Chapter 9
Approaches to Post-colonial Research

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9.1 Introduction

In 1883, Polish writer and founding European sociologist Ludwig Gumplowicz introduced the concept of ethnocentrism to describe the tendency to use one's own standards, values, and beliefs to make judgments about others whose standards, values, and beliefs are assumed to be inferior, morally incorrect, or simply wrong. He noted that social scientists are not immune to this colonial tendency, and commented: "So far most writing of history is dominated by limited ethnocentric viewpoints… One can comfortably say that the largest part of historical writing so far actually has only sprung from this subjective need of human beings to glorify their own and nearest and at the same time humiliate and sully what is foreign and distant" (Gumplowicz, 1883, cited by Bizumic, 2014, pp. 252–253). According to Bizumic, who analyzed translations of Gumplowicz's work, Gumplowicz criticized his contemporaries for these biases and argued that social scientists need to transcend them in order to develop better and more objective social science.

Gumplowicz gave many examples of ethnocentrism, including the ancient Greeks' belief that all other groups are barbarian, Aristotle's claim that positive qualities are perfectly balanced only in Greeks, Hegel's argument that Germans represent the objective spirit and are therefore godlike, and the belief of the French that they are more civilized than other groups (Bizumic, 2014).

Interestingly, Bizumic notes that in most modern day discussions of ethnocentrism Sumner (1906) is credited with coining the term. Ironically, ethnocentrism itself may be the reason for this error; there may be a tendency among English-speaking social scientists, even those who have extensively studied ethnocentrism and can read German (Sumner included), to ignore the work of authors such as

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Gumplowicz (who published mostly in German), because almost all of his publications were written in languages other than English! This ethnocentrism may have had both pragmatic and attitudinal components, or may be simply due to authors reporting what they have previously read in English.

In the modern world, ethnocentrism is evident in all types of cultural, social, and even personal evaluations when we devalue the customs, ideas, behaviours, values, and beliefs of others because they are different from our own. One particular variant of ethnocentrism which Pfifferling (1980) called a "professional offspring" of ethnocentrism is medicocentrism. Pfifferling, a medical anthropologist, used this term to describe how the tenets of Western science and medicine are considered—in a colonial way—to be natural and universally applicable truths. There are two problems with medicocentrism. First, sometimes some medical truths have been found to have been false as science has advanced. For example, for many years in the Western world, stress and lifestyle were considered to be the major causes of stomach and intestinal ulcer, and sufferers were counselled to adapt their work and personal lives accordingly. However, in 2005 two Australian scientists, Robin Warren and Barry Marshall, were awarded the Nobel Prize for medicine for their discovery that a bacterial infection (*Helicobacter pylori*) plays a key role in the development of both stomach and intestinal ulcers which can now be cured with a short-term course of antibiotics. One truth was thereby replaced by another, but from within the same positivist scientific paradigm. The second problem with medicocentrism is that the understanding of the physical body and its problems is culture bound. An example of this is a research/intervention programme aiming to reduce the prevalence of malaria in Tanzania through the introduction of insecticide-treated mosquito nets, described by Winch (1999). Progress required two different logics about disease to be navigated. On the one hand was the Western knowledge of malaria as a disease entity with symptoms, transmission paths, prevention possibilities, and treatment approaches. On the other hand was a different local understanding of fevers and their origins, as well as treatment responses by traditional healers. A major challenge highlighted by Winch was overcoming the project team members' view that the local ways of labelling, diagnosing, and treating illness were wrong, and for the team members to appreciate that the local knowledge had its own internal logic. Fortunately, this process was managed by a team of medical anthropologists in a sensitive manner, but nevertheless, at its heart was the imposition of one set of truths, established by Western science, over another based on traditional cultural understandings.

Does another "professional offspring" of ethnocentrism which I will call "ethnocentric psychology" exist? As a psychologist, who has conducted research across cultures within Australia and in various international contexts, I have had to ask this question of myself and my research. If it does exist, how can we come to terms with it and ameliorate it? This is an important issue because the essence of ethnocentrism, including any of its professional offspring, is that it has the potential to disenfranchise and disempower others in our increasingly globalized, Euro-American dominated world, as will be elaborated below.

9.2 Ethnocentric Psychology

The ultimate goal of psychological research is to identify and understand psychological phenomena in human behaviour and the way humans behave together. One question that constantly arises in psychological research is “how far can we generalise about what we find in our studies?” A consistent limitation identified in most reported studies is the uncertainty in generalizing findings beyond, for example the school in which data were collected, or the socioeconomic group or gender of those who participated in the study. These issues become further complicated when research is conducted across cultures, where the question becomes “can we generalise findings from these cultural contexts to other or all cultural contexts?”

Indeed, questions as to whether or not various psychological phenomena are universally have prompted much debate. Some theorists have suggested they are, and that, for example similar personality traits or psychopathology can be observed in all population groups. This *etic* endeavour attempts to take an objective, outsider perspective to find universal patterns across cultures and establish absolute truths in regards to human behaviour and its manifestations. Researchers with this orientation thus seek to build knowledge paradigms that generalize across cultures (Goodenough, 1970; Harris, 1976), and any cultural variation is seen to be insubstantial. Given that most of this research is derived from Euro-American contexts and is reliant on theories, constructs, methods, and measures assumed to be appropriate and applicable everywhere (Hartmann, Kim, Kim, Nguyen, Wendt, Nagata & Gone 2013), this can be described as a “colonial” approach to generate knowledge about people. Researchers, like others, are prone to being encapsulated by their own culture as well as the particular paradigms that have guided their training. They are, therefore, at risk of ethnocentric research and reasoning.

Etic approaches were used early on in psychological research to investigate variables among dominant Western populations, and then investigate the degree to which the same variables could be observed in another location or racial/ethnic group. The fact that in one location there was more or less of these variables than in another was of interest in itself. Two examples of this approach exemplify this. One was the investigation of the intelligence of white and black people in the USA (Jensen, 1969, 1998). Having identified differences in scores on Western tests, conclusions were drawn about the genetic superiority of whites over blacks. The explanatory model was thus embedded in dominant Western biological science. In the case of the race and intelligence debate, Jensen’s findings rapidly influenced policy discussions, and, even though the arguments made were proved wrong, this influence was lasting (Konner, 2002). Rather than simply providing data on how groups are different and attributing this difference to genetics, it would be less colonial to seek insight into how sociocultural factors determine the interests, opportunities, and functioning of the group that has been identified as being “deficient” (Sullivan & Cottone, 2010).

In Australia, psychological research with indigenous Australians has an ethnocentric history. The early work conducted by researchers drawn almost exclusively from the dominant White population on indigenous people could also be characterized as "deficit colonial psychology". It was concerned with problems that were presumed to be associated with indigenous people and conducted within the Western frameworks that provided explanations for these problems. For example, according to Davidson, Sanson and Gridley (2000), genetics and cultural inferiority were used to explain educational and employment difficulties experienced by indigenous people, and motivational theories were used to explain educational underperformance. Even when research was more culturally sensitive (e.g. assessing performance on familiar tasks rather than Western tests) the findings were couched in terms of genetics and cultural problems, with the solution to the "problem" being a radical cultural reconditioning (Davidson, Sanson and Gridley, 2000).

Another particularly contentious area in cross-cultural research focuses on psychopathology. In this research, theorists have aimed to develop etic theories of psychopathology that can be applied across social and cultural contexts (Gone & Kirmayer, 2010). The quest has often been to determine the degree to which various disorders that are described in the Western nosological systems such as the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM 5, American Psychiatric Association, 2013) or the International Classification of Diseases (ICD 10, World Health Organization, 2010) are evident in Eastern or developing and third world countries. Imposing these systems across populations risks what Kleinman (1987) termed the *category fallacy*, or the erroneous assumption that a diagnostic construct developed in one cultural context is meaningful in a different cultural context simply because the symptoms that constitute it can be identified in both settings.

Despite these warnings, various large cross-cultural epidemiological studies of psychological disorders that have been conducted may be of little use largely because they come from a colonial, etic perspective. These studies are international and intranational. One of these is the World Mental Health Organization World Mental Health Survey Initiative (WHO-WMH), which spans 28 sites in 27 nations in Europe, North and South America, Asia, Africa, and New Zealand and is expanding. In each site, community-dwelling participants are administered the Composite International Diagnostic Instrument (CIDI, World Health Organization, 1990) which is translated according to cross-cultural research protocols and adapted to make it meaningful for the particular context. Prevalence rates of various disorders in the countries in which the survey is conducted are then ascertained (see The WHO World Mental Health Survey Consortium, 2004). They vary wildly across countries but the USA seems to have the world's worst mental health. Is this useful? Rosenman (2012) likened this survey to the missionary movements of the last two centuries: "like the missionaries, the organisers are committed, selfless people of extraordinary goodwill who have come to poor countries from cultures at the apogee of their wealth, prestige and intellectual power. They bring an evolved and highly developed system of thought. They set about delivering the fruits of that to the people" (p. 17). Gone and Kirmayer (2010) liken this "project of global scientific psychiatry" to the lingering legacy of the European empire. The endeavour is fraught because disorders may manifest differently, be experienced differently, and understood differently in different culture contexts (Bass, Eaton, Abramowitz & Sartorius, 2012). In addition, as Rosenman notes, instruments such as the CIDI do not record any disorder or phenomena that it does not ask about so therefore cannot find anything other than the diagnoses it is constructed to find. That is, it does not ask about states that are outside the experience or knowledge of the people who designed it.

A particular DSM disorder that has been critiqued in terms of its cross-cultural/contextual application is posttraumatic stress disorder (PSTD). Summerfield (1999) noted with great concern the rise of the idea that whole populations in post-war contexts suffer trauma symptomatology and need interventions derived from Western understandings to manage their re-adjustment behavioural patterns. He noted that most humanitarian responses to such situations, even those funded by the United Nations Children's Fund and the World Health Organization, address posttraumatic stress as a technical problem that can be treated through counselling. Such an approach sees the survivors' reframing of their suffering defined by Western experts at the cost of local meaning systems. In other words, the Western knowledge system is privileged over local traditions and understandings, undermining "the collective capacity of survivor populations to mourn, endure and rebuild" (1999, p. 1449). While agreeing with much of Summerfield's argument, de Jong (2001) suggests that humanitarian efforts do need to address traumatic responses to war, including shattered emotional worlds, broken trust, and the eroded belief in the benevolence of human beings, but the field needs to understand more about such responses and manage the influence of "foreign" conceptualizations rather than avoid it.

Smaller scale intranational intercultural studies that have compared the prevalence of mental health problems among majority and indigenous cultural groups have proceeded in a similar fashion to cross-national studies. For example, in Chile, Vicente, Kohn, Rioseco, Saldivia and Torres (2005) also used the CIDI to assess the metal health of indigenous Mapuche people and other Chileans to establish the prevalence rates of various disorders. In Australia, various studies have used Western-developed measures to assess the prevalence of mental health problems among indigenous Australians (see Jorm, Bourchier, Cvetkovski & Stewart, 2012 for a review). However, the meanings of the findings of these kinds of studies are limited and potentially damaging, as described above and will be further elaborated below.

In line with etic endeavours, when cross-national and cross-cultural differences are found in studies, they are often accounted in terms of methodological factors, other than those related to the measurement instrument. It is not the existence (or lack thereof) of a disorder that might account for the findings, but, for example contextual risk factors, reluctance or inability of mentally ill individuals to participate in surveys, or interviewer error and unreliability in diagnostic systems. Rosenman (2012) outlines some possible damages that could result from this kind of reasoning. For example, local and traditional responses to psychological morbidity may be replaced by Western treatments, not all of which are necessarily desirable or safe ("dogmatic chemical cruelties" as he labels them). Along with this, mental health workers themselves may be colonized by a process, Fanon (1967) and Ngungi wa Thiong'o (1986a, b) call "colonization of the mind". For Rosenman, the "disappearance of different descriptions of human states that are found in the local languages and the history and the experiences embedded in them is the extinction of a species of expression" (p. 18). More importantly these works promote the supremacist view that we are all alike in our functioning, despite the sociocultural influence of the contexts in which we live. Rosenman concludes that the belief that we can make universal diagnoses is dangerous and threatens to be "a cultural steamroller".

To be fair though, recent versions of diagnostic systems have tried to recognize cultural variations in both symptoms, and psychiatric syndromes. One focus has been on patterns of dysfunctional or aberrant behaviour that are not seen among mainstream Western populations and linked to a particular diagnostic category. The previous version of the DSM (DSM-IV-TR; American Psychiatric Association, 2000) took a relatively modest approach when referring to such "culture-bound syndromes". It noted that "culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations … there is seldom a one-to-one equivalence of any culture-bound syndrome with a DSM diagnostic entity. Aberrant behaviour that might be sorted by a diagnostician using DSM-IV into several categories may be included in a single folk category, and presentations that might be considered by a diagnostician using DSM-IV as belonging to a single category may be sorted into several by an Indigenous clinician" (p. 898). The current version of the DSM (DSM 5) has replaced the notion of "culture-bound syndromes" with three concepts:

1. Cultural syndromes: "clusters of symptoms and attributions that tend to co-occur among individuals in specific cultural groups, communities, or contexts … that are recognized locally as coherent patterns of experience" (p. 758).
2. Cultural idioms of distress: "ways of expressing distress that may not involve specific symptoms or syndromes, but that provide collective, shared ways of experiencing and talking about personal or social concerns" (p. 758).
3. Cultural explanations of distress or perceived causes: "labels, attributions, or features of an explanatory model that indicate culturally recognized meaning or etiology for symptoms, illness, or distress" (p. 758).

Bass et al. (2012) argue that despite these kinds of advances, a major challenge for mental health research is the dearth of information as to which disorders are universal in cause and manifestation, and which disorders are localized and specific. What colonial research approaches have failed to fully acknowledge is that different cultural groups have unique understandings of social processes and what constitutes adequate and appropriate functioning, and this may determine what behaviours and ways of being are valued, accepted, or encouraged (Boucher & Maslach, 2009). Comparative studies that identify neither the sociocultural factors or aspects thereof responsible for the observed differences nor the relationships between these and the corresponding psychological phenomena demonstrated are inadequate (Betancourt & Lopez, 1993).

9.3 Toward a More Peaceful Research Approach

In contrast to the etic approach described earlier, the *emic* approach to research respects the way cultural traditions and social practices regulate the human psyche. It sees all human behaviour as culturally patterned, and in its purest form, it assumes that each culture is unique and therefore that many aspects of behaviour or ways of being are culturally specific (Bass et al., 2012). This approach respects insider or grounded knowledge and gives pre-eminence to local cultural paradigms of meaning, forms of knowledge, and forms of social practice. Emic research is rooted in culturally indigenous concepts and worldviews (e.g. Fabrega, 1989, 1992; Kleinman & Good, 1985; Marsella & Yamada, 2000; Kirmayer, 2001; Marsella, Kaplan & Suarez, 2002).

Emic research by definition is less colonial in nature than etic research and provides opportunities to gain greater awareness and insight into how cultures and people differ (Oyserman, Coon, & Kemmelmeier, 2002), and how culture impacts on an individual's or group's values, beliefs, and behaviours. Greater sensitivity to these differences is an important step toward a more peaceful research paradigm (McGoldrick, Giordano & Pearce, 1996; Pedersen, Draguns, Lonner & Trimble, 2002; Sue & Sue, 2003). Such an approach may begin with the simple recognition that assessment tools are not culturally neutral and interpretation of results obtained from using them across cultures could be stigmatizing and destructive. An early example of this was work conducted in Australia by Judith Kearins. In recognition of the inappropriateness of early psychological studies of indigenous people, Kearins (1981, 1986) argued that if test participants have not been exposed to the knowledge base from which the test was derived, then logically they cannot be expected to perform at the same level as those who have been exposed. She argued that poor performance on intelligence tests should not automatically be attributed to low intelligence; rather, it may be more appropriately attributed to a lack of familiarity with test materials. Kearin's research with Aboriginal children led her to conclude that they have different cognitive strengths to Western children.

9.4 Post-colonial Research Approach

Post-colonial theorizing focuses on how colonialist, imperialist, neocolonialist, and post-colonial practices and ideologies influence the contemporary world (Styhre, 2008). Put more strongly, Parsons and Harding (2011) argue that it aims to address "the plague of colonialism" and the social and psychological suffering, exploitation, violence, and enslavement done to the powerless victims of colonization around the world by challenging the superiority of dominant perspectives. In this way, post-colonial theorizing seeks to reposition and empower the marginalized and subordinated.

A post-colonial research approach aims to “decolonize” research conducted with or on disempowered people, such as those in colonized and occupied countries, to ensure that people’s lives are not constructed through the Western hegemony and ideology (Elabor-Idemudia, 2002). It aims to ensure that research is respectful and beneficial to the researched communities.

9.4.1 How Does Research Come to Adopt a Post-colonial Approach?

How can we carry out research so that it is respectful and beneficial to “other” researched communities? This is a question that Bagele Chilisa, who specializes in post-colonial, indigenous research methodology, asked her audience at a seminar in Cape Town South Africa in 2011. Chilisa (2012) applies the term “post-colonial” to the research context “to denote the continuous struggle of non-Western societies that suffered European colonization, indigenous people and historically marginalized groups to resist suppression of their ways of knowing and the globalization of knowledge, reaffirming that Western knowledge is the only legitimate knowledge” (p. 12). Among the *Colonized Other* groups included in this definition are those ethno-specific groups who have lived in Western countries for generations (e.g. Black Americans), and immigrants and refugees who have moved or fled to Western countries. Not all of these groups have been colonized in the sense of being subjected to physical geographic colonization, but they all may have been exposed to scientific colonization and colonization of the mind as they have been pressured to assimilate to Euro-American values.

In today’s globalized world, Chilisa’s groups to which post-colonial research agenda could be applied are many. Later in this chapter, I will focus on three groups: indigenous Australians, migrants/refugees, and those living in countries other than that of the researcher who seeks to conduct a study. I propose to do this because these are three distinct contexts in which careful attention needs to be given to the potential vulnerabilities of research participants.

Chilisa’s argument for a more appropriate approach to research that is conducted by the Western researchers on any of the oppressed groups she identifies aims to put an end to the extension of oppression to the research arena. She argues that post-colonial indigenous research methodologies should decolonize and indigenize dominant research methodologies. This begins with a critique of the literature, and the use of a research approach that is based on post-colonial theory, critical theory, and critical race theory. Questions that might be asked include “What assumptions, prejudices, stereotypes informed the review of literature?”, “How does the literature and theories reviewed portray the researched?”, “Is there any deficit thinking or theorising in the literature reviewed?”, and “What evidence is there to suggest that the literature reviewed should be questioned?”

In post-colonial research, the rationale and justification for the research arises from the needs and unique relevance of the research to the people participating in the research. The researched are no longer passive subjects of the research exercise, but are active in the initiation of it. The research is therefore informed by the norms and behaviours of the researched community rather than those of the researchers, and the conceptual framework for the research emanates from cultural traditions, norms, languages, knowledge, stories, legends, and folktales of the community. Rather than use measures derived from other contexts as research tools, post-colonial research invokes methods and measures that are tailored to the culture of the researched. These methods, which are more likely to involve qualitative methodologies, allow information that would not otherwise be obtainable to be elicited. They legitimize and enable the inclusion of knowledge production processes that accommodate shared knowledge and wisdoms of those who may have previously been exposed to the oppressive colonial research tradition, and include the articulation of a post-colonial indigenous research paradigm informed by a relational ontology, epistemology, and axiology.[1]

While post-colonial research paradigms have the potential to capture the voices of the researched in a way that the researched recognize themselves, know themselves, and would like others to know them, they also have the potential to place researchers in a dilemma. Most researchers are embedded in mainstream research institutions such as universities. While these institutions guide the research endeavour, the values of the dominant culture will guide research decisions at a number of points in a chain. This is not an overt chain of command in a military sense, for peer review plays a large role and there is competition between researchers. However, the dominant system of values that frames the activity of constructing knowledge is that of the Euro-American establishment rather than that of the minority or colonized groups. Within the research community, control of the research agenda by dominant organizations and individuals is evident in the selection of topics and issues to be researched and in the choice of research methods; control of the research agenda is maintained through authority to decide what is reported and whose work is published. Publication is a first step to further funding and grants, and continued capacity to carry out research. Credit for research carried out affects the standing of the researcher and the capacity to continue in the system. Control of research funding allows funders to exercise power over who becomes a successful researcher and what issues are researched. Control of the research agenda is also maintained through the practice of thoroughly grounding research in previous published research. While the advantage of this is that it prevents the researcher reinventing the wheel, it can create a pathway of dependences and expectations that can block innovation while nurturing modification and reapplication of received wisdoms.

Researchers adopting the post-colonial paradigm in cross-cultural research are therefore challenged. They need to be aware that their research traditions may marginalize their potential participants and have the courage to free themselves from their cultural and academic encapsulation.

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[1] Relational ontology concerns relations with people based on an I/We relationship. Relational epistemology refers to knowledge that emanates from the experiences and culture of the people. Relational axiology is concerned with ethics based on the respect, reciprocity, and responsibility to the other, and with the rights of the researched.

9.4.2 Application to Research with Indigenous Australians

The history of colonization, dispossession, and attempted genocide including the systematic removal of indigenous children from their families in Australia has scarred indigenous individuals, families, and communities to such an extent that there are many social problems that are in urgent need of addressing and repair (see Mellor, 2012). These problems are well documented by annual reports on the health and wellbeing of Aboriginal Australians but cover areas such as health, education, housing, employment, family and community violence, and engagement with the judicial system. Research is needed to understand these problems and to attempt to find solutions to them and to inform policy related to them. Although a large amount of research has been conducted, this research has resulted in little change in Aboriginal wellbeing. Rather, for many indigenous Australians this Western-driven colonial-style research is seen as "another form of dispossession where knowledge is the commodity at stake and custodianship of it is often lost to nonindigenous individuals and institutions that are not accessible to them" (Gower & Mack, 2002, p. 3).

However, there are two levels at which post-colonial methodology has emerged in Australia: at the level of national (enforceable) guidelines; and at the individual researcher level. The National Health and Medical Research Council (NHMRC) has produced ethical guidelines for the conduct of research in the general community by which all researchers must comply. These guidelines are administered by formally constituted committees at research institutions such as universities. When the guidelines were reviewed in 1999 it became evident that there was a need for a separate, complementary set of guidelines covering research in Aboriginal and Torres Strait Islander health, even though Interim Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research existed. The new guidelines require researchers to conduct their research with acknowledgement of history and bridge the difference in cultural outlooks to find a fair, respectful, and ethical way forward. Specifically, the guidelines are designed to avoid the further promulgation of ill-formed perceptions, assumptions, and deficit-thinking about the values and ways of Aboriginal and Torres Strait Islander cultures and social organization. Such perceptions have emerged through ethnocentric comparison of the Aboriginal and Torres Strait Islander world to that of the European colonizers, and the judgement of the civility and worthiness of Aboriginal and Torres Strait Islander cultures and societies by the degree to which they are perceived to conform to European customs and norms. The guidelines centre around six value themes: reciprocity, respect, equality, responsibility, survival, spirit, and integrity (see www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e52.pdf). It is important to note that these guidelines are meant to inform the way research is conducted with Aboriginal and Torres Strait Islander people, and if research protocols are not consistent with the guidelines, it will be unlikely that researchers will be given approval to commence or continue with their studies by the ethics committees within the institution in which they are employed.

Indigenous people in Australia have themselves also established research guidelines. The preamble to the most recent revision of Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS, 2012) Guidelines for Ethical Research, which is informed by the United Nations General Assembly (2007) Declaration on the Rights of Indigenous Peoples and United Nations conventions related to intellectual property and cultural heritage, states: “It is essential that Indigenous people are full participants in research projects that concern them, share an understanding of the aims and methods of the research, and share the results of this work. At every stage, research with and about indigenous peoples must be founded on a process of meaningful engagement and reciprocity between the researcher and indigenous people. It should also be recognized that there is no sharp distinction between researchers and indigenous people. Indigenous people are also researchers, and all participants must be regarded as equal participants in a research engagement.” (p. 1). This set of research guidelines focuses on 14 principles grouped under the broad categories of rights, respect, and recognition; negotiation, consultation, agreement, and mutual understanding; participation, collaboration, and partnership; benefits, outcomes and giving back; managing research: use, storage, and access; and reporting and compliance.

At the researcher level, there is a growing awareness of the need to engage differently with indigenous people when conducting research. For example, Jamieson, Paradies, Eades, Chong, Maple-Brown, Morris and Brown (2012) are a group of researchers who have been engaged extensively in health-related work with indigenous Australians. Drawing from their experience, they proposed ten principles that should be considered from the initial design stage of the project, ideally when consulting with the community and writing funding applications. Their essential principles include:

1. Addressing a priority health issue as determined by the community
2. Conducting research within a mutually respectful partnership framework
3. Capacity building is a key focus of the research partnership, with sufficient budget to support this
4. Flexibility in study implementation while maintaining scientific rigour
5. Respecting communities’ past and present experience of research

A further five desirable principles are as follows:

6. Recognizing the diversity of indigenous Australian populations
7. Ensuring extended timelines do not jeopardize projects
8. Preparing for indigenous leadership turnover
9. Supporting community ownership
10. Developing systems to facilitate partnership management in multicentre studies

Each of these three sets of guidelines is founded on respect for indigenous peoples’ inherent right to self-determination, and to control and maintain their culture and heritage. They stress the importance of informed consent, negotiated agreement, respect for cultural heritage and intellectual property rights, indigenous participation in decision-making, acknowledgement of indigenous contribution, and benefit to the community. They can be seen as guidelines for best practice for indigenous research projects.

A final note on research with indigenous Australian participants is that indigenous researchers have proposed further steps that align with Chilisa's proscriptions for post-colonial research. For example, Rigney (1999) argues for an *Indigenist* research approach through which research about indigenous people is conducted by indigenous researchers primarily with indigenous informants. In particular, indigenous people's interests, experiences and knowledge are at the centre of research methodologies and the construction of knowledge, and the goal of the research is to inform the indigenous principles of freedom from racism, independence and unity. Martin (2003) has also proposed and Indigenist research methodology in which the core structures of Aboriginal ontology are centralized as a framework for research. She points out that, if this is not the case, the product is simply more Western research conducted by indigenous people. Moreton-Robinson (2005) similarly critiques the a priori of Western knowledge in research and argues from a critical race theory perspective for indigenous knowledge to be reclaimed.

9.4.3 Obligations and Challenges for the Researcher

The above guidelines, while directed at all researchers who conduct studies involving indigenous participants, are particularly pertinent for nonindigenous researchers who may have little knowledge or experience of indigenous communities. These guidelines move research toward a post-colonial paradigm and confront the nonindigenous researcher with a number of obligations and challenges. To start with, the researcher will need to embark on a process of self-learning to come to terms with his or her own prejudices. The researcher will also need to learn a great deal about the Aboriginal culture, and to focus the research on issues that are of importance and relevance to the Aboriginal community in which the research is being conducted. In moving from the colonial approach to research, the researcher will need to step back from seeing him or herself as "the expert" and indigenous participants as "the subjects", and include indigenous people in the "chain of command". This will involve negotiating a partnership with the Aboriginal communities and this will need knowledge of with whom it is appropriate to talk, and how to do so. Negotiation processes will need to occur over timeframes that take into account indigenous community modes of decision-making (Mack & Gower, 2001), and the researcher may therefore need to allow more time than expected to negotiate agreement, and much more to implement his or her research programme. The researcher will also need to consider being open to diverse methods such as qualitative methods and discourse analysis that allow the viewpoints of others to emerge. In conducting the research it will be necessary to involve local indigenous people as interviewers, for example and very importantly, as coders to ensure that the Aboriginal people who are the focus of the research see the constructs being investigated or developed as useful and valid. Finally, the researcher may need to come to terms with the bias of the traditional scientific community in which few if any journals give greater place to process and community empowerment, than to empirical findings. The researcher who identifies with the Aboriginal cultural values, and who puts collective wellbeing before getting ahead as a researcher, may not be seen as productive by the university system. Fast production of papers is needed to bring in grants and establish a track record. Giving credit to others in the authorship of papers is seen not as an act of co-operation but rather as a sign of lessened academic standing. So the individual researcher is in danger of falling between the two cultures, rather than bridging them. These are the major challenges for the "mainstream" researcher, but we need to acknowledge that meeting these challenges is very important, not only for the advancement of indigenous people but also for epistemological reasons for the advancement of knowledge itself. Diversity is not just an ethical imperative for the indigenous partner; it is also good science on the part of the researcher.

In a recent study in which we attempted to meet these challenges, we aimed to explore the well-established health gap of indigenous men, whose physical health is among the worst in Australia (Ricciardelli, Mellor, McCabe, Mussap, Hallford & Tyler, 2012). Other research has indicated that modifiable lifestyle factors, such as poor nutrition and physical inactivity, contribute strongly to these poor health outcomes. However, rather than impose preconceived notions of health, we sought to establish how indigenous men perceive health, and how they view and care for their bodies. We also aimed to establish a more systematic understanding of how sociocultural factors affect their health attitudes and behaviours. This knowledge may be more likely to lead to appropriate and acceptable interventions.

The study was conducted using a participatory action research (PAR) framework (Baum, MacDougall & Smith, 2006). Applying the PAR methods to health involves critical reflection and action that "aims to improve the health and reduce health inequities through involving people who, in turn, take actions to improve their own health" (Baum et al., 2006 p. 854). This approach values the knowledge of members of the target community, and attempts to view problems from their perspective. As such, this framework was particularly suitable to adopt when working with indigenous men (Esler, 2008; Reilly, Doyle & Rowley, 2007).

In accordance with the PAR framework, the nonindigenous research team worked collaboratively with the indigenous partners in each location. Three specific aspects of the project design that followed the PAR framework were the use of community advisory boards, the engagement of indigenous research assistants, and the attention paid to the way interviews were conducted.

First, our research questions were developed through consultation with leaders in each community and advisory panels were set up in the three locations in which the project was implemented. Meetings were held with these advisory panels prior to the commencement of data collection, midway through the data collection process, and at the end of the data collection. This allowed the panels to guide the direction of the research.

Second, young indigenous men in each location were recruited to assist the academic researchers with participant recruitment and data collection. Male interviewers were used due to the way gender roles are separated in indigenous communities. The presence of the indigenous male researcher encouraged the participants to feel secure and safe.

Third, given the geohistorical context of Australia, in which indigenous people have been subjected to racism and discrimination for more than two centuries (Mellor, 2012), we followed Finch's (1993) suggestions on how to minimize the influence of relative power relationships on the participants' responses. All interviews were conducted on the participants' own "territory", in an indigenous community centre or in the participants' home.

This collaborative partnership approach allowed us to identify appropriate and sensitive ways of disseminating the findings for each stage of research. The results were used to develop and implement community events in each location to provide feedback on the findings to the community, promote health enhancing strategies, and determine future action and collaboration.

9.5 Other Intranational Research

Like other developed immigrant countries, Australia is a multicultural nation. In the Australian state of Victoria, the population originates from 208 countries, follows more than 100 religious faiths, and speaks 151 languages. Almost half of the population has at least one parent born overseas. Multiculturalism or pluralistic societies do not require people to assimilate to the mainstream cultural values, yet the various groups may have concerns (health and mental health) that need to be investigated and addressed. While researchers are keen to, and do conduct research with these subpopulations as part of their overall sample or as the focus of particular studies, there are no particular "special" guidelines for conducting such research. Rather, research with these subpopulations falls under the general NHMRC and institutional ethics guidelines.

Some important questions arise in these instances as some subpopulations are particularly vulnerable (e.g. refugees who have suffered trauma) and adhere strongly to enculturated beliefs and practices. These are subpopulations that are at risk according to Chilisa's (2012) view of the colonial research paradigm. Birman (2006) points out the ethical dilemmas for the researcher. First, the researcher needs to balance humanitarian concerns with the need for scientific rigor. The ultimate goal of most research with such populations is to reduce their suffering through informing policy and interventions. These policies and interventions can have significant impacts on the lives of many. However, without rigor and adherence to positivist Western methodology, the research may not be meaningful or acceptable to policy makers. Second, and this applies to any research involving other cultural groups, what is ethical in the Western context may not be viewed as ethical in the communities within which the research is being conducted. That is, "mainstream" ethical principles which are designed to protect all research participants may themselves be ethnocentric, and as a result, disempowering. The challenge for the researcher is to balance these differences because as Birman (2006) points out, there are few clues in existing "generic" guidelines on how to do this. Indeed, it may not be possible to honour both the culture of the researcher and the culture of the research participants, and some researchers may feel that the only option to act ethically is to decide not to undertake the research at all.

In a search for relevant guidelines in such research, Bailes, Minas & Klimidis (2006) conducted an investigation of ethical issues relevant to conducting mental health research with Somali refugees and immigrants in Australia. Their concern was that this community has different culture values to the host community and that mainstream approaches may not be appropriate. They concluded that the principles of inclusion and benefit in the NHMRC document values and ethics are particularly pertinent when conducting research with refugees and immigrant communities that are culturally distant from those of the broader Australian community. They argued that these principles can be used to inform research design, as well as to guide respectful engagement with the participating community and communication of the research findings.

While these considerations of ethics for intranational cross-cultural research are informative, in general, post-colonial research approaches are likely to be appropriate and aligned to the guidelines identified earlier. Participatory research designs with an awareness of the relationship between research, practice and attention to issues related to informed consent, capacity for autonomy and the notion of reciprocation are likely to be appropriate. The relationship between the researcher and the sociopolitical context in which the researcher is working and how this impacts on the research context is also important to consider.

In my own work with the Vietnamese and sub-Saharan African refugees in Australia, I have endeavoured to take a post-colonial approach that does not disempower or harm the participants. For the Vietnamese people in one study (Mellor, 2004) the literature on racism to date, which had focused on perpetrators and group processes was set aside, with the aim of giving voice to the Vietnamese participants who were the targets of racism. No preconceptions about the nature of experiences of racism were taken into the study, and qualitative methods were used to allow the participants to tell their story. Rather than it being a disempowering experience, many participants reported that they felt empowered by having the opportunity to describe their experiences. Nevertheless, the negotiation of issues of power and the sociopolitical context was critical to the outcomes of this study.

More recent work with the African immigrants (e.g. Halliday et al., 2014) has been concerned with the rapid rise in obesity among this population after they arrive in Australia. This series of projects, led by a colleague of African descent (Andre Renzaho) has been painstakingly developed to be post-colonial in its approach. However, it is driven by the Western knowledge of the relationship between lifestyle factors and obesity, and the subsequent health issues associated with obesity. An African Review Panel including representatives from the participating communities was established, to provide advice on and input into every stage of the project. The

Panel had input into the recruitment process strategy, the final development of the intervention, operational implementation of all local aspects of the trial, and also the dissemination and "scaling up" of the findings. The main aim of this was to ensure that all culturally sensitive issues were addressed appropriately, particularly issues related to parenting practices, family functioning and acculturation. African people were employed to lead the field work of the project with the aim of building their capacity. Many meetings were built around food as this is an African cultural tradition. Our team also needed to manage the contradiction between cultural beliefs about body size, working from a health perspective rather than a status perspective. Despite these efforts we also used various measures to assess changes in aspects of parenting and family functioning. This was necessary for meeting the objectives of the funding for the project. While these measures have been psychometrically validated in different cultural settings, what they can measure is limited by the potentially culturally bound questions that are asked.

9.6 International Research

As indicated earlier, a considerable amount of research, including some of my own, is conducted across national borders. Such work is usually collaborative, for without collaboration it probably could not happen for a variety of reasons, language difficulties and lack of local networks being some of the most significant. In these projects, researchers are usually required to obtain ethics approval from their home institution, and in some contexts ethical guidelines for research are underdeveloped, nonexistent, or not seriously applied. Alfano, Piedrahita, Uscinski & Palma (2012) list some of the complications that may arise from this, including that international collaborators in developing countries may not have a good understanding of the obligations implied by foreign research protocols or understand the potential of noncompliance with the "foreign" imported requirements. There is a dearth of literature on how to address these challenges (Yassi, Breilh, Dharamsi, Lockhart & Spiegel, 2013).

Importantly, as noted above, in some cases, the requirements of the home country committees and guidelines are ethnocentric, and do not seem to be commonly applied in other contexts (e.g. obtaining parents' permission for their children to participate in research). If we are required to impose our ethical standards on a project being conducted in another country, are we again engaged in some form of academic or moral colonization? Are our standards the only values and standards; are they the right values and standards? This seems to be the assumption of a funding opportunity that was circulated to me at the time of writing this chapter. The stated goal of the initiative was to strengthen research ethics capacity in low- and middle-income countries through increasing the number of scientists, health professionals and relevant academics from these countries with *in-depth knowledge of the ethical principles, processes and policies related to international clinical and public health research* as well as the critical skills to develop research ethics education, ethical review leadership and expert consultation to researchers, their institutions, governments, and international research organizations.

Of course, it cannot be denied that there are certain human rights that are incontestable and should be protected in the research endeavour. Particularly problematic, as Ijsselmuiden, Marais, Wassenaar and Mokgatla-Moipolai (2012) point out, is that biomedical research is increasingly being conducted in developing countries such as China or in Africa because the cost of trials is lower than in developed countries, and it is relatively easy to recruit participants. There are also weaker or nonexistent ethical guidelines for research conducted in these countries. The selective focus of this research may reflect the interests of the pharmaceutical companies that fund it. For example, it may address global diseases such as HIV-AIDS rather than diseases with a high local prevalence in the country in which the research is conducted. The high potential for such research to exploit and to violate ethical principles in ways that would not be tolerated in the West has led to abuses (see, e.g. Angell, 1997; Lurie & Wolff, 1997).

There are various international guidelines for the conduct of cross-national research, some auspiced by major international bodies, other produced by researchers themselves. For example, the Council for International Organizations of Medical Sciences (2002) has collaborated with the World Health Organization to produce a set of International Ethical Guidelines for Biomedical Research Involving Human Subjects. However, in the final analysis the way in which research is conducted in these situations may come down to the individual researchers. For the research exercise to avoid the traps and negative potentials of the colonial approach, the researcher needs to step back and examine their own identity and all that goes with it, work to understand the sociopolitical space in which the research is being conducted, and respect both their collaborators' and their participants' culture and knowledge. While they might use their home-based ethical guidelines as a framework for the conduct of their project, they need to work with their collaborators to gain an understanding of local perspectives, and be willing to incorporate them in order to avoid the mistakes that have been made in the past when ethnocentric world views and inappropriate research methods have been invoked, potentially producing meaningless findings.

9.7 Concluding Comments

The findings of psychology paint a picture of individual human beings as remarkable in their intelligence and ability to adapt, but also as fallible, and subjective as they filter evidence through cognitive frameworks that are vulnerable to being swayed by habit and emotion. This picture might be applied by researchers to the "subjects" of their research, but is not often attributed by positivist Western researchers to themselves. The robe of researcher is rather seen as endowing the wearer with the ability to rise above emotion and self-interest, and become "objective".

Many researchers have unquestionably adopted this viewpoint, and conducted their research through ethnocentric frameworks and methods that are comfortable, locally ethical, and locally meaningful. However, the application of these processes to minority ethnic and indigenous groups at home and abroad fails to acknowledge the culture and history, and vulnerability of these groups in their relationship with the Western developed worldview, and represents a continuing process of colonization that continues to disenfranchise and disempower members of these groups.

A more peaceful, respectful, and post-colonial approach to research requires researchers to do more than simply follow guidelines and processes described in the post-colonial research literature and research ethic committee prescriptions. Such processes provide the basis for respect, beneficence, justice, and community rights, but risk being mechanical in nature. A further requirement is for the researchers to examine themselves, to open their minds, to challenge their beliefs and their disciplines, and to relegate their own self-interest and career pathway to be a secondary priority.

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