008, 141). Rather than seeing this as a rationale for Māori change, she argues for non-Māori development, in order to advance *their* practice when researching in Māori spaces, pointing to a mismatch between measured changes in practice, but few changes at broader conceptual and systemic levels.

The invitation to the research community to shift the focus of research from the marginal to the dominant signals an innovative opportunity that could produce far more accurate, grounded and applicable understandings of trenchant social issues.

In this paper, I firstly discuss the challenges and questions posed in shifting the power balance in health and social research. This is followed by an examination of the issues and implications of shifting the gaze in Māori-led projects, supported by two key examples of how these dynamics can play out in practice through ethics and assessment processes and paradigms.

Practical changes in the conduct of research projects involving Māori have arisen, in large part, from the increase of Māori people in the academy, as students and faculty members. Responding to criticisms around power relations and ethics, research endeavours have sought to position Māori as researchers, initially at least, in the lower echelons of the research process, often at the site of data collection, as interviewers, community liaisons, cultural consultants and translators. These arrangements frequently elicited exchanges between Māori researchers and Māori 'subjects' of research and often encompassed additional research practices, compared to conventional processes of health and social science. Foremost among these were establishing relationship/connectedness, fielding challenges about usefulness or safety of research, the relevance of research questions and what reciprocal obligations, if any, were appropriate with the researched community beyond the current project. While some of these shifts in the conceptualisation and conduct of research involving Māori have been dramatic in a practical sense, the mainstream academic members' perceptions of the inferiority, or even existence of Māori science, methodology and epistemology, remains largely unchanged (New Zealand Herald 2003).

The involvement of Māori as researchers in subordinate positions, while fulfilling the needs of mainstream research projects in, for example, facilitating recruitment of Māori participation, has, at times, created compromised spaces for the Māori researchers involved. This has led to more direct challenges *down* the research chain, in terms of greater input into the analyses and interpretation of research findings, and pathways of dissemination. Challenge and change *up* the research chain has been generally slower and more problematic for mainstream research and Māori-led and controlled projects

remain relatively scarce. For example, the Health Research Council of New Zealand, the country's largest health research funder, has an annual *indicative* allocation to Māori research of 10%, although actual allocation is closer to 3% (HRC annual reports 2006-2010).

Indigenous controlled research

Māori have responded to their place in the business of research in numerous ways. As outlined above, significant change has been achieved, in an operational sense, in the ways in which research <u>about</u> Māori is conducted. Symbiotic with the emergence of Māori at all levels of academic pursuits, and their gradual elevation into leadership roles in teaching and research, the critical mass of Māori academics and the importance of nurturing connections with customary practices of knowledge creation has acutely challenged the inherent legitimacy of non-Māori control of research involving Māori (Cram 2001, Moewaka Barnes 2008, Pihama, Cram and Walker 2002, Smith 1999). The growth of Māori ontologies, epistemologies and methodologies into western academic settings continue to impact significantly on what counts as knowledge and practice in our society.

Kaupapa Māori methodology (Bishop and Glynn 1999, Eketone 2008, Pihama 2001, Smith 1997, Smith 1999) developed from the academic field of education and was initially an important pedagogical tool. Its early and most prominent theorists asserted that Kaupapa Māori research (research using Kaupapa Māori methodological tools and practices) related to Māori identity, philosophy, language, culture and autonomy. Pihama (2001) expanded this frame when she posited that Kaupapa Māori research projects were essentially decolonising, insofar as they were inherently involved with power and the political positioning of Māori people and knowledge. There can be little doubt that the development of Kaupapa Māori methodology has had positive effects on the perception and outcomes of research activities in Māori communities. Through the emergence of multiple bodies of work and communities of practice, there have also been impacts in terms of increasing the Māori research workforce and creating more equitable and respectful relationships with non-Māori colleagues. In this sense, it has been instrumental in moving research practices and relationships towards the empowering end of Moewaka Barnes' schema (Moewaka Barnes 2008).

'Ghettoised' or 'romanticised' research

Research projects that indigenous people are leading and controlling can be categorised either as:

- research to reduce the disparities that indigenous communities experience, relative to wider populations (Ajwani et al. 2003, Robson and Harris 2007); or
- the research will be attempting to transform the indigenous experience and, thereby, uplift indigenous wellbeing, perhaps involving the reclamation of elements of 'traditional' culture (Durie 1994, 2004).

A central notion is that the framing of indigenous research in Aotearoa, New Zealand, is often phrased as 'by Māori for Māori'. Although this makes explicit the importance of reciprocity between indigenous communities and indigenous researchers, I argue that it may reinforce the notion that Māori-led research must, of necessity, centre on Māori participants in order to claim legitimacy within Kaupapa Māori and other Māori-centred domains. One critical effect of this dynamic is to focus the gaze of Māori researchers away from the non-indigenous sector, effectively hiding key determinants of outcomes for Māori.

It has also had the unexpected outcome of pigeonholing indigenous control of research as being only naturally legitimate to those projects largely or exclusively involving indigenous people. One notable exception has been the body of work around social and health disparities, for example "Hauora" (Pomare and De Boer 1988, Pomare, Keefe Ormsby and Ormsby 1995, Robson and Harris 2007), which has been monitoring, among other outcomes, mortality experiences between Māori and non-Māori New Zealanders since 1955 (Pomare et al. 1995). Hauora has reported these data within a Treaty of Waitangi¹ framework that emphasises health as being a protected entitlement in its own right, and affording Māori the same rights and privileges as other Crown subjects. In this instance, a Treaty framework allows the monitoring of Māori health outcomes relative to other New Zealanders, highlighting Crown failures to address determinants of health and meet its obligations to Māori as the indigenous people of New Zealand.

The changing nature of the gaze (from indigenous to dominant, rather than dominant to indigenous) has illuminated assumptions that exist in the academy about who will be doing the research, who will be the researched, who says the research is important or a waste of time, what processes are appropriate, what funding streams and other types of support are available and what difference such studies can make in the long term.

The academy generally seems enthusiastic and supportive of Māori research projects that keep Māori people and issues at the fore. This is the natural and accepted place for indigenous inquiry within the academy. It sits comfortably within the colonial paradigm of indigenous as different and inferior, and frequently charges leaders of Māori communities with the development of internal solutions, disengaged from wider contextual environments, such as the economic, cultural and social marginalisation, stemming from the fundamental racism of colonial practice. Adding to the comfort of the academy, Māori leadership and control of Māori research, while improving best practice for Māori communities engaged in research, nonetheless may effectively replace the surveillance and monitoring function that non-Māori research, up to that point, had conducted directly. In this sense, indigenous-controlled research is more likely to apply a Māori gaze to understanding and remedying Māori marginalisation, deprivation, difference and disproportionality than to apply the same level of scrutiny to Pakeha normative centrality and privilege.

For all the reasons above, Kaupapa Māori research that seeks to reduce disparities, by turning our gaze away from Māori disadvantage and focusing it on the non-indigenous members of society, is rarely considered as the locus of indigenous research.

Whāriki journey

The Whāriki Research Group began as a collection of Māori individuals, many from unconventional, academic backgrounds, contributing, in particular, to various evaluation projects involving Māori communities. As the number of Māori being recruited increased, it became prudent for these few individuals to form their own collective based on shared values, expertise and experiences as Māori. Whāriki's early direction was to improve engagement and practice for Māori communities involved in projects conducted by the Alcohol and Public Health Research Unit (APHRU) for the University of Auckland. Over time and with symbiotic commitment of both groups to the Treaty of Waitangi, a cogovernance structure was developed. This relationship of governance and practice based

¹ The Treaty of Waitangi is an agreement signed in 1840 between representatives of the Crown and Māori chiefs that outlines the protection of indigenous rights, resources and governance.

on the Treaty recognised that it was fundamentally relevant to both Māori and non-Māori. In an environment where Treaty rights and obligations are understood almost exclusively as 'Māori business', rather than a reciprocal relationship with rights and obligations on both sides, a governance structure that ensured a joint approach to meeting duties and obligations was critical to Whariki's epistemological journey and future.

Any sustained examination of the particular and comparative health and social outcomes for Māori communities inevitably involves greater consideration of a comprehensive range of contributing factors, from common ideas at the site of the individual, familial, cultural to more critical analyses of institutional, structural, historical and political factors. This approach to conceptualising research complemented the ideological push-back of the victim-blaming type of approaches common for explaining ethnic disparities at the time and better reflected Whāriki's vision for Māori research. In this sense, Whāriki was able to develop from a Māori research group firmly focused on a 'by Māori, for Māori, with Māori' framework to a research group using Māori paradigms of knowledge and methodology development to examine issues of relevance to the social justice of Māori and non-Māori.

A robust analysis examining the health and wellbeing promoting or demoting elements in social environments, as opposed to individual or cultural circumstances, has remained at the forefront of the group's political positioning and forms the first point of focus for conceptualising and developing research projects. The analysis of racism as a social determinant of health has become increasingly acute in international literature (Jones 2000, Jones 2010, Krieger 1990, Krieger 2003, Nazroo and Karlsen 2001, Williams 1999, Williams and Mohammed 2009). The positioning of indigenous people within wider movements that correlated racism with adverse outcomes has also steadily increased (Jones 1999, Paradies, Harris and Anderson 2008, Paradies and Williams 2008, Robertson 2005, Robson 2008).

Being practised at examining social environments has also meant that the Whāriki group members were well positioned to apply international learnings about racism (Jones 2006, Paradies 2006, Paradies and Williams 2008) to the New Zealand situation. The opportunity to explore racism, not only where it manifests as marginalisation and social exclusion, but its flip side, to conferred advantage, social inclusion, its links with critical race theorising and whiteness studies, also became highly relevant analyses. The particularity of privilege as being a specific outcome for 'settlers', vis-à-vis the indigenous population, was a hitherto under-explored area that we sought to examine (Moreton-Robinson 2008).

This examination was informed from earlier articulations by 'Pakeha' research participants across a range of studies that seemed to indicate distinct experiences of society (Huygens 2008, Nairn and McCreanor 1991, McCreanor and Nairn 2002, Wetherell and Potter 1992). These experiences often seemed at odds with all others in the data sets, both in terms of the discursive treatment, as well as their norms, practices and expectations of society. Findings from such projects broadly point to a set of normative, discursive resources and practices that articulate and manifest through a construct of societal, institutional, interpersonal and psychological pathways and reproduce powerfully pro-Pakeha understandings of all aspects of Māori/Pakeha relations (Moewaka Barnes et al. 2012).

We wanted to explore these experiences and the attainment of such an 'ideal status', and the personal- and population-level experiences that flow from it, by further applying our own world view to the issue. This was critical, firstly, as a means to give effect to the

Most forms of ethics invite applicants to consider how they will address concerns or requirements for particular groups. These groups usually represent 'others', in terms of power differentials between the researchers and the researched, and relating to a range of variables, including race and ethnicity, nationality and language proficiency, age and gender, and mental and physical capability. Considerations necessary to address potential risks are, unquestionably, useful for research projects involving them. The distinctiveness of these groups from the dominant 'norm' provides little clarity when the dominant norm is the focus of the research. There is no specific, dominant culture, safety section of ethics forms; the assumption being that the 'general' population information requirements serves as a proxy for dominant groups in relevant variables (for example, white, Pakeha, male, middle aged, able-bodied and English speaking), with no accounting required for their particularity.

When thinking about what information to provide to the committee, one might use an ethics request form with questions for 'other' groups and attempt to mirror those for a Pakeha population. Again, the shift of gaze is an important exercise. The ability to converse in English, knowledge of Pakeha customs and social groupings, connections with Pakeha cultural institutions (for example, Lions Clubs, Returned Services' Associations or Rotary Clubs), adequate processes of consultation, and connections to Pakeha cultural advisors and consultants should all be considered. This process of reflection on Pakeha cultural ethics has really highlighted how difficult those safety 'bottom lines' are to capture and how none of these considerations really address the cultural safety assurances that we want to fulfil, as an indigenous research group with the values that we have. Some of these safety concerns were addressed through the involvement of a largely bicultural team and sets of bicultural processes for analysing, writing and disseminating the data. In each instance, both the bicultural research team and its processes are organised as working under Māori authority. A shared culture of ongoing collaboration, inclusion and critique was fostered.

The final challenge that the project posed to conducting research involved the inter-relationship between being 'powerful', academic researchers and the status those positions hold in wider society, compared to the negative, social positioning attributed to being a Māori group; in a sense, researching where we should not. This is exacerbated by the range of reactions and responses from potential participants, from ambivalence and caution to anger and defensiveness of the topic area. For some, there was a level of surprise and possible discomfort with the terminology used in the project, such as 'privilege' or 'advantage', that was encountered in efforts to recruit participants in the initial stages of the project. Our decision to use the formal project title, "Conferred privilege and structural advantage—the health implications", on participant information sheets and consent forms was off-putting for some. The implied notion that potential participants were 'privileged' was so at odds with their sense of self, that explanations about the project's aims and the need for a diverse set of participants did little to assuage these fears. This general aversion to the idea that one is privileged is documented in literature (Kimmel 2010). That the project documents also clearly identified that a research group with a Māori name was controlling the study, which concerned some potential participants and drew unhelpful and racist comments targeted at members of the research team. While this is possibly a risk associated with researching group membership of dominant cultures and inequality more generally, for researchers working under the authority of indigenous control, the issue seemed to invoke specific racial overtones. In this sense, participation in the 'Privilege Project' itself could be seen to be interrupting the invisible nature of societal privilege and its underlying racial, ethnic and cultural nuances.

In the face of such reactions, the research team thought it prudent to adjust the title of the project to 'Health and Culture', which greatly enhanced recruitment and data collection.

Discussion

As a research approach for indigenous self-determination, shifting the conceptual gaze to include a focus on the advantaged can provide numerous benefits to the individuals, groups and institutions involved and provide a much-needed, discursive alternative for the general public about a range of important issues.

Moving from focusing solely on those experiencing a 'burden', by expanding a formal inquiry to include advantage across numerous social variables, centres analyses on structural, institutional and environmental factors that produce differential outcomes, rather than seek to blame or celebrate individual behaviour and personal circumstances. 'Victim-blaming' is further extrapolated by examples of individual success by minority group members, while collective oppression may remain unchanged, thereby enforcing the 'logic' that it is individuals, rather than systems and structures, that produce outcomes. In this sense, the approach of studying the dominant group is aligned intuitively with wider critical movements that place individual and collective experiences in an appropriate social, political and historical context.

At an institutional level, supporting efforts to broaden research enquiries can encourage a more embracing and inclusive academic environment. Opportunities to uncover new truths and develop complementary and conflicting perspectives may enhance innovation and diversity. Shifting the gaze invites the academy to genuinely acknowledge and move on from its role as a tool for imperialist interests and fulfil its role as the 'social conscience' of society.

There is much evidence that the 'standard story' of social life in Aotearoa (McCreanor 2012) draws upon deeply entrenched ideas and discourses that seek to blame the disadvantaged for their situation. These discourses are commonly entwined with historic and current representations of race and ethnic group membership, particularly of Māori, that reinforce national narratives about merit and worth. Shifting the gaze from disadvantage to advantage, and also drawing on national discourses about the racial and ethnic particularity of the advantaged, can open up a, hitherto under-explored, narrative to the social lexicon of New Zealand society. Our experience conducting research projects with dominant group members as participants and audience members in Aotearoa has illuminated that many dominant groups' members desire more nuanced and inclusive explanations, based on relevant information and evidence, as an alternative to entrenched discourses that place individuals outside of their context.

The research developments described in this paper have the potential to expand the application of Kaupapa Māori research. Māori modes of conducting research have seen a steady and sustained increase in formal, academic institutions. Application of these frameworks, however, tend to be towards projects that directly involve Māori people as participants or issues of direct relevance to Māori. Applying a Kaupapa Māori worldview to issues and phenomenon not directly related to Māori, or of immediate benefit to the Māori community, is a great challenge to the methodological development of indigenous frameworks in the academy. Research projects that shift the gaze of inquiry go some way to clarifying that challenge and inviting response.

Conclusion

The establishment and conduct of the Privilege Project follows a particular interest in the immediate environs of the academy and the clarity of its racial, ethnic and colonial positioning. However, it also critically engages with how those same structures have made the coupling of indigenous research with an explicit focus on the nature of indigenous 'difference' (in terms of addressing ethnic disparities or 'distinctiveness' relating to language and culture) itself, which sets limitations on the scope of the legitimate research interests of indigenous researchers.

If 'by Māori, for Māori' research is most naturally applied to those research questions of immediate and cultural interest to indigenous people, then we miss important opportunities to develop the epistemological framings, methodologies, tools and resulting analyses. These are implicit in the epistemological framings, such as Kaupapa Māori, but not often employed to understand, deconstruct and critique wider environmental structures and norms that frame the long term interests that indigenous people have to a more just society that better reflects their values and expertise.

This paper has sought to outline a particular context that has marginalised indigenous research activity, both within the explicit practices of 'by indigenous, for indigenous' research and within the wider academy. The conduct of the Privilege Project has shown, more clearly, the structural and discursive impediments to realising more fully the practical capabilities of indigenous, epistemological frameworks and concepts.

References

Adams, P. 1977. Fatal Necessity: British Intervention in New Zealand, 1830-1847. Oxford: Oxford University Press.

Ajwani, S., T. Blakely, B. Robson, M. Tobias and M. Bonne. 2003. *Decades of Disparity: Ethnic Mortality Trends in New Zealand 1980-1999*. Ministry of Health and University of Otago, Wellington.

Battiste, M. 2000. "Introduction: Unfolding the Lessons of Colonization." In *Reclaiming Indigenous Voice and Vision*, edited by M. Battiste. Vancouver: University of British Columbia Press.

Bishop, R. and T. Glynn. 1999. "Researching in Maori contexts: an interpretation of participatory consciousness." *Journal of Intercultural Studies* 20 (2): 167.

Cram, F. 2001. "Rangahau Mäori: Tona Tika Tona Pono." In *Research Ethics in Aotearoa: Concepts, Practice, Critique*, edited by M. Tolich. Auckland: Longman.

Durie, M. 1994. Whaiora: Maori Health Development. Auckland: Oxford University Press.

Durie, M. 2004. "Race and ethnicity in public policy: does it work?" Social Policy Research and Evaluation Conference, Wellington.

Eketone, A. 2008. "Theoretical underpinnings of Kaupapa Māori directed practice." *MAI Review* Issue 1. Accessed on November 11, 2013. http://ojs.review.mai.ac.nz/index.php/MR/article/view/98/106.

Health Research Council. 1998. *Guidelines for Researchers on Health Research Involving Maori 1998*. Auckland: Health Research Council of New Zealand.

Huygens, I. 2008. Processes of Pakeha change in response to the Treaty of Waitangi. PhD thesis, University of Waikato, Hamilton.

Jackson, M. 1996. "Maori health research and Te Tiriti o Waitangi." In *Hui Whakapiripiri: A Hui to Discuss Strategic Directions for Maori Health Research*, edited by Te Roopu Rangahau Hauora a Eru Pomare. Wellington: Wellington School of Medicine.

Jones, C. 1999. *Maori-Pakeha Health Disparities: Can Treaty Settlements Reverse the Impacts of Racism?* Ian Axford Scholarships, Wellington.

Jones, C. 2000. "Levels of Racism: A theoretical framework and a gardener's tale." *American Journal of Public Health* 90 (8): 1212-1215.

Jones, C. 2010, "Achieving Health Equity." Public Health Association Annual Conference, Turangawaewae Marae, Ngaruawahia

Kimmel, M. 2010. "Toward a pedagogy of the oppressor." In *Privilege: A Reader*, edited by M. Kimmel and A. Ferber, 2nd ed. Boulder, USA: Westview Press.

Krieger, N. 1990. "Racial and gender discrimination: risk factors for high blood pressure?" *Soc.Sci.Med.* 30 (12): 1273-1281.

Krieger, N. 2003. "Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: an ecosocial perspective." *American Journal of Public Health* 93 (2): 194-200.

McCreanor, T. 2012. "Challenging and countering anti-Maori discourse: Practices for Decolonisation." In *Ka Tu, Ka Oho: Visions of a Bicultural Partnership in Psychology,* edited by R. Nairn, P. Pehi, R. Black and W. Waitoki. Wellington: The New Zealand Psychological Society.

McCreanor, T. and R. Nairn. 2002. Tauiwi general practitioners' talk about Maori health: interpretative repertoires. New Zealand Medical Journal [Online], 115. Accessed July 5 2010. http://kea.massey.ac.nz/search~S7?/tnew+zealand+medical+journal/tnew+zealand+medical+journal/1%2C1%2 C2%2CB/c856575811&FF=tnew+zealand+medical+journal&1%2C%2C2%2C1%2C0

Moewaka Barnes, A., B. Borell, K. Taiapa, J. Rankine, R. Nairn and T. McCreanor. 2012. "Anti-Maori themes in New Zealand Journalism; toward alternative practice." *Pacific Journalism Review* 18 (1): 195-216.

Moewaka Barnes, H. 2008. Arguing for the spirit in the language of the mind: a Maori practitioner's view of research and science. PhD thesis, Massey University, Auckland.

Moreton-Robinson, A., ed. 2004. Whitening Race: Essays in social and cultural criticism. Canberra: Aboriginal Studies Press.

Moreton-Robinson, A. 2008. "Writing off Treaties: White Posession in the United States Critical Whiteness Studies Literature." In *Transnational Whiteness Matters*, edited by A. Moreton-Robinson, M. Casey and F. Nicoll. Plymouth, United Kingdom: Lexington Books.

Nairn, R. and T. McCreanor. 1991. "Race talk and common sense: patterns in Pakeha discourse on Maori/Pakeha relations in New Zealand." *Journal of Language and Social Psychology* 10 (4): 245-262.

Nazroo, J. and S. Karlsen. 2001. *Ethnic Inequalities in Health: Social Class, Racism and Identity*. Research Findings: 10. Health Variations Programme, Department of Applied Social Science, Lancaster.

New Zealand Herald. 2003. "Millions go to Maori science." 16 January. Accessed November 29, 2013. http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=3051602.

Paradies, Y. 2006. "Defining, conceptualizing and characterizing racism in health research." *Critical Public Health* 16 (2): 143 – 157.

Paradies, Y., R. Harris and I. Anderson. 2008. *The impact of racism on indigenous health in Australia and Aotearoa*. Co-operative Research Centre for Aboriginal Health, Melbourne.

Paradies, Y. and D. Williams 2008. "Racism and Health." In *International Encyclopedia of Public Health*, edited by S. Quah and K. Heggenhougen, 474-483. San Diego: Academic Press.

Pember Reeves, W. 1899. Aotearoa, land of the long white cloud. London: Horace Marshall & Son.

Pihama, L. 2001. Kaupapa Maori research. Hui Whakapiripiri: National Maori Health Researchers Hui, Ohinemutu, New Zealand.

Pihama, L., F. Cram and S. Walker. 2002. "Creating methodological space: A literature review of Kaupapa Maori Research." *Canadian Journal of Native Education* 26: 30-43.

Pomare, E. and G. De Boer. 1988. *Hauora: Maori standards of health: a study of the years 1970-1984.* Wellington: Medical Research Council, Department of Health.

Pomare, E., V. Keefe Ormsby, C. Ormsby, N. Pearce, P. Reid, B. Robson and N. Wātene-Haydon 1995. *Hauora: Maori Standards of Health III: A Study of the Years 1970-1991.* Wellington: Eru Pomare Maori Research Centre.

Ramsden, I. 2002. Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu. PhD thesis (Nursing), Victoria University of Wellington.

Rankine, J. and T. McCreanor. 2004. "Colonial coverage: media reporting of a bicultural health research partnership." *Journalism* 5 (1): 5-29.

Robertson, N. 2005. "Challenging racism in the context of colonisation: observations from Aotearoa/New Zealand". International Critical Psychology Conference.

Robson, B. 2008. "What's driving the disparities?" In *Inequalities in Aotearoa New Zealand*, edited by K. Dew and A. Matheson. Dunedin: Otago University Press.

Robson, B. and R. Harris, editors. 2007. Hauora: Māori Standards of Health IV. A study of the years 2000-2005, Wellington, Te Rōpū Rangahau Hauora a Eru Pōmare.

Said, E. 1978. Orientalism. New York: Vintage Books.

Smith, G. 1997. The Development of Kaupapa Maori: Theory and Praxis. PhD thesis (Education), University of Auckland.

Smith, L.T. 1999. Decolonizing Methodologies: Research and Indigenous Peoples. London: Zed.

Stewart, T. 1997. "Historical Interfaces Between Maori and Psychology." In *Mai i rangiatea: Maori wellbeing and development*, edited by P. Te Whaiti, P. McCarthy and A. Durie. Auckland: Auckland University Press.

Ward, J. 1839. Information Relative to New Zealand. London: J.W. Parker.

Wetherell, M. and J. Potter. 1992. *Mapping the Language of Racism: Discourse and the Legitimation of Exploitation*. New York: Harvester Wheatsheaf.

Williams, D. 1999. "Race, socioeconomic status, and health. The added effects of racism and discrimination." *Annals of the New York Academy of Sciences* 896: 173-188.

Williams, D. and S. Mohammed. 2009. "Discrimination and racial disparities in health: evidence and needed research." *Journal of Behavioral Medicine* 32: 20-47.