

## Guest Editorial

Tula Brannelly, University of Surrey.

Decolonising Research Practices: Creating a political space to learn about ethics and care from Māori<sup>1</sup>.

Decolonising practices in health, education and research have been high on the indigenous agenda for many years. Assuming expertise from a Western perspective is assuming a dominant and colonising position, one which fails to recognise the expertise and world view of colonised societies, and subsequent implications. Johnstone (1) recently wrote about the need for decolonising nursing ethics, adding to a growing movement reclaiming indigenous knowledge in Aotearoa New Zealand, Canada, and more recently Australia.

Having worked in Aotearoa New Zealand from 2006 – 2015, I was fortunate to build partnerships with Māori mental health services users Te Kowhāo in mental health education, and with Dr Amohia Boulton in research. I learned a lot about relationality, and the priorities that govern Māori life. Learning from Māori was key to understanding how to contribute in a way that avoided adopting a dominant position that echoed colonising practices.

My understanding about how to contribute was developed from the ethics of care (2) concern for justice, equality and freedom. Understanding power and a commitment to avoid domination is required. Centralising the experience of indigenous people, historically and in the present, and an awareness that actions and responses may infer dominant colonising practices provides an opportunity to approach indigenous people to begin a conversation.

Migrating to a new country, even in the privileged position of the lifestyle migrant, has its challenges. As an academic, one of these challenges was issued to me on reading Linda Tuiwai Smith in Denzin and Lincoln (3).

...the term research is inextricably linked to European imperialism and colonialism and is one of the dirtiest words in the indigenous dictionary... as knowledge is collected, classified and then represented back to the West. The word research stirs up anger, silence and distrust.

---

<sup>1</sup> This editorial is based on a short presentation on international perspectives at the ICE Observatory Conference, Surrey 2015

Prior to working in New Zealand, I employed participatory methods with mental health service users, in emancipatory research. I expected this to stand me in good stead for my modest attempts to contribute to building knowledge that helped to improve the situation of over-representation of Māori in mental health services. On reading Smith's *Decolonising Methodologies* (4) I realised that in order to research in a non-dominant way, further preparation was required that foregrounded the political context of a colonisation.

The intensity of the impacts of colonisation vary by country, those that were colonised earlier experienced greater impacts. Themes of colonisation are dishearteningly similar – initial dramatic decrease in population, threats to or extinction of language and culture, shortened lifespan, increased incidence of physical and mental ill health, poverty, higher levels of unemployment, and loss of land. Various strategies have been employed to address the impacts of colonisation. In Australia an apology was made for removing indigenous children from their families and placing them with white families as part of a plan to decimate aboriginal culture. Apologies do not come without their own ethical considerations in terms of the timing of an apology, retaining the position of dominance through the apology and the responsibility for a community to accept an apology with the implied consequence of restraint of political action (5).

Indigenous people have the solutions to many social issues, and create the necessary knowledge through research by governing research priorities and methodologies. Co-creating research to address mental health inequalities was a conscious attempt, in a small way, to contribute to work that asserted Māori values, guided by the ethics of care. The integrity of care (1) focuses attention in key areas, described below, to work through cultural, social and historical aspects of participation. In research this applies to the team, the participants, and to the wider Māori community in terms of intellectual property and ownership. Research is relational and requires care (6).

*Attentiveness* – to all involved in the research. Consideration of the political colonial context, attention to methodologies and access to Māori knowledge. Attention to the Māori concepts that contribute to knowledge. Understanding participant motivations for contributing to research, and sensitivity to previous experiences. Attentive to relationship building that includes ancestral relationships and that sets a new path forward for those involved.

*Responsibility* – regarding who needs to be involved, in what stages of the research. Expert consultation and involvement at all states of the research.

*Competence* – a question of competence to do the research – when working with Māori, at least an initial understanding of te ao Māori (the Māori world), and kitanga (customs).

*Responsiveness* –the team recounting experiences of data collection to consider care for participants.

*Solidarity* – the greatest strength that comes from participatory work is the solidarity that comes from inclusion of marginalised groups, recognition of the experience to shape research findings and commitment to making change.

The integrity of care framework provided much needed guidance to work avoiding domination. Beyond this, on reading research transcripts, the emphasis on the relational was paramount and resounded with the ethics of care. Mindful not to interpret indigenous knowledge through Western concepts, however, what began was a conversation, an opening of a political space, to explore what ethics of care could learn from the Māori worldview (7), whilst acknowledging that the worldview can not be known to an outsider.

Māori have a distinct worldview, with some elements that are common to other indigenous cultures. The better known of these is collective culture, a tribal organisation of community that is relational. Hospitality and care, especially to visitors, and guardianship to protect the people and the world to care for future generations. A well known Māori proverb:

He tangata, it is people

He tangata, it is people

He tangata, it is people

Indigenous peoples are defined as those who have been colonised; and are still experiencing the inequalities that go hand-in-hand with the loss of culture, language, land and wellbeing. Much can be learned about ethics and care from indigenous cultures – how to sustain ourselves and our worlds, as indigenous peoples have to survive. There is an opportunity to be allies to those struggles, in solidarity with indigenous people to contribute to new ways of being in the future, but this requires decolonised practices.

## References

1 Johnstone MJ (2015), Decolonising nursing ethics, *International Nursing Review*, 62: 141–142. doi: 10.1111/inr.12197

2 Tronto, J. (2013) *Caring Democracy. Markets, Equality and Justice*, New York and London: New York University Press.

3Denzin, N. K., & Lincoln, Y. S. (2005). *The SAGE handbook of qualitative research*. Thousand Oaks: Sage Publications.

4 Smith L T (1999), *Decolonising methodologies, research and indigenous people*, New York: Zed books.

5 Mookherjee N, Rapport N, Josephides L, Hage G, Todd L R, Cowlishaw G (2009) The Ethics of Apology A set of commentaries, *Critique of Anthropology* Vol 29(3) 345–366 DOI:10.1177/0308275X09336703.

6 Ward, L. and Gahagan, B. (2010) 'Crossing the Divide between Theory and Practice: Research and an Ethic of Care', *Ethics and Social Welfare*, vol 4, no 2, pp 210–16.

7 Boulton A, Brannelly T. (2015), *Care ethics and indigenous values: political, tribal and personal* in Barnes M, Brannelly T, Ward L and Ward N, (Eds), *Ethics of Care Critical advances in international perspective*, Bristol, Policy Press.