ARTICLE

New Learnings from Old Understandings

Conducting Qualitative Research with Māori

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ABSTRACT

This article demonstrates the absolute place of tikanga in research with Māori; tikanga being those ways of doing what is right for a given context centred in Māori values, beliefs, traditions and customs. A qualitative study involving Māori participants exposed large gaps in understanding of this importance beyond rhetoric. Western research processes surrounding consultation, consent and ownership of data were challenged by Māori philosophies and principles governed by tapu and noa. Adherence to understandings of 'kanohi ki te kanohi', 'he kanohi kitea', manaakitanga, 'tangata mauri', pōwhiri, mihimihi and karakia ensured informed and consensual participation. The rights and responsibilities of Iwi to conduct research in keeping with local kawa also ensured this participation was safe and respectful. This acknowledgement of 'tino rangatiratanga' was poorly understood, highlighting the significance of undertaking research with Māori in a way that takes for

KEY WORDS:

cultural frameworks

empowerment

ethics

Māori research paradigms

worldviews

granted the validity and legitimacy of Māori in a context where Māori worldviews are centred.

INTRODUCTION

Being a qualitative researcher requires an open mind; one willing to explore new paradigms, methods and approaches to research. Being involved in Indigenous qualitative research requires an even more open mind; one willing to consider how cultural frameworks influence research and how engagement and connection with the research population alter the experience.

There is a game of open-mindedness one needs to play, which means learning new strategies about how to play effectively. This article demonstrates how, despite experience, research understandings can continue to be challenged and new game play employed.

SETTING THE SCENE

In 2007 we (Pere and Barnes) were involved in research undertaken for a national non-Māori mental health organization, as part of a national project to counter stigma and discrimination associated with mental illness. The research was interested in examining the issues of internalized stigma and self-discrimination for people with experience of mental illness. Its aim was to understand more about how internalized stigma affects people with experience of mental illness, and what might be done to reduce its effects on people's lives.

The research followed a study undertaken by the same organization in 2003, involving a survey of over 750 mental health consumers (hereinafter referred to as consumers) and Tāngata Whai Ora from around the country,[1] about their experiences of discrimination (Peterson et al., 2004). One finding of the original study was the identification of the experience of internalised stigma, or what has come to be termed 'self-stigma'. That is, negative thoughts or feelings felt by consumers and Tāngata Whai Ora towards themselves, based on the fact that they have experience of mental illness; or the self-belief in negative stereotypes that are linked to the experience of mental illness that consumers and Tāngata Whai Ora might have. The organization felt this finding warranted further investigation and in 2007 the Internalised Stigma Research Project began.

At the outset a reference group was formed, incorporating expert consumer and non-consumer advice. A proposal was developed and funding obtained. The reference group determined that the most appropriate method for gathering information was through focus groups, and that within consumer and Tāngata Whai Ora networks, different communities should be involved: Māori, Pākehā,[2] Tagata Pasifika,[3] Asian, refugees, and young people. Representatives from

these communities were accordingly identified to conduct 11 focus groups: two with Tāngata Whai Ora; five with Pākehā or 'other' consumers; one with Tagata Pasifika consumers; one with Asian consumers; one with refugees with experience of mental illness; and one with young people with experience of mental illness. Before the data gathering, most facilitators were brought together for basic facilitation preparation, their time acknowledged through kōha.[4]

The research timeframe was relatively short, with the research being expected to take less than a year to complete. Our roles were multiple within the project. As an Indigenous mental health researcher Pere was both a reference group member advising on issues relevant to Māori and a co-facilitator of the two focus groups with Tāngata Whai Ora. As a Pākehā employee of the national non-Māori mental health organization, Barnes was one of the key organizers and researchers for the project.

MĀORI RESEARCH PARADIGM

Bowling (1997: 14) characterizes research as a 'systematic and rigorous process of enquiry'. This process of enquiry is influenced by the way we look at the world, and our perceptions of it. These theoretical perspectives, or paradigms, are important to research because they guide action and provide an interpretative framework (Denzin and Lincoln, 2000), as exemplified in the distinction between Māori and non-Māori worldviews.

Presented with the same picture, Māori and non-Māori perceive images differently. Jackson (1987) suggests this 'Māori perspective' is a necessary consideration of Māori research. He notes that although Māori and Pākehā co-exist within one wider society, they continue to exhibit perceptions and insights that are frequently at variance. It is important for Indigenous researchers to place research within a paradigm that is cognisant of these Māori worldviews and difference. In order to do so, the history and development of Māori research must be understood.

This history, which has often seen Māori communities treated merely as research projects, as 'guinea pigs for academic research' (Stokes, 1985: 3), 'observed, dissected and frozen in sometimes unflattering and unpalatable figures' (Murchie, 1984: Foreword), has determined a cautious approach by Māori researchers. 'Decades – even centuries – of thoughtless, exploitative, mercenary academic objectification' (Te Awekotuku, 1991: 12) of Indigenous communities may have grown a considerable pool of knowledge about Māori, but it has offered very little back in return, and the result has been resistance:

> We, as one ethnic minority, as a divergent entity, will be written about, scrutinised and ultimately objectified by others. For whose long-term gains? (Te Awekotuku, 1984: 247)

Through care and consideration, Indigenous researchers have worked at regaining the trust of Māori towards research. Research that is not in accord with Māori values, ethics and worldviews, that does not advance Māori people and increase Māori knowledge, but instead sees Māori communities again 'actively withdrawing and retrenching', is shunned (Te Awekotuku, 1991: 12). Walsh–Tapiata (2003) explains that as a result of these recent moves to affirm Māori values, ethics and knowledge within social work research practice, more Māori are acknowledging the potential benefits that research and evaluation can play. This is particularly so in relation to the development of Māori social and health services (Walsh–Tapiata, 2003: 56). Ever mindful of this, we took a leading role in ensuring that consultation with Māori throughout the Internalised Stigma Research Project was sound and research processes were robust.

CONSULTATION

Both focus groups with Tāngata Whai Ora involved established networks, aiding ease of rapport between participants. The first was primarily organized by Barnes who knew the relevant network well. Pere was instrumental in organizing the second focus group within an Iwi rohe,[5] as she had strong whakapapa connections.[6] The co-facilitators of both groups were members of their respective Tāngata Whai Ora networks. While the co-facilitator of the first group was nominated to the role by the network, Pere personally sought out the second co-facilitator as someone she had an established relationship with; they held a mutual respect for each other and our respective work in Māori mental health and he was a respected leader within the Tāngata Whai Ora community.

In the initial telephone contact made with this latter person, Pere explained in detail the proposed research, making sure he was fully informed, before asking if he would be prepared to co-facilitate the group with Barnes. Once confirmed we emailed further information about the research including its purpose and his role, which included the recruitment of six to eight other Tāngata Whai Ora as participants in a discussion about their experience of self-stigma. This discussion was expected to last approximately two hours but based on the first focus group, could take longer, and would be followed by kai.[7] The co-facilitator was asked to arrange catering and a venue, both paid for with research funding, and was advised of the relevant budget. He was also advised that participants would receive a small kōha, which was detailed.

The idea behind co-facilitation was explained; while the co-facilitator helped maintain the kōrero,[8] Pere would take notes that aimed to capture the essence of what was said. This plan was checked for appropriateness with the group.

In order to reinforce all this information the co-facilitator was also given a guide written specifically to assist facilitators in their roles, which outlined

both expectations and obligations of the national non–Māori mental health organization; copies of the Participant Information Sheet and Consent Form; and a list of organizations participants could contact should they require support as a result of their participation in the focus group. Pere made herself freely available to the co-facilitator to discuss any issues or questions he might have, and the day before the focus group, we met in person and went through all information for a final time.

Throughout this consultation phase, the co-facilitator was also advised that when the time came to write the report, he would again be consulted with to ensure the correct and intended messages and experiences from participants in this second focus group were fairly represented. We were committed to working with him to determine the best way to include participants in this process. As Pere is an Indigenous researcher and was acting as a kaitiaki for Māori data,[9] she understood the particular importance of how the data was to be collected and used.

Another key tenet of Indigenous research is giving voice to participants' experiences; a stance that is in accord with Milroy's (1996: 61) claim that the overriding rule for those doing research involving Māori is that 'the researcher's responsibility is to the people being studied . . . and this transcends responsibility to sponsors'. Rapp et al. (1993) describe an empowerment paradigm for use in mental health research, relevant to Tāngata Whai Ora. This paradigm resolves the researcher question of who the content and method of the research empowers, whose voice it amplifies, and whose point of view it champions. This approach actively seeks to listen to and hear what Tāngata Whai Ora are saying, by engaging with them in a way that allows the researcher to learn from them, rather than study them (Rapp et al., 1993). Amplifying the voices of Tāngata Whai Ora in this way, emphasizes their perspectives in the research.

There is a strong cultural preference for Māori research to be conducted in such a participatory manner, where the researcher is inextricably and consciously connected and committed to the processes and outcomes of the research (Walsh–Tapiata, 2003: 57–8). This position is based upon the need to recognize the tapu of knowledge.[10] Stokes (1985) referred to this view as the spiritual dimension of Māori research, a dimension that she suggested was alien in most Pākehā research activities. Whereas the European-derived attitude may be that knowledge should be available to all who wish to seek and learn, the Māori concepts of wairua and tapu make distinction between 'private' or 'community' knowledge and 'public' knowledge.[11]

These important differences exemplify the Māori attitude towards knowledge and understanding as essentially holistic. Jackson (1987: 41) aptly describes this attitude in his statement, 'it seeks not merely to describe, but to seek out seeds of understanding'. Knowledge is powerful and is to be treasured and

protected for the benefit of the group and not for the individual. Research simply for the sake of knowing then, is pointless:

> There should be more specific aims and objectives in Māori research that are directed at helping people in their daily lives. (Stokes, 1985: 3)

The gaining and the transmission of new knowledge in a Māori context is in order that the lives of the participants may be enhanced by the actions of the researcher. In other words, the activity itself should have value and relevance to the people studied (Milroy, 1996; L. Pere, 1997).

For Māori then, the purpose of knowledge is to uphold the interests and the mana of the group;[12] it serves the community. Patton (1980: 12) describes this view of research as grounded in the observation that 'research ought to be useful'. For Māori researchers this worth is in seeking pathways for the betterment of their Iwi and for Māori in general:

> It is vital . . . that the knowledge gained from research benefits the community . . . the activity itself should have value and relevance to the people studied. (Te Awekotuku, 1991: 14)

THE PROCESS

Tikanga is loosely defined as applying what is right for a given context (R. Pere, 1991: 34), while being cognisant of Māori values, beliefs, traditions and customs that inculcate and embrace everything. In keeping with tikanga Māori,[13] both Tāngata Whai Ora focus groups of the Internalised Stigma Research Project began with karakia offered by the kaumātua of the group concerned,[14,15] followed by mihi whakatau.[16] This gave all participants the opportunity to identify themselves through both whakapapa and mental health experience, an important undertaking in engaging Tāngata Whai Ora participants.

In the first focus group, as part of this process, Pere introduced herself as a co–facilitator and gave a brief explanation of the kaupapa of the day.[17] Information was provided about the national non–Māori mental health organization for which the research was being undertaken and its role in promoting mental health, and the background to the research was outlined in more detail. Following an explanation of the research's origin and why it was felt to be an important topic of research, the participants were shown the following two definitions of self-stigma, adapted from the research group definitions:

> 'Negative thoughts and feelings that you may feel about yourself as a consumer or Tāngata Whai Ora, based on the fact that you have experience of mental illness'; or 'A self-belief in the negative stereotypes that are linked to your experience of mental illness'.

These definitions were written on large blocks of paper and displayed for easy reference. It was explained that the national non-Māori mental health organization wanted to find out more about self-stigma and how to address it, hence the focus groups, that this focus group was one of two with Tāngata Whai Ora, and that there would be nine others.

The focus group followed a planned and agreed format that began with the group setting ground rules for the day. These rules were written on large blocks of paper and clearly displayed as a reminder of the need to respect each other's contribution to the ensuing discussion. Participants were then given time to reread the Information Sheets and research questions and offered the opportunity to ask any questions. Once the facilitators were satisfied that everyone was well informed, participants were asked to sign Consent Forms to participate. Participants were advised that the kōrero of the day could raise issues for them that they might want to talk to someone else about afterwards, and so were provided with options to follow up, if required. Participants were informed of a kōha that each participant would receive in recognition of their contribution to the focus group, at its conclusion.

Uninitiated, lively discussion then began about the definition of self-stigma, as people began to share aspects of their experiences. Most of the remainder of this kōrero, which centred on seven research questions,[18] was led by the co-facilitator with Pere acting as scribe. Pere prompted participants and sought clarification only when necessary, while the co-facilitator systematically led the group through each question – each of them being displayed prominently on separate large blocks of paper around the room. Participants added written comments, phrases and words they felt were relevant as they came to mind, and these contributions were collected at the end of the focus group as contributing data, alongside the notes taken by Pere.

The discussion generated throughout this focus group was enthusiastic, often emotional, and very honest. Despite being planned as a two-hour kōrero before finishing with kai, in actuality it ran for around twice this length of time. Participants were reluctant to stop for kai once it arrived, so it was agreed instead, that following a brief break, the kai would be placed on the table we were seated around, blessed and shared as we continued on the discussion.

Because the focus group ran over time, one participant had to leave before the group formally ended. This participant requested that he email in the rest of his thoughts, and accordingly did so the following week.

The progression of the second focus group was very different. It began with a formal welcome by the kaumātua in which Pere was asked only to introduce herself through mihi whakatau before the group broke to share a cup of tea and biscuits. Once we resumed, the explanation of the format for the rest of the morning was provided by the co-facilitator before Pere provided the same background information that had been delivered to the first focus group:

information about the national non–Māori mental health organization for which the research was being undertaken and its role in promoting mental health, and the origins of the research and why it was felt to be important.

Discussion about the concept of self-stigma – whether it in fact existed – followed. The co-facilitator suggested the implication of research, which asked people with experience of mental illness about their experience of internalized stigma, was that the two went hand-in-hand; if you experienced mental illness, you experienced self-stigma. He vehemently disputed this, and suggested that the concept of self-stigma might not, therefore, actually exist.

Based on this premise, he deemed the research questions inappropriate because, as they stood, they all implied participants would have experienced self-stigma. He then challenged other factors associated with the research process, including whether participants should remain anonymous in their contribution, and the cultural appropriateness of the written material he had been provided with to aid him in his facilitation.

The list of expectations outlined in the guide written specifically to assist facilitators in their roles was perceived by him as offensive because of its ignorance of tikanga Māori, which does not, for example, require the setting of ground rules at the beginning of any discussion. Respect is implicit through pōwhiri and mihimihi processes,[19] which are governed by tapu and noa rather than stated rules.[20] There was also no mention under this list of expectations of karakia, mihi whakatau or any other processes Māori expect in a gathering of this sort.

Milroy (1996: 62) contends that a feature of Māori research is that it is 'based on culturally acknowledged practices, so that knowledge of and sensitivity to cultural values is shown'. Although the Internalised Stigma Research Project was not strictly deemed 'Māori research', as in it was not primarily focused on the experiences of Māori, it did involve research with Māori and, accordingly, should have respected Māori processes.

There was a suggestion of no notes being written and that the focus group kōrero instead of just being listened to. The reason given was that, according to tikanga Māori, that which is not retained through memory is not really yours to know. This understanding of tikanga is linked to the tapu of knowledge. Historically, because of the strong oral tradition in Māori society, Māori have not necessarily passed on knowledge and information universally. Some knowledge and expertise belongs only to certain people. Knowledge is passed on personally and the specific social contexts of transmission are critical:

> In the Māori way, knowledge is a taonga.[21] The person who has the knowledge is a storehouse for the people. To pass it out as they need it, to pass it on to future generations. (Awatere, 1984: 94)

Whilst Pere acknowledged this whakaaro,[22] she requested, and was granted, permission from the participants to take notes during the discussion, because of her inability to retain information in this fashion without written notes.

In aiming to maintain as much adherence to tikanga Māori as possible, however, instead of distributing Information Sheets to participants in this second focus group and asking them to sign Consent Forms, consent was implied through participation in mihi whakatau and through processes associated with tapu and noa. This inherent process was directed by the co-facilitator who held mana whenua status within this rohe.[23]

Despite the concerns raised, it was decided among the participants that the focus group would proceed. The co-facilitator began, therefore, by asking each participant their thoughts on self-stigma and whether they felt they had experienced it. It became apparent, at some point during the kōrero, that irrespective of the co-facilitator's reluctance to use the research definitions of self-stigma provided by the national non–Māori mental health organization (because of his view that they used inappropriate terminology), the definitions needed to be visually displayed for clarification. They were, therefore, put up in front of the group (written on large blocks of paper) for participants to read, and the terminology 'negative stereotypes' used in the second of the definitions of internalized stigma, which was not understood by all participants, was discussed and explained.

Following a refreshing, sometimes challenging, but definitely inclusive, kōrero, the focus group ended with gratitude being expressed both by and to the participants and the facilitators for their respective input, and was closed by the kaumātua with karakia. Kai followed.

NEW LEARNINGS OR OLD UNDERSTANDINGS

A number of issues – both ethical and cultural – surfaced as a result of this research. How was it that, despite what appeared to be very rigorous efforts to consult and fully inform, the co-facilitator of the second focus group entered it with serious concerns about the very foundation the research was built upon? Why did he not address his concerns before the focus group? Were his concerns valid? In addressing these issues new learnings emerged from what are essentially old understandings.

One suggestion for the situation that arose in the second focus group is that Pere's gender might have influenced the interaction between herself and the male co-facilitator. As a female researcher, Pere is influenced by her experience as a woman and brings this perspective with her in her approach to any research. However, in this situation Pere's positioning as a *Māori researcher* was privileged over her position as a female researcher. This position counters any

perceived gender differential; of more significance is the affirmation of local mana and rangatiratanga in determining the research process.

A major consideration in research is information sharing. It is not only vital that this be given high priority in any research involving Māori, but the process used should conform with Māori expectations. A Māori approach to research is sanctioned through face-to-face consultation, or what is referred to as 'kanohi ki te kanohi'. Milroy (1996) implies one reason for this may be that it is much easier to assess the credentials of a researcher in person. Irwin (1994: 35) refers to being tested in her Māoriness as part of this 'ritual of first encounter' process, when undertaking fieldwork for her doctoral studies. She knew she was expected to 'operate with cultural authenticity and integrity'.

Despite holding these principles dear, we failed to clearly translate them into practice when consulting with the co-facilitator of the second focus group. Due to budget constraints, he was not included in the basic facilitation preparation other co-facilitators were offered, so no face-to-face consultation occurred with him until the day before the focus group discussion. All other consultation had been through telephone or email communication. We were also remiss in not checking the suitability of the Information Sheet for Māori, which resulted in offensive disregard of Māori expectation in favour of western research norms.

Gilgen (1991: 51) refers to the paramount importance of researchers 'building a working relationship' with informants; this relationship being equally as relevant with the co-facilitator in this case. The basis of this relationship is trust (L. Pere, 2006) but within a Māori paradigm, this trust is centred in tikanga.

Whose Autonomy?

The co-facilitator of the second focus group's reasoning for not formally setting ground rules in the same manner the first focus group had, and for not requesting written consent to participate from those present, exemplified the importance of tikanga and its absolute place within Māori research.

Informed consent respects the autonomy of the subjects and protects them (Wilkinson, 2001) and is, therefore, fundamental to research. It requires that participants be informed of who is conducting the research, why the research is being undertaken, and what the results will be used for. Through the Participant Information Sheet and Consent Form, participants in this research were informed of the confidentiality of the research, how much of their time it would generally take, and their role in it. They were advised that any information provided must be voluntarily given, that it was optional to participate, and if they did choose to participate, they were able to withdraw at any stage without any notion of penalty.

It was intended that through the act of signing Consent Forms, participants could be unequivocally seen to be consenting to their participation in the

research, thereby also ensuring their protection as research participants. Consideration had not been given, however, to the alternative, but equally valid, understanding of consent gained through tikanga Māori. Mihi whakatau ensures respect amongst the group for one another's views and rights to speak un-interrupted. In a context centered on Māori worldviews tapu and noa govern such processes.

The manner in which the second focus group ran was entirely in keeping with the kawa of that rohe,[24] and the tino rangatiratanga of the mana whenua sanctioned their right to run it accordingly.[25] Mihimihi and whakawhanaun-gatanga processes,[26] therefore, differed from those of the first group. Sharples (2001) believes Māori research must acknowledge tino rangatiratanga. To not do so by predetermining the format and processes of focus groups, for example, is to takahia on the mana of local people.[27]

Whose Anonymity?

The rangatiratanga of mana whenua in the second focus group also determined participants' decisions to waive anonymity. Both the Participant Information Sheet and Consent Form advised that no material that could personally identify participants would be used in any reports on this study, and the Consent Form also noted that participation in this study was confidential. However, several participants indicated that they did not want their participation to be anony-mous, insisting instead that they be named if quoted or referred to in any reports. Confidentiality, although another cornerstone of research, was regarded as culturally inappropriate – not in principle – but due to the presumptive nature of its imposition, which discounted local mana.

Intrinsic to confidentiality is the ethical issue of ownership, not only of the data but also of the knowledge pertaining to the research. Intellectual and cultural property rights of Indigenous people have important implications for research with Māori (First International Conference of the Cultural & Intel-lectual Property Rights of Indigenous Peoples, 1993); ownership of research material and its use at the end of the task and in the future is considered to be with Māori. Participants in the second focus group, therefore, considered that by not attributing the tapu knowledge they imparted through kōrero directly to them, their experiences were not recognised as belonging to them.

A paradox arose from this research around the oppositional notions surrounding confidentiality and the concept of self-stigma. While confiden-tiality is concerned with participant safety and the intent to 'do no harm', self-stigma is predicated on western belief systems of secrecy and shame. The irony of imposing confidentiality is that it may enhance internalized stigma because it implies a sense of concealment.

QUESTIONING OF PROCESS

Following the conclusion of the focus group discussions, questions began surfacing about the well-being of participants in the second focus group and a number of ethical dilemmas emerged. Ethics are fundamental to the entire research process and should be considered before any research commences (Te Awekotuku, 1991). Denzin and Lincoln (2000), in fact, consider ethics the most important component of a paradigm.

Qualitative Māori research practice is guided by a variety of publications and policies developed to assist researchers manage the ethical issues raised in research with Māori (Health Research Council of New Zealand/Te Kaunihera Rangahau Hauora o Aotearoa, 1997, 1998; Te Pūmanawa Hauora, 1999). The efforts and experiences of others (Te Awekotuku, 1991), including those Māori researchers who have gone before, are important to us. We have been cautious, therefore, not to allow these guidelines to be empty rhetoric. Yet, there was a failure to adhere to these guiding principles with this research, perhaps brought about by familiarity and complacency, causing a lapse in attentiveness. This carelessness was exaggerated by other challenges that presented; the co-facilitator of the second focus group was highly agitated before its commencement and had rung the national non-Māori mental health organization in this state, intent on addressing his concerns. His manner had caused enough alarm to warrant a retrospective examination of events by the organization.

Two main issues were raised: Were the participants safe? Was the information recorded useable without signed Consent Forms?

Unsafe for Whom?

Because of the field of enquiry and the focus on Tāngata Whai Ora participation, deliberate caution was exercised to ensure no harm was done to the research participants. Tāngata Whai Ora may be deemed to be 'vulnerable subjects', that is those 'whose disability makes it impossible for them to weigh the risks and benefits of participation and make an informed decision' (Polit and Hungler, 1995: 128). Their protection from any harm incurring from coercion and manipulation was, therefore, paramount.

From an outsider's perspective, the seriousness of the issues raised as a result of this research may have appeared greater. From our perspective, however, the challenges presented by the co-facilitator of the second focus group were demonstrative of the concept of tangata mauri,[28] which R. Pere (1982) implies is implicit within group consultation with Māori. Although referring specifically to the consultation process associated with policy making, the theory is the same for research; decision-makers or researchers may be heavily criticized or challenged by the group through cross-examination, probing questions and challenging comments. This is all viewed as natural and a vital part of the process

of careful analysis, so that each member may come to know what is expected of him or her. It does *not* mean the research is fraught.

From our perspective then, the safety of participants in this research was never an issue. The research was about the experiences of people with mental illness and acknowledgement needed to be made of the fact that well-being does fluctuate. The recovery process for Tāngata Whai Ora is not linear, 'It can be extremely erratic and uneven' (L. Pere, 2006: 269). In our opinion the co-facilitator of the second focus group was having a bad day when the discussion was undertaken, not in the least attributable to the fact he had had very little sleep the night before. At the outset he was offered the opportunity to reschedule the focus group for another day when he was feeling better, but he declined this offer. We respected his decision to proceed both because we trusted his self-assessment of his level of wellness and his ability to manage the tasks at hand, and because of his standing within the Tāngata Whai Ora community. The high regard we had for him was also afforded him by the group and this respect and trust contributed to our assurance of participants' safety. The basis of our certainty that the group was safe for all concerned, however, was founded in the fact it clearly ran according to tikanga in the presence of a local kaumātua.

Valid for Whom?

Questions were raised about the ability to use participants' information from the second focus group when participants had not signed consent forms. This questioning may be legitimate within a western paradigm, but it disregarded a Māori worldview of consent gained through tikanga Māori.

There are several implications of invalidating participant data, not in the least being the contravening of trust established between the researcher and participants. For Māori, this imperative relationship is weighted by the tarnished history between them and researchers. Wariness is amplified when participants are Tāngata Whai Ora, one of the most marginalised groups within society. The need for assurance of care with their information is critically important.

Not surprisingly then, we fervently opposed the initial suggestion by management of the national non-Māori mental health organization that participant data from the second focus group be discounted. The research team had a responsibility to these participants to ensure their shared stories were heard in a way that respected their views and their dignity. Any disregard of their information by organizational management shunned this.

Irrespective of the disrespect this proposed action would show participants and the way it would reflect on the integrity of the national non-Māori mental health organization, it would also reflect poorly on Māori researchers, making it harder for future researchers coming into this rohe.

Beyond the concept of 'kanohi ki te kanohi' is an approach referred to as 'he kanohi kitea' or 'a face seen'. The concept of he kanohi kitea symbolizes

the notion that a face seen is appreciated (Dewes, 1975). It embodies the preference Māori have for working with people they know or have been introduced to by someone they know and regard highly (Irwin, 1994), but within a research setting, it also allows participants to have faith in the integrity of the researcher (McNeill, 1988):

> It is assumed that the Māori researcher . . . will have established contact and credibility by participation in community affairs and becoming known – he kanohi kitea, a face that is seen. So much better if the researcher already has some connection with the group or community under study. (Stokes, 1985: 11)

As a research team that included an Indigenous researcher, our accountability to participants superseded other responsibilities, in this case, those held as co-facilitator of the focus group. Milroy (1996: 62) suggests this approach to Māori research is emphasized because of the significance of the personal relationship between researcher and participant, 'this relates to the importance Māori place on the researcher being accountable to the people affected by the research'. This unspoken expectation of Māori researchers by Māori participants is influenced by the understanding that 'ultimately the researcher will have a whakapapa-based accountability that will have wider implications beyond the narrow confines of a 'project'' (L. Pere, 2006: 40). Milroy (1996: 62) also suggests that it is much easier to exact this accountability from those close to one in the community:

> It is also much more difficult for the interviewer to treat the interviewee as an object if the interviewee is someone one knows. Another important feature is that active involvement in the community affected by the research is considered essential. Māori people like to see proof that the good intentions of the researcher are being carried out. Gone are the days when Māori were trusting of researchers.

Our work in Māori mental health afforded us added accountability. Gilgen (1991) intimates a demonstrated continued commitment to the kaupapa is an important consideration when researching with Māori. Accordingly, we had already committed to meet with participants again to check they were happy with the interpretation of their kōrero reflected in Pere's notes and to give them one last opportunity to add to this. Returning in person not only ensures accountability to the participants, but meets key Māori ethical positions regarding manaakitanga and he kanohi kitea.[29] As one of the key researchers from the non-Māori mental health organization, Barnes was instructed to accompany Pere on this return visit, which he did. Organizational management considered this beneficial from a reflective perspective, as it demonstrated responsibility towards the well-being and safety of all concerned. Despite advice to the contrary, however, management resolved to use this opportunity

to distribute the Information Sheets, to collect demographic information that it had not been appropriate to gather at the time of the focus group discussion, and to gain retrospective written consent. If the participants still did not want to consent in writing, they were to be given the opportunity to give verbal consent using a digital recorder. From the organization's perspective, this plan enabled the research process to proceed with integrity and honesty. From our perspective, however, this compromise continued to disregard Māori world-views. This belief was reinforced by the requirement for us to verify in writing that participants had received their kōha given in recognition of their involve-ment in the research. The management of the national non-Māori mental health organization had an expectation that participants would individually acknowl-edge this through signed receipt of their kōha; an action in complete discord of Māori values, ethics and worldviews and, therefore, not adopted.

CONCLUSION

The difference in processes adopted in the two Tāngata Whai Ora focus groups, both undertaken by and with Māori, was profound. The second focus group challenged long-held understandings of culturally safe and responsible quali-tative research, highlighting the importance of adhering to tikanga when conducting research with Māori. This approach is a cornerstone of kaupapa Māori research, some of the criteria of which have been defined as: being connected to Māori philosophy and principles, taking for granted the validity and legitimacy of Māori (Hohepa and Smith, 1992), and being totally in line with the aspirations of Māori (Sharples, 2001) in a context where Māori world-views are centred (Pihama, 2001). It is imperative that research with Māori is undertaken in this manner.

Cultural frameworks influence research. Indigenous understandings centre research undertaken with Māori, within a paradigm that recognizes different worldviews, values and ethics from non-Indigenous peoples. The Internalised Stigma Research Project exemplified these differences in several ways. It also highlighted other important factors.

The need to justify tikanga Māori approaches to research is unwarranted. From a Pākehā perspective, the usual ground rules may not be followed in informing participants through written material and in gaining consent. However, it is important to acknowledge that research with Māori needs to be undertaken using Māori principles. Jackson (1996) argues against having to justify Māori research methodology when the Treaty of Waitangi reaffirmed the right of Māori to develop processes of research that are appropriate for Māori people.

The implications arising from this understanding provide challenges for qualitative social work research. When conducting research with Māori about

issues of importance to Māori, consideration must be given to the relevance and appropriateness of chosen methods. There are instances when the adoption of a Western paradigm is appropriate within Māori research, as evidenced through the decision made in the second focus group to take notes during the discussion instead of just listening to kōrero. Determining when to favour one worldview over another requires a level of discernment gained through experience, enhanced by research training. A balance must be struck between research aims and objectives, and the cultural safety of participants. This means researchers must carefully negotiate whose voice is amplified and whose reality is represented (Rapp et al., 1993). Indigenous research ethics dictate that research knowledge must benefit the community concerned, and this takes priority over organizational research demands.

Despite appreciating the importance of undertaking research with Māori in a way that takes for granted the validity and legitimacy of Māori, Māori researchers themselves also sometimes get it wrong.

In this game of open-mindedness, there will always be new strategies to learn. To discount them, to continue to play the same hand, would be foolhardy.

Acknowledgement

Notes
1 The term 'Tāngata Whai Ora' is used to refer to Māori with experience of mental illness.
2 The term 'Pākehā' is a Māori term used to refer to people without Māori genealogy, who are of European decent and who call Aotearoa/New Zealand home (personal communication, Barnes, 2009).
3 The term 'Tagata Pasifika' is a Samoan term used to refer to people of the Pacific region (personal communication, Faasalele, 2009).
4 The term 'kōha' is used to mean a donation or gift.
5 The term 'rohe' is used to mean 'area'. When referring specifically to tribal areas the term 'Iwi rohe' is used.
6 The term 'whakapapa' is used to mean ancestry or geneology.
7 The term 'kai' is used to mean food.
8 The term 'kōrero' is used to refer to a discussion or dialogue.
9 The term 'kaitiaki' is used to mean a caretaker or custodian.
10 The term 'tapu' is used to mean sacred or sacredness, or to refer to something that is forbidden, restricted or confidential.
11 The term 'wairua' is used to mean spirit and refers to the concepts of spirituality.
12 The term 'mana' is used to mean integrity or prestige.
13 The term 'tikanga' is used to mean custom or customs. When referring specifically to Māori customs or Māori ways, the term 'tikanga Māori' is used.

14 The term 'karakia' is used to refer to prayer or religious or spiritual incantations.

15 The term 'kaumātua' is used to refer to a respected elder or elders.

16 The terms 'mihi whakatau' and 'mihimihi' are used to refer to Māori processes of introduction. Mihi whakatau are formal processes that incorporate traditional identifications of whakapapa.

17 The term 'kaupapa' is used to refer to a strategy, theme or philosophy.

18 The research questions were: What does self-stigma mean to you? What are some examples of self-stigma? How has self-stigma affected your life? When did you first experience self-stigma? Where do you think self-stigma comes from? What makes self-stigma worse? When you feel self-stigma, what helps you deal with it and what advice would you give to others experiencing it?

19 The term 'pōwhiri' is used to refer to a formal welcoming process.

20 The term 'noa' is used to refer to something that is free from tapu; that is, something that is not forbidden, restricted, confidential or sacred.

21 The term 'taonga' is used to refer to something that is precious or a treasure.

22 The term 'whakaaro' is used to mean thinking, or to refer to thoughts.

23 The term 'mana whenua' is used to refer to the local people of an area who hold priority tribal rights and responsibilities associated with their Iwi or hapū status.

24 The term 'kawa' is used to refer to protocol.

25 The terms 'tino rangatiratanga' and 'rangatiratanga' are used to refer to absolute authority or chieftainship; in this context, of the local Māori.

26 The term 'whakawhanaungatanga' is used to refer to a concept akin to building relationships.

27 The term 'takahia' is used to mean trample. In this context it refers to trampling on the mana of the local people.

28 The term 'tangata mauri' is used to refer to the mauri of a person or people, and in this context relates to the personal essence of those representing any research; the term 'mauri' referring to the life principle, life essence, life force, vitality or special character present in all animate and inanimate things.

29 The term 'manaakitanga' refers to the according of total support, hospitality, goodwill, respect, and dignity to others.

References

Awatere, Donna (1984) *Māori Sovereignty*. Auckland: Broadsheet.

Bowling, Ann (1997) *Research Methods in Health: Investigating Health and Health Services*. Buckingham: Open University Press.

Denzin, Norman K. and Lincoln, Yvonna S. (2000) *Handbook of Qualitative Research*, 2nd edn. Thousand Oaks, CA: Sage.

Dewes, Te Kapunga (1975) 'The Case for Oral Arts', in Michael King (ed.) *Te Ao Hurihuri: The World Moves On*, pp. 46–63. Wellington: Hicks Smith and Sons.

First International Conference of the Cultural & Intellectual Property Rights of Indigenous Peoples (1993) *The Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples*. Whakatane: Sub-commission of Prevention of Discrimination and Protection of Minorities Working Group on Indigenous Populations, Commission on Human Rights.

Gilgen, Maynard (1991) 'Te Roopu o te Whānau Rangimarie o Taamaki Makaurau: A Māori Model for Non-violence', unpublished MA thesis, The University of Auckland.

Health Research Council of New Zealand/Te Kaunihera Rangahau Hauora o Aotearoa (1997) *Guidelines on Ethics in Health Research*. Auckland: Health Research Council of New Zealand.

Health Research Council of New Zealand/Te Kaunihera Rangahau Hauora o Aotearoa (1998) *Guidelines for Researchers on Health Research Involving Māori*. Auckland: Health Research Council of New Zealand.

Hohepa, Margie Kahukura and Smith, Graham Hingangaroa (eds) (1992) *The Issue of Research and Māori*. Auckland: Research Unit for Māori Education, The University of Auckland, Aotearoa/New Zealand.

Irwin, Kath (1994) 'Māori Research Methods and Processes: An Exploration', Sites, 28(Autumn): 25–43.

Jackson, Moana (1987) *The Māori and the Criminal Justice System: A New Perspective/He Whaipaanga Hou*, Study Series 18. Wellington: Policy and Research Division, Department of Justice.

Jackson, Moana (1996) 'Māori Health Research and Te Tiriti o Waitangi', in *Hui Whakapiripiri: A Hui to Discuss Strategic Directions for Māori Health Research*, pp. 8–11. Wellington: Te Pumanawa Hauora Ki Te Whanganui-A-Tara.

McNeill, Hinematau (1988) 'Attitudes to Family Violence: Māori Study', in *Attitudes to Family Violence: A Study across Cultures*. Wellington: Family Violence Prevention Co-ordinating Committee, Department of Social Welfare.

Milroy, Stephanie (1996) 'Māori Women and Domestic Violence: The Methodology of Research and the Māori Perspective', *Waikato Law Review* 4(1): 58–76.

Murchie, Elizabeth (1984) *Rapuora: Health and Māori Women*. Wellington: The Māori Women's Welfare League/Te Rōpū Wāhine Māori Toko i te Ora.

Patton, Michael Quinn (1980) *Qualitative Evaluation and Research Methods*. London: Sage.

Pere, Lynne Mereana (1997) 'Kawa Whakaruruhau: Cultural Safety Education and its Effect on the Nursing Practice of Recently Graduated Registered Comprehensive Nursing', unpublished MA thesis, Victoria University of Wellington, Aotearoa/New Zealand.

Pere, Lynne Mereana (2006) 'Oho Mauri: Cultural Identity, Wellbeing, and Tāngata Whai Ora/Motuhake', unpublished PhD thesis, Massey University, Wellington, Aotearoa/New Zealand.

Pere, Rangimarie (Rose) (1982) *Ako: Concepts and learning in the Maori Tradition*. Hamilton: Department of Sociology, University of Waikato.

Pere, Rangimarie (Rose) Turuki (1991) *Te Wheke: A Celebration of Infinite Wisdom*. Gisborne: Ao Ako Global Learning New Zealand.

Peterson, Debbie, Pere, Lynne, Sheehan, Nancy and Surgenor, Gael (2004) *Respect Costs Nothing: A Survey of Discrimination Faced by People with Experience of Mental Illness in Aotearoa New Zealand*. Wellington: Mental Health Foundation.

Pihama, Leonie E. (2001, September) Personal notes from presentation at the Hui Whakapiripiri, Tame te Kapua Marae, Rotorua, Aotearoa/New Zealand.

Polit, Denise F. and Hungler, Bernadette P. (1995) *Nursing Research: Principles and Methods*. Pennsylvania, PA: J.B. Lippincott.

Rapp, Charles A., Shera, Wes and Kisthardt, Walter (1993) 'Research Strategies for Consumer Empowerment of People with Severe Mental Illness', *Social Work* 38(6): 727–35.

Sharples, Pita Russell (2001, September) Personal notes from presentation at the Hui Whakapiripiri, Tame te Kapua Marae, Rotorua, Aotearoa/New Zealand.

Stokes, Evelyn (1985) 'Māori Research and Development', discussion paper prepared for the Social Sciences Committee of the National Research Advisory Council.

Te Awekotuku, Ngahuia (1984) 'Conclusions', in Paul Spoonley, Cluny Macpherson, and David Pearson (eds) *Tauiwi: Racism and Ethnicity in New Zealand*, pp. 244–8. Palmerston North: Dunmore Press.

Te Awekotuku, Ngahuia (1991) 'He Tikanga Whakaaro: Research Ethics in the Māori Community', Discussion Paper. Wellington: Ministry of Māori Affairs/Manatū Māori.

Te Pūmanawa Hauora (1999) *Proceedings: Te Oru Rangahau – Māori Research and Development Conference*, 2nd edn. Palmerston North: Te Pūtahi-ā-Toi/School of Māori Studies, Massey University.

Walsh-Tapiata, Wheturangi (2003) 'A Model for Māori Research: Te Whakaeke i te Ao Rangahau o te Māori', in Robyn Munford and Jackie Sanders (eds) *Making a Difference in Families: Research that Creates Change*, pp. 55–73. Crows Nest: Allen and Unwin.

Wilkinson, Martin (2001) 'Research, Informed Consent, and the Limits of Disclosure', *Bioethics* 15(4): 341–63.

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