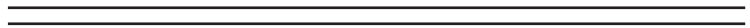


# ***INDIGENOUS HEALTH & 'WESTERN RESEARCH'***

*Kim Humphery*



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# VICHEALTH KOORI HEALTH RESEARCH & COMMUNITY DEVELOPMENT UNIT

## ***Discussion Paper Series***

The VicHealth Koori Health Research and Community Development Unit (VKHRCDU) was launched in June 1999 and has been developed in partnership with the Victorian Community Controlled Health Organisation, the Victorian Health Promotion Foundation (which funds the Unit) and the University of Melbourne through the Centre for the Study of Health and Society where the Unit is located.

At the core of the Unit's work is a commitment to undertaking, collaborating in and supporting research that directly benefits the Koori community. The work of the Unit spans academic and applied research, community development, and medical education. The combination of these activities is a central and innovative aspect of the Unit's function, as is the identification and use of mechanisms to link research with the improvement of health care practices and policy reform. Overall, these tasks are guided by both an Advisory Committee and a Research Advisory Group.

In relation to the research program, five key areas govern the inquiry undertaken within the Unit. These comprise: historical research into Koori health policy and practice; historical and contemporary research into health research practice, ethics and capacity building; applied research on the social and cultural experience of Koori health, well-being and health care delivery; health economics research on the factors and processes that impact on the provision and use of Koori health care; and the evaluation of Koori primary health care and related health promotion programs.

The Discussion Paper Series (DPS) is directly linked to this diverse program of research and provides a forum for the Unit's work. The DPS also includes papers by researchers working outside the Unit or in collaboration with VKHRCDU staff. Individual papers aim to summarise current work and debate on key issues in Indigenous health, discuss aspects of Indigenous health research practice and process, or review interim findings of larger research projects. It is assumed that the readership for the series is a broad one, and each paper is closely edited for clarity and accessibility. Additionally, draft papers are 'refereed' so as to ensure a high standard of content.

More information on the series, on the preparation of draft papers, and on the work of the Unit can be obtained by directly contacting the VKHRCDU.

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# INDIGENOUS HEALTH AND 'WESTERN RESEARCH'

## **Summary**

This paper documents and discusses the conduct and process of Australian Indigenous health research and its reform over the past two decades. It maps out what both Indigenous and non-Indigenous writers have argued in their endeavour to raise questions about the methods, process, priorities, ethics, use and usage of the now large and ever increasing body of work inquiring into Aboriginal and Torres Strait Islander health issues. The paper also explores the degree to which transformations in the processes of undertaking Indigenous health research have occurred.

It is argued here that the path of 'reform' within the field of Indigenous health research has been relatively unique. It has moved from initial critique, to the formulation and consolidation of ethical guidelines, to community-based initiatives that enforce ethical and appropriate process, to increasing reflection on method, methodology and the guidelines themselves, and, finally, to a resurgence of interest in questions of priority, effectiveness and benefit. This history clearly illustrates the extent to which the field of Indigenous health research has indeed been transformed over the past two decades, especially in terms of how researchers are expected to act towards and co-operate with Indigenous communities and organisations.

However, the paper also raises questions concerning the extent of this transformation and non-Indigenous involvement in it. In particular, it suggests that efforts to transform Indigenous health research constantly tread a delicate line between bringing about fundamental change in research practice and being sidelined into too great a reliance on written guidelines and positive rhetoric. Equally, the paper directs attention to the need for a much more integrated conception within the mainstream research environment of the future path of Indigenous health research *as a whole*. Overall, it is argued that Indigenous health research and its transformation must be seen as a collective enterprise of the broad research community, which will involve shifts in *institutional arrangements* as well *local research practices*.



# INDIGENOUS HEALTH AND 'WESTERN RESEARCH'<sup>1</sup>

*Kim Humphery*

VicHealth Koori Health Research and Community Development Unit

As an Aboriginal person having experienced the education system at universities, I've come across a number of experts, particularly in regard to Aboriginal people. Most of those experts have come to their area of expertise, not necessarily from a will or a desire to own Indigenous people, but within a European notion of an investigation, posing questions, having them resolved, finding new knowledge. It's only in recent times that we have been able to change this approach. It has come about through Aboriginal people posing those questions, also by those who are engaging in these endeavours to change the way in which they acquire and express knowledge. There has also been a desire to work in coalition or collaboration with those of us who were formerly only the subjects or objects of investigation.

Wendy Brady  
1999

It has now become widely accepted that the concept and practice of 'research', as Indigenous people in Australia and elsewhere have long observed, is intimately bound up with histories of colonisation. Across the globe Indigenous peoples, particularly throughout the last century, have been relentlessly studied by the non-indigenous—medical practitioners and health scientists, anthropologists and linguists, historians and sociologists. As both Indigenous and non-indigenous critics of this process have argued, this effort has more often than not resulted in a gross exploitation of Indigenous peoples involving an invasive and disrespectful 'experimentation', the theft of their beliefs and knowledge, and the portrayal of their societies and cultures in ways that merely reflect the values, prejudices and preoccupations of that vague entity that has come to be known as 'the West'.<sup>2</sup>

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<sup>1</sup> I am grateful to a number of people for their advice or assistance in drafting this paper. They include: Ian Anderson, Jeannie Devitt, Sarah MacLean, Helena Maher, and, in particular, Jonathan Wearne who shared the task of searching for the material drawn on throughout this paper.

<sup>2</sup> Definitionally vague and somewhat monolithic terms such as 'the West', 'Western' and 'Western research' are used sparingly throughout this paper and are usually placed within inverted commas. Implicitly, the use of these terms in the context of discussing Indigenous issues tends to essentialise both Western and Indigenous cultures/perspectives and, in the case of research, overlooks the considerable intellectual and methodological differences existing between traditions of inquiry. Nevertheless, in the context of this discussion, the terms are of some use in very broadly distinguishing the shared or unifying intellectual and cultural traditions of Euro-Australians from those of Indigenous Australians.

This process of research as colonisation has, not surprisingly, done little to recommend the broad spectrum of ‘Western’ research traditions as potentially useful in addressing Indigenous concerns. Indeed, as the Maori writer Linda Tuhiwai Smith (1999: 1) has powerfully noted: ‘The word itself, ‘research’, is probably one of the dirtiest words in the indigenous world’s vocabulary’. One Indigenous response to this ‘dirtiness’ has been to reject participation in, and the value of, research itself. Another has been to take hold of research and begin, as Smith argues, to ‘research back’.

It is in line with this notion of researching back that Wendy Brady speaks of a change in approach and thinking when ‘studying’ Indigenous Australia. This change has already affected a number of disciplinary areas of academic research, inquiry and analysis (though unevenly) and, as Brady notes, has begun to transform notions and practices of research itself, in part through the increasing involvement of Aboriginal and Torres Strait Islander people. This paper traces such change within the field of Indigenous health research.<sup>3</sup> To be sure, this is an area spanning both biomedical and social sciences inquiry and one unified principally by a shared focus rather than any methodological concordance. Indeed, it is a field which is riven by differences both in intellectual approach and the levels of authority or ‘cultural capital’ enjoyed by different research frameworks—the biomedical being the most dominant. Notwithstanding this, however, there is a firm sense in which Indigenous health research does indeed constitute a ‘field’. On the one hand, then, this paper seeks to map out what both Indigenous and non-indigenous writers have argued in their endeavour to raise questions about the methods, process, priorities, ethics, use and usage of the now large and ever increasing body of work inquiring into Aboriginal and Torres Strait Islander health issues. On the other hand, the paper also seeks to explore the degree to which transformations in Indigenous health research have, in fact, taken place. In this regard, an understanding of Indigenous health research as a field rather than simply a disparate and often methodologically conflicting set of local studies is of importance, since this paper will argue that any concerted transformation of research practices needs to be targeted at a level ‘beyond the project’.

There are perhaps two major ways in which we can speak about such transformations. Recent Indigenous responses to research, as Brady, Smith and others have argued, have sought to reclaim and develop alternative ways of undertaking inquiry in which ‘Western’ approaches, methodologies and methods are both drawn on and amalgamated with existing ‘Indigenous’ forms of inquiry. The challenge this presents, and will continue to present, to non-indigenous researchers and research practices across a range of disciplines is only now emerging, particularly in an Australian context. This Indigenous engagement with research thus involves activity and contestation not only around issues of control, ethics and benefit, but also around

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<sup>3</sup> Although similar debates and transformations have taken place within other fields—such as anthropology, archaeology and history—this paper will focus mainly on health research.



what research *is*; how it is defined, understood and undertaken. Conversely, such interventions also raise questions about the very distinction and interaction between the 'Western' and the 'Indigenous', suggesting that neither term can be used to refer to some homogenous, wholly separate or essentialised body of thought and action.

The second major framework that defines contemporary discussion of transformations in research concerns non-indigenous thinking and activity around research practice and process. As Wendy Brady notes, non-indigenous researchers in Australia have to varying degrees been involved in attempts to change 'the way they acquire and express knowledge' in relation to Indigenous peoples.<sup>4</sup> Here, in light of so much 'dirty' research, the imperative has been to 'clean up our act'; both as a response to Indigenous critiques, and as a result of political and intellectual movements within Western culture itself. Yet, such attempts are also fraught with difficulties and ultimately serve to identify not simply what is 'wrong' with certain forms of research, but the broader nature of the way cultures encounter each other. A particular focus of this paper, then, is on the recent non-indigenous effort to reflect upon and change 'Aboriginal health research' in Australia. As part of this focus, it will explore the manner in which a new rhetoric of research practice has quickly evolved; a rhetoric that, it will be argued, both points to change and masks inaction.

## **Indigenous Critiques of Research Practices**

Aboriginal and Torres Strait Islander people and organisations in Australia have long been critical of the research done on their communities and cultures. Wendy Brady's statement, cited at the beginning of this paper, is simply another in a long line of such commentaries that have frequently been proffered at conferences or meetings. Such criticisms have been directed not only at health research but at all research—anthropological, sociological and historical. In fact, Indigenous intellectuals and community representatives in Australia have made some key interventions into the broader debate over the politics of cross-cultural research, particularly since the 1970s.

Our own search, undertaken for the purposes of this paper, has revealed at least a dozen detailed Indigenous critiques of research practice. These are embodied in the work of writers and activists like Gordon Briscoe, Marcia Langton, Rosalind Langford, Colin Johnson, Margaret Hampton, Wendy Brady, Ian Anderson, and Lowitja O'Donoghue, as well as in the collective statements of Aboriginal organisations such as the Central Australian Aboriginal Congress (CAAC) and the Foundation for Aboriginal and Islander Research Action (FAIRA). It is likely that many more such critiques exist but it is difficult to trace them using conventional databases.

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<sup>4</sup> It could also be said that there is a third and very differently motivated framework through which research into Indigenous issues has been critiqued over the last decade or so, which has been the conservative attack on the use of anthropological and historical studies to back up Indigenous land-rights claims.

These critiques have made themselves increasingly 'felt' throughout the last three decades. In 1974, for example, a group of Aboriginal people drafted an *Open Letter Concerning the Australian Institute of Aboriginal Studies* (Widders, *et al.* 1974), in which they strongly criticised the organisation and functioning of the Institute while significantly arguing that the commissioning and funding of research should be under Aboriginal control.<sup>5</sup> An emerging sense of activism in relation to research was also evidenced in the establishment of groups like Brisbane's Foundation for Aboriginal and Islander Research Action in 1977, and in the articulation of Indigenous concerns by those such as Wilmot (1977) and Briscoe (1978) who argued not only for extensive Aboriginal involvement in, and control of, research, but that all research undertaken be relevant and beneficial to communities.<sup>6</sup>

A few years later, Aboriginal researchers were delivering equally powerful broadsides at anthropological, archaeological and historical inquiry. Thus, the Working Party of Aboriginal Historians for the Bicentennial History (1981) argued that Aboriginal history should be written *by* Aboriginal people, utilising Aboriginal methods of inquiry, criteria of validity, and forms of communication. Here, the writing of Aboriginal history was constituted both as a political and cultural act. Similarly, Langton (1981a, 1981b) insisted that Australian anthropology abandon its entrenched preconceptions about Aboriginal cultures, its dichotomised view of the 'traditional' and the 'assimilated', and its refusal to work with Aboriginal people under Aboriginal directives.

This call for Aboriginal control of research activities was reiterated by Liddle and Shaw (c.1983) who drafted one of the then most detailed statements on 'Research Guidelines'. Writing on behalf of CAAC (the Aboriginal Medical Service based in Alice Springs and established in 1973) Liddle and Shaw promoted the adoption by non-indigenous organisations of a six-point set of guidelines. These guidelines insisted upon: Aboriginal control of, and participation in, research; the pursuit of research according to Aboriginal identified needs; the adoption of non-invasive and culturally sensitive research approaches; the supervision of research activities by representative Aboriginal organisations; the pursuit of research of benefit to communities; and full Aboriginal control over the dissemination of research results. The statement also offered a forceful critique of the notion of professionalism within social sciences

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<sup>5</sup> This document is cited in Nicolas Peterson's article, "Studying Man and Man's Nature": The History of the Institutionalisation of Aboriginal Anthropology' (1990: 16). As Peterson points out, the letter precipitated only gradual change culminating in the reorganisation and renaming of the Institute in 1990 under a structure emphasising greater Aboriginal control.

<sup>6</sup> FAIRA continues to operate and, among other aims, seeks to 'promote the practical use of studies and research under the control of Indigenous Peoples to pursue rights and equality, rejecting the tendency to study Indigenous Peoples from academic or pretentious perspectives.' ('What is FAIRA', <http://www.faira.org.au/about/what>, 8/3/00).

research, arguing that such an approach was inappropriate to 'credentialising' research within Aboriginal communities. Importantly, Liddle and Shaw were not simply hostile towards research but rather argued that Aboriginal organisations were being frustrated in their attempts both to pursue their own forms of inquiry and to control that being undertaken by others.<sup>7</sup>

At almost the same time as these guidelines were being formulated, archaeological practice came in for similar criticism from Langford (1983). Centring her argument on the issue of Aboriginal control of Aboriginal heritage and archaeological inquiry, she drew attention to the treatment of that heritage as a 'historic commodity' by a scientific discipline seemingly unable to work respectfully or collaboratively with Aboriginal peoples. Another, somewhat different, concern that emerged during the 1980s focused on the linguistic aspects of cross-cultural research; or rather the link between colonisation and the rendering of Aboriginal stories into English grammatical and stylistic form and surrounding them with Western modes of analysis. The tendency within non-indigenous accounts of Aboriginal lives and stories to embark on a process of editing and analysing the structure and words of Aboriginal conversation was a source of concern to the Working Party of Aboriginal Historians cited above. This criticism was extended by Johnson (1987) who argued that European research 'captured' Aboriginal talk, and assimilated it into European norms of proper speech while presuming to explain and analyse its meaning. Once again, the theme of control was paramount, particularly with Johnson's insistence that only Aboriginal writers could avoid the tendency to 'Europeanise' the language and content of their stories.

These various commentaries on a wide array of non-indigenous research and writing practices in fact opened up a dual field of criticism. On the one hand, Indigenous writers sought to highlight the inadequacy of *research processes* in terms of conceptualisation, methodology and, most importantly, the politics of cross-cultural interaction. On the other hand, such critiques also sought to position *Western knowledge and intellectual practice* not only as culturally bound but as a form of investigation and explanation that continued the process of colonisation.

Generally, Indigenous objections, articulated in Australia during the 1970s and 1980s, to various forms of scientific, social and academic research encompassed four key points of contention. Aboriginal and Torres Strait Islander critics insisted that much research was deeply implicated in:

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<sup>7</sup> This statement still stands as one of the most succinct and pointed critiques of research activities within Aboriginal communities. It was presented, amid some controversy and criticism from anthropologists, at the 1982 annual conference of the Australian Anthropological Society (AAS), which was already beginning to formulate a code of ethics for anthropological research as part of growing moves to 'professionalise' the organisation and anthropological practice. It was not until 1989, however, that an Interim Code of Ethics was adopted and eventually confirmed as AAS policy in 1991–92. ([http://www.arts.unsw.edu.au/southpacific/Australian\\_Anthropological.html](http://www.arts.unsw.edu.au/southpacific/Australian_Anthropological.html)).

- the exploitative and disrespectful treatment of Indigenous people (and of their living or dead bodies) as research ‘guinea pigs’, and as fodder for the conduct of academic research and the building of academic reputations;
- the maintenance of a historically entrenched research process, in which a power over the identification of issues to be researched, the funding, control and conduct of that research, and the publication of research findings was retained in the hands of non-indigenous researchers and research organisations;
- the non-delivery of definite short- and long-term benefits to Indigenous communities and individuals; and
- the subsequent misrepresentation of Indigenous societies, cultures and individuals by non-indigenous intellectuals and professionals.

These themes have continued to dominate Indigenous commentaries on more recent research efforts. Over the past decade, Indigenous Australians have strengthened their attacks on the inadequacies of medical research and contemporary scientific studies, such as that of the Human Genome Diversity Project (Flick 1994; CAAC 1994). In addition, Indigenous writers have both encouraged and reflected upon the promotion and adoption of ‘research guidelines’ for a range of Western disciplinary fields in the sciences, social sciences and humanities (Hampton 1989; Flick 1994; Bourke 1995; Schnierer & Woods 1998).<sup>8</sup> There has also been a continuing emphasis on Aboriginal communities and organisations undertaking research themselves, and on the importance of pursuing research of demonstrable benefit, an issue discussed more fully later in this paper (Anderson 1996; O’Donoghue 1998). Finally, Indigenous writers have sought to move debate beyond the notion of ‘research guidelines’ by seeking to treat Western research traditions, broadly defined, as a ‘tool box’, from which they can take whatever methods are deemed appropriate to Aboriginal knowledge production, and insisting on the development of new paradigms of research governed by Aboriginal ‘Terms of Reference’. As Winch and Hayward (1999: 26) argue ‘Aboriginal Terms of Reference does not simply mean writing a set of guidelines for “doing business with Indigenous people”. Rather it means the consideration of an Indigenous world view.’ Here, there is both an acceptance of the ‘usefulness’ of research as an activity but also an insistence on the need for non-indigenous researchers and research organisations to accept and work with emerging Aboriginal standards of inquiry and criteria of validity.

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<sup>8</sup> Ethical guidelines in relation to Indigenous research were formulated and adopted during the late 1980s and 1990s by various organisations attached to an array of disciplinary fields including: Australian Institute of Aboriginal and Torres Strait Islander Studies; Aboriginal Health Research Ethics Committee of South Australia; National Health and Medical Research Council; Australian Anthropological Society; Australian Archaeological Association; Aboriginal Research Institute, Faculty of Aboriginal and Islander Studies, University of South Australia; Koori Centre, University of Sydney; Centre for Aboriginal and Torres Strait Islander Participation, Research and Development, James Cook University; Jumbanna Centre for Australian Indigenous Studies, Education and Research, University of Technology, Sydney; and Centre for Indigenous Natural and Cultural Resource Management, Northern Territory University. This is by no means an exhaustive list.

While this survey of Indigenous Australian opinion in relation to research is by no means exhaustive, it serves to indicate the depth of a critique that has generally been alluded to only in passing by non-indigenous scholars and researchers. The critique raises a number of complex issues, not all of which will be explored in this paper. On the one hand, such Indigenous criticism places the spotlight directly on the activities of non-indigenous researchers working within a range of disciplinary fields and raises questions about the very act of 'research' defined within the broad intellectual traditions of the West. On the other hand this body of critique also raises questions about how 'Indigenous' forms of research are to be identified, how they might differ in practice from non-indigenous forms, and how 'Western' research itself cannot be simply understood as one homogenous set of perspectives and practices. A knowledge of this critique, however, is crucial to understanding the broad context behind the changes taking place in Indigenous health research over the past two decades. It is thus to this subject that we now turn emphasising in particular the reform of non-indigenous research practices rather than the development of Indigenous research perspectives.<sup>9</sup>

### **Research as 'The Object of Scrutiny'**

In Australia, non-indigenous people involved in undertaking research into Aboriginal and Torres Strait Islander health did not begin, at least publicly, to ask serious questions about the process and use of that research until the early 1980s.<sup>10</sup> Indeed, at the beginning of the 1980s there appears to have emerged an 'ethos of reflection' in Aboriginal health research, an ethos that is still playing itself out and which mirrors the rise of a similar moment of reflection within other disciplinary areas. It happened when researchers began to see themselves as involved in a particular activity that was itself open to being explored and substantially questioned. In part, the impetus for this came from the emerging intellectual concerns of non-indigenous researchers themselves and, as we have seen, partly from growing Aboriginal and Torres Strait Islander resistance to research practices. Arguably, too, much of this questioning initially emerged within the field of what is broadly termed social and cultural research, and a brief discussion of some of this work will suffice to illustrate the shift towards increasing reflection.<sup>11</sup>

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<sup>9</sup> This latter focus is well beyond the scope of this paper and is a more appropriate task for Indigenous scholars/researchers themselves.

<sup>10</sup> This is not to suggest that non-indigenous researchers were unaware of or, indeed, completely silent on the issue of research process prior to the 1980s. On the contrary, concerns in relation to the ethics and politics of research had already been articulated by some individuals. See, for example, C. D. Rowley, 'Some Guidelines for Research' (1976, first published 1971), which stands ahead of its time in confronting questions of research process.

<sup>11</sup> It is perhaps worth noting also that much of the critique of research (like Indigenous health research itself) has been resoundingly 'spatial', in the sense in which it has emanated from an experience of remote area research focused on so-called 'traditionally oriented' Aboriginal communities.

In her anthropological study of an Aboriginal medical system begun in 1974 among the Yolngu of East Arnhem Land, Janice Reid noted that while her research was undertaken within the context of a heightened interest in the social dimensions of sickness and curing, there was a distinct absence of any detailed study into contemporary Aboriginal health beliefs and practices. Reid's published account of her study, *Sorcerers and Healing Spirits* (1983), stands as a symbol of that growing interest among health and policy professionals, as well as medical anthropologists, into present-day Aboriginal approaches to health and illness. Since publication it has been treated, quite rightly, as a landmark study. Yet, Reid's reflections on the actual practice and purpose of researching Aboriginal health beliefs consisted largely of the stated desire to map the Yolngu medical system not simply for academic interest but also to help 'doctors, nurses and others working in cross-cultural settings, most particularly in Aboriginal health care' (Reid 1983: xiv).

In drawing attention to this absence of any overt reflection on the process and use of such research, the intention is not to appear dismissive but to suggest instead that *Sorcerers* was published at a time when research into Aboriginal health—both social and biomedical—was only just beginning to be openly acknowledged as politically problematic. Reid's work, to her credit, was fundamentally based on building close relationships and working partnerships with Yolngu people, and she included in it the usual reflectiveness of the anthropologist on the fieldwork undertaken. However, her discussion of the research itself—of its process and politics—stops there, which clearly indicates that the politics of research had not yet (at least for non-indigenous researchers) become a paramount issue or, more plainly, a 'hot topic'. Thus, in the best liberal traditions of medical anthropology, Reid attempts to represent the Yolngu system to a non-Aboriginal audience by providing a 'thick description' and encouraging them to understand and accept the historical depth and contemporary dynamism of the Yolngu approach to health and illness.

Almost two decades after its publication Reid's study is, in part, of interest precisely because it stands at the juncture between *undertaking* and *reflecting upon* research into Aboriginal health and Indigenous issues generally. This juncture is also well illustrated in the equally useful *Body, Land and Spirit*, a collection of essays on Aboriginal health and healing edited by Reid and published in 1982. Like *Sorcerers*, this collection aimed at encouraging health professionals and policy makers to contemplate the 'crucial relationships between Aboriginal health, culture, social change and the structures of health care' (Reid 1982: xv) and focused on 'traditionally oriented' Aboriginal communities. But also like *Sorcerers*, the contributors to this collection, who were working within a diversity of disciplines, offered little reportage on the research process itself nor on its politics.<sup>12</sup>

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<sup>12</sup> The only contributor to discuss in detail aspects of undertaking research is David Biernoff, who offers a critique of conventional psychological and anthropological interpretations of 'Abberant' behaviour in Aboriginal communities.

In the same year as Reid published *Sorcerers and Healing Spirits*, however, the beginnings of a more overt sensitivity towards the research process was evident in another Northern Territory study, this time undertaken in Central Australia. In *Health Business*, social researcher Pam Nathan reflected upon both her methodological approach and the politics of the research in which she was involved. Indeed, the first chapter of *Health Business* provides a detailed narrative account of the problems Nathan, as co-author, encountered in the research, of how she learnt to work cross-culturally, and of her abandonment of conventional research strategies in favour of 'culturally appropriate' ways of investigating her subject.

In many respects, this difference between Reid and Nathan was due to the research methodologies employed rather than the degree of 'regard' they each showed towards the Indigenous communities with whom they worked. As such it is not my intention, here, to suggest any simple 'progression' from one book to the other. On the contrary, within social and cultural anthropology a researcher reflection of sorts has long been 'built in' to the task of exploring non-Western cultures.<sup>13</sup> Within the field of social research, where cross-cultural work was and still is far less developed than in anthropology, methodological and political issues obviously struck Nathan as paramount. Importantly, as well, Nathan's study, unlike that of *Sorcerers*, was carried out under the close direction of an Aboriginal community-controlled health service, and one which had already developed a powerful critique of Indigenous health research. Finally, Nathan formally worked alongside an Aboriginal researcher, Dick Leichleitner Japanangka, who co-authored the study; then a rare event within such research projects.

Given this context, Nathan's task became as much an overt process of questioning research as an adaptation of particular research methodologies and procedures. As she wrote: 'In this way, the research process itself, including the ways of collecting, distributing and exchanging knowledge, became the object of scrutiny' (Nathan & Japanangka 1983: 5). A few years earlier, Nathan touched on similar issues in her study of the Victorian Aboriginal Health Service when she recognised the need to alter conventional social research methodologies and procedures (Nathan 1980: 17).

A further, more concerted, though rather brief statement of such concerns was provided by the anthropologist Maggie Brady in 1981. Drawing on critiques of 'white research' into both Afro and Native American cultures, Brady (1981) raised a number of issues connected with the process of undertaking research in Aboriginal communities. First among these was the failure by researchers to provide 'feedback' to the communities on which their research was undertaken. This had been earlier discussed by Graham Davidson (1976) in relation to psychological research in

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<sup>13</sup> This has not, however, necessarily been accompanied by an engagement with the broader politics of the research process, a point much debated within the field of Australian Aboriginal anthropology.

Aboriginal communities, and Brady's article reiterated much of Davidson's insistence on the need to adopt proper consultative processes. Brady, like Davidson, noted that black organisations in the United States had developed guidelines for the conduct of research and she argued for an extension of these to include an Aboriginal context. Indeed, Brady insisted that Aboriginal communities themselves become the priority recipients of research results, and that researchers not only be made answerable to them but also be obliged to identify the practical benefits of their work. Brady thus advocated (following the work of Paolo Freire) for the institution of a type of politicised 'problem-posing' research in which communities identified concerns to be investigated, participated in the research and controlled its outcomes.<sup>14</sup>

This emerging concern both with the research process and the utility of developing guidelines was to prove influential, and revolved around what might now be more clearly identified as an interrelated set of concerns focused on community identification and control, ethical process, appropriate methodology, Indigenous participation and training, and tangible benefit. A consciousness of these issues, however, and an acceptance of the need for such change was by no means generalised. As already noted, the CAAC statement to the AAS on the need for research guidelines caused considerable consternation. Similarly, within the biomedical field there seemed little consciousness of such issues. One paper by MacLennan (1982), for example, on 'Models for Health Research in the Northern Territory', talked up the need for a Territory-based health research institution (soon realised in the establishment of the Menzies School of Health Research) but showed no awareness whatsoever of the sorts of issues canvassed above. Indeed 'collaboration' was defined by MacLennan as building links between research and government institutions, not across cultures. This continued 'quarantining' of research practice from political considerations was not to last much longer.

## The Rise and Consolidation of 'the Guideline'

By the mid-1980s, concerns about research were rapidly transforming into the collective formulation of the guidelines first mooted and/or adopted by organisations such as CAAC and backed by non-indigenous researchers such as Davidson, Nathan and Brady. Although these ethical guidelines were both formal and formulaic, the promotion and adoption of them in relation to Indigenous health research was, in some sense, the most obvious first step towards 'transforming' research itself. The guidelines, as written rules or at least rule suggestions, were, in their semi-legal form, to provide the vehicle for an encounter and compromise between 'Western' research

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<sup>14</sup> This attention to research practice, it should be noted, also took place in the context of an emerging interest in Aboriginal health information. In 1981 the Australian Institute of Aboriginal and Torres Strait Islander Studies established a fellowship, occupied by Neil Thomson, with a focus on collecting, collating and disseminating research and information of ATSI health. In 1982 the *Aboriginal Health Information Bulletin* was begun and work on a bibliography of Indigenous health commenced. Thus, critique was coupled with bibliographic consolidation.



practice and Indigenous political aspirations in terms that could be *understood* by non-indigenous researchers. And, potentially, they also provided the means by which questions of practice could give rise to a broader questioning of the ways non-indigenous intellectuals and researchers conceptualised, wrote and spoke about the Indigenous world.

Illustrative of this rise of the guidelines was a triumvirate of interrelated conferences on Aboriginal health research that took place in Alice Springs and Camden, New South Wales, in 1986 and 1987. The first of these gatherings was the November 1986 national conference in Alice Springs on 'Research Priorities in Aboriginal Health', which was jointly convened by the National Health and Medical Research Council (NH&MRC) and the Menzies Foundation (see Houston 1987).<sup>15</sup> Drawing together more than two hundred researchers, health professionals and Aboriginal community representatives, this three-day conference canvassed a wide range of research issues and was, by all accounts, marked by intense and often heated debate.

Although convened under the auspices of scientific bodies, the conference engaged with both biomedical and socio-cultural research across the board. In doing so, it sought to provide detailed recommendations on the ethics, funding and process of research, the collection of health statistics and the evaluation of services, and priority research areas. Embodied within the final recommendations of the conference was a strong emphasis on issues of community control and involvement, information feedback, skills development, methodological flexibility, culturally appropriate research methods, and practical outcomes and benefits. Importantly, too, the recommendations emphasised the need for overall Indigenous control of research development and funding, and suggested that a representative Aboriginal Forum be established to oversee such a role. In addition, the conference specifically called for the establishment of ethical guidelines through a future forum of Aboriginal people, a recommendation that would be quickly realised.

As a spin-off from this conference, Alice Springs became the site of a further workshop on research and drug use patterns in June 1987. While not solely focused on research issues many papers at this workshop canvassed a range of ethical and methodological concerns, and participants reiterated the need for research to conform to community priorities and protocols, for researchers to possess cultural knowledge, for communities to be involved in research, and for the training of Aboriginal researchers.

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<sup>15</sup> The NH&MRC is the main government funding body for biomedical research in Australia. Along with other government funding schemes, philanthropic bodies and academic institutions it is the chief non-commercial source of research monies. Although the NH&MRC funds predominantly biomedical research, monies are also made available for socio-cultural research into health issues. Its key position as a major funder lends the NH&MRC considerable influence over the shape and conduct of medical research nationally. Within the NH&MRC Aboriginal health research has long been relegated a specific status within its committee structure, and since the early 1970s the council has adopted a rhetoric of evaluating research, at least in part, on the basis of its impact on Aboriginal people and its usefulness in bringing about health improvements (Anon. 1975: 19).

There was also discussion about the concrete problems of actually *doing research*, as opposed to simply canvassing guidelines for its conduct. In particular, participants spoke of the necessity for methodological flexibility within Aboriginal health research. Attention was also directed to the need for clear report writing and appropriate feedback methods, and of the benefits of participant observation, non-obtrusive methods, and interdisciplinary approaches in exploring the social and cultural context of Aboriginal health issues. This interest in the 'doing' of Indigenous health research was, as we will see, to continue on into the 1990s.

Finally, in terms of our triumvirate of conferences, questions of research ethics were directly confronted in a 1987 three-day workshop on the ethics of Aboriginal health research convened in Camden, New South Wales. Held in direct response to the key recommendations of the 1986 Alice Springs gathering, the workshop involved about thirty Aboriginal community representatives from around Australia, as well as a small number of representatives from the NH&MRC and other bodies. Shane Houston of the National Aboriginal and Islander Health Organisation (NAIHO) acted as convenor.<sup>16</sup> The central task of the workshop was to develop a set of research ethics guidelines and formulate mechanisms to tie research funding to the fulfilment of such rules. However, there were also discussions on how to ensure the involvement of Aboriginal communities in the design, execution and evaluation of research.

Significantly, it was not assumed at this conference that ethical guidelines were any *guarantee* to better research practice, nor that they would bring about deeper attitudinal change on the part of non-indigenous researchers. As such, the term 'Guidelines' was dropped in favour of the phrase 'Principles, Standards and Rules', and the formulation and enforcement of these was clearly seen as one step in a broader process of transforming research (Houston 1987: 12).

First and foremost, the 'Principles, Standards and Rules' adopted at the workshop emphasised a need for consultation and negotiation by researchers that not only recognised the right of Aboriginal communities to self-determination but also acknowledged the key co-ordinating role of Aboriginal community-controlled organisations. Moreover, they insisted that researchers actively demonstrate that such consultation and negotiation had taken place, was ongoing, and open to scrutiny by local community representatives (Houston 1987: 15). Indeed, the workshop participants went even further by putting forward a key proposal in which funds for research projects were to be channelled through, and managed by, community-controlled organisations as a way of guaranteeing Aboriginal control of health research.

Such proposals did indeed go beyond the formulation of ethical guidelines. They began to address the control of research by non-indigenous bodies, and to activate the

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<sup>16</sup> NAIHO is now known as the National Aboriginal Community Controlled Health Organisation (NACCHO).

notion of 'guidelines' as not just a set of written procedures but rather an opening up of concrete mechanisms for the Indigenous control and transformation of health research.

In addition to consultation and negotiation, the 1987 workshop advocated the need for principles of conduct in relation to specific social, cultural and gender issues, for appropriate and ongoing mechanisms of ensuring communication about and consent to the research being undertaken, for a needs-based approach to research, for the concerted training of Indigenous researchers, and for Aboriginal communities to have ultimate ownership and control of research material and data along with the right to veto and/or censor publication of research findings.

While the flavour of these principles was somewhat skewed to research in remote 'traditionally oriented' communities, the comprehensiveness of the recommendations made by the Camden gathering was to have ramifications nationwide and remain relevant to urban-based research as well. As such, the results of the workshop fed directly in to the National Aboriginal Health Strategy (NAHS) of 1989 (NAHS Working Party 1989: 207–17) and ultimately shaped the NH&MRC ethical guidelines on Indigenous health research released in 1991 (NH&MRC 1991). At the same time institutional ethics committees were increasingly being set up both within community-controlled organisations and within research centres engaged in Indigenous health research.<sup>17</sup>

The 1989 NAHS Working Party strongly endorsed the 'Principles' formulated at the 1987 workshop and recommended their adoption as the basis for considering Aboriginal health research proposals (NAHS Working Party 1989: 212). This was not the case with the NH&MRC guidelines that were finally released in June 1991. Although the NH&MRC incorporated many of the recommendations of the 1987 workshop, the adopted guidelines centred only on the three areas of consultation, community involvement, and ownership and publication of data. The adoption of such guidelines was generally seen as a significant step forward in ensuring ethical and politically respectful practice within Indigenous health research (or at least that funded by the major granting bodies), but the sense of 'Guidelines' as more than a set of stated rules was somewhat lost. Lost also, or rather ignored, was the more radical insistence on Aboriginal control of research funds and on related principles such as the ability of those researched to 'censor' and veto publication of research results. Indeed, the adopted guidelines on ownership and publication of data judiciously avoided actually stating who owned such data. Similarly, there was little sense within the NH&MRC guidelines of any mechanisms to ensure ongoing surveillance of research projects, with the result that the guidelines themselves merely established a type of 'gateway' process of obtaining ethical approval, with little stated means of following research projects once 'inside the perimeter'.

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<sup>17</sup> For a discussion of the formation of some of these 'Ethics Committees' see, for example, Aboriginal Health Research Ethics Committee of South Australia (1989), Ross, *et al.* (1991), Flick (1994), and Bourke (1995).

Not surprisingly, the formulation of such guidelines was always going to be a site of political struggle. Thus, those eventually adopted were a careful amalgam of acceding to Aboriginal criticisms of research practice while retaining a highly 'Western' sense of independent research. They also preserved a 'white' institutional dominance over health and medical research funding.

## **The 1990s: Playing Out**

What marked the debate over the practices of Indigenous health research during the 1980s was the intimate connection between thinking about research in practical terms and thinking about it in terms of the ethics and politics of the research enterprise. Expressed within this debate were often both operational concerns about how to *do* research into Indigenous health effectively, as well as political and moral concerns about how to do it constructively and consensually. As we have seen, even in the construction of guidelines there was the implication that they meant more than the terminology implied; that they were not, at least in their more radical guise, simply rules of admission to undertaking research, but attempts to redefine it as a practice.

A sense of struggle over the formulation of research guidelines was to continue during the 1990s, a decade in which there was ongoing debate over both the extent and implementation of such 'rules'. Similarly, there was continuing interest shown in exploring the mechanics of research and the politics of methodology. Finally, the 1990s was also a decade in which attention was drawn much more forcefully to the question of research priorities and benefits. Yet, notwithstanding a steady flow of reflective writing on these issues, relatively few commentators have sought to move very far beyond the parameters of debate set during the 1980s. This is both a reflection of 'on-the-ground' difficulties in actually transforming research—in shifting rhetoric into reality—and perhaps also of a certain narrowness of focus, in part brought about by a reliance on perfecting guidelines rather than more dynamically exploring the possible remaking of research practice.

## ***Ethics and Process***

We have already noted that the 1991 NH&MRC guidelines, while based on years of consultation and negotiation, were a somewhat watered-down version of the kinds of 'control mechanisms' requested by Indigenous critics. Since then, the ethical obligations of health researchers have continued to be the subject of periodic discussion. In 1991, for example, on the eve of the release of the NH&MRC guidelines, the *Aboriginal and Islander Health Worker Journal* provided a lengthy spread on the topic, in which it reiterated the need for community involvement in and control over research projects along the more radical lines set down by the 1987

Camden workshop (Wyatt 1991; Johnstone 1991). It also recognised that there was a certain lack of agreement on key issues underlying the general consensus surrounding ethics guidelines. This included issues such as the ownership and control of data (Hunter 1991: 5), and the limited usefulness of 'loose' guidelines themselves, particularly when formulated in a manner that left conventional research practices substantially unchallenged (Johnstone 1991: 11). Indeed, Johnstone (1991: 13) suggested that any steps towards better research practice should not be reliant on the NH&MRC taking a lead, but rather on Aboriginal people collectively formulating and promoting research protocols. In this way they would be taking power *away* from the NH&MRC, not reinforcing its supervisory role.

The publication of the NH&MRC guidelines invoked a mixed response from within medical and public health circles. For some they were more 'stringent' than expected, but although perceived as 'potentially constricting' of scientific research they were grudgingly accepted especially as they opened up even broader issues of how medicine relates to all minority groups (Maddocks 1992). Others, while recognising the 'watered down' nature of the guidelines seemed partly to conflate them with those of the 1987 Camden workshop on which they drew, interpreting their release as somehow potentially 'radical' (Biggins 1992).<sup>18</sup>

With hindsight, and as we have already suggested, the guidelines were neither particularly stringent nor radical. They did, however, represent a significant shift by Australia's major, and highly influential, health research funding agency towards a more consultative and respectful approach to research. Indigenous support for the guidelines was also clearly strategic, as they only delivered on certain Indigenous requests. But they did at least tie the major government source of health research funding to a set of 'Indigenous' protocols.

During the 1990s the NH&MRC guidelines became the model or template for ethical conduct within Indigenous health research, and were drawn on by other funding agencies and by institutional ethics committees nationwide. While this signifies their general acceptance and a willingness by non-indigenous agencies and researchers to pursue ethical process, it also indicates a certain stagnancy in the process of transforming Indigenous health research. This, indeed, is the problematic nature of such guidelines; they encourage the procedural observance of rules rather than a more dynamic movement towards fully reconceptualising research practice.

Few people have sought to grapple with this contradiction or to confront the 'absences' within the existing written rules on ethical research. However, in one such Indigenous attempt to push debate forward Anderson (1996) forcefully suggested the need to

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<sup>18</sup> This partial conflation of the 1987 workshop recommendations and the 1991 NH&MRC guidelines is not uncommon and seems to stem from an inattention to the historical details of their respective development.

connect the notion of the use and benefits of research more directly with ethical process, an issue we will turn to in a moment. Others, such as Manderson, *et al.* (1998) have sought to work through just what ethical process in terms of consultation and negotiation might actually be in practice. This is pertinent given the way in which Indigenous communities have rightly become suspicious of the rhetoric of 'consultation' itself. A similar approach to working through the specifics of following ethics guidelines, and improving on them at a local project level, is evident in Eades, *et al.* (1999).

In addition to this, signs of a renewed debate over the detail of the NH&MRC guidelines have recently emerged, in part as a response to the recent updating of the general NH&MRC *Statement on Ethical Conduct in Research Involving Humans* (1999). Critics have noted that the existing Indigenous research guidelines are still 'interim' and generally unenforced. In addition, they claim there is a need both to review them and, most importantly, to raise questions about the degree to which they are being complied with by non-indigenous researchers (Atkinson 1999; Paul & Atkinson 1999). Others have sensed a move towards a further watering down of ethical guidelines for Aboriginal health research, and insist that both the question of research priorities and, more broadly, the dominant 'Western' intellectual and moral values underlying existing ethics protocols be confronted (Biggins 1999).

### ***Method and Methodology***

Consideration of research ethics in more local and practical terms, as well as in terms of reviewing existing guidelines, relates closely to the continuing discussion of method and methodology by those involved in Indigenous health research. During the 1990s a number of writers continued to analyse the mechanics of research, either suggesting methodologically 'better' ways of undertaking inquiry or offering critical discussions of certain research models.

There has, for example, been a continuing interest in exploring and improving the feedback of research information to communities and individuals. This has often been embodied in 'how to' articles such as those by Hunter (1992) and by the Kimberley Aboriginal Health Workers (1992). More particularly, researchers have reported on their efforts to 'improve' information gathering and evaluation processes within Indigenous settings, where improvement is understood in both technical and political terms. This is evidenced in the narrative accounts of the problems faced and surmounted within research projects like that of Savage and Stuart (1995), as well as in the more focused explorations of methods and models of research, such as that of Howitt, Crough and Pritchard (1990), Perkins, *et al.* (1995), Miller and Rainow (1997), and Hecker (1997). It is also apparent in the development of what can be termed operational guidelines in relation to such things as the administration of

surveys like those in Donovan and Spark (1997). Similarly, ongoing work on the modelling and politics of culturally appropriate program evaluation has been done, for example, by Gray, *et al.* (1995) and Anderson and Brady (1999).

While this work differs in the extent to which it engages with the politics of the research process and rhetoric of reform, the above authors variously raise questions about the socio-cultural sensitivity of particular research methods, the consultation and negotiation processes pursued within research projects, and the level of participation and capacity building involved in undertaking research. The question of benefits is also broached, an issue to which we now turn.

### ***Priority, Benefit and Use***

The question of how to prioritise research efforts strategically and ensure that tangible benefits and outcomes arise from such research became an area of renewed concern during the 1990s, and perhaps most visibly indicates a move beyond the debates of the 1980s. At the beginning of the decade Lake (1992) demonstrated that there was a current dearth (rather than surfeit) of research on the major causes of Aboriginal morbidity and mortality, a comparative absence of research on urban Aboriginal health problems, and a lack of intervention or action research being undertaken by the research establishment. Earlier, a 1991 conference on Aboriginal Health Research Priorities, mirroring the one held in Alice Springs in 1986, once again questioned the direction of Indigenous health research. However, the questions raised were in many ways changed ones. Shane Houston and David Legge (1992) argued that while the 1986 conference was concerned mostly with the relationship between the researcher and the researched, the 1991 gathering looked to the *use and usefulness* of research and the knowledge derived from it. Held at the Australian Institute of Aboriginal and Torres Strait Islander Studies in co-operation with a number of key government agencies and community-based groups, it focused on a critique of 'investigator-driven' research and a reassertion of the centrality of community-controlled health services in transforming research practice. As Houston and Legge noted, the conference once again placed on the agenda the inherent contradictions in funding bodies and research institutions continuing to privilege the traditions and norms of academic research, while also wishing to address the need for transformed research agendas and practices in the area of Indigenous health. Part of this conundrum was the continuing adherence to a narrow definition of research itself, a privileging of investigator-driven approaches, and the control of research funding by non-indigenous bodies.

Within the broad health research community, the issues of priority, use, benefit and effectiveness were already being confronted more fully, at least by some. Indicative of this had been the organisation of a workshop in December 1990 on the theme of 'making research into Aboriginal substance misuse issues more effective'. The central

question addressed by participants at this workshop was how research could more directly benefit Aboriginal people and communities, as well as more effectively feed in to health policy and practice (Duquemin, d'Abbs & Chalmers 1991).

These issues, in relation to health research across the board, were once again explored by Anderson (1996) who sought to build on the relative lack of attention towards the issue of benefit within existing ethical guidelines. While carefully taking account of the culture and dynamics of academic health research, Anderson returned to the requirement that it is the *researched*, not the researchers, who should be the primary beneficiaries of any inquiry. As a central part of this analysis, Anderson (1996: 164) argued that the distribution of research funds—very little of which goes to Aboriginal community-controlled organisations—actively undermines attempts to link research with community development and social change. Aboriginal people and organisations thus remain marginalised participants in the research process, thereby reinforcing the absence of attention within existing studies as to what communities themselves perceive as priority areas, and making it difficult to ensure that the research undertaken results in various levels of benefit.

### ***Questioning the Rhetoric of Reform***

One of the useful aspects of Anderson's 1996 article was that it interrogated the notions of 'priority and benefit' in Indigenous health research. It also sought to ask questions about how these notions or requirements could be flexibly dealt with in practice; that is, made real rather than simply be adopted as policy rhetoric by funding organisations or, indeed, community-based groups. This questioning of the rhetoric of health research reform, to pinning it down, is crucially important. At the beginning of this paper it was argued that a new rhetoric of Indigenous health research practice has both pointed to change and masked inaction. This was not meant glibly, but as a recognition that while the development of ethical guidelines—along with the exploration of models of consultative, empowering and culturally sensitive research—has brought about real changes in research practice, it is all too easy for the broad research community to exaggerate this transformation.

In grappling with this issue some writers, however, have sought a slightly bolder and less self-congratulatory approach to discussing research reform. They have questioned the usage and meaning of current concepts about appropriate research methodology and practice, rather than simply reiterating the stuff of guidelines or drawing on the language of 'empowering' research strategies. This may be said to be bold because it potentially questions the promotion of certain ideas about research and its reform. It seeks to enter into an open dialogue about the possibilities for transforming research, rather than either conservatively resisting 'encroachments' on Western research practice or patronisingly agreeing with every apparently community-based criticism and perspective that arises.



A good example of this broader kind of questioning is a piece by Brady (1990) on problematising research. As noted above, in 1981 Brady had written enthusiastically about the 'new' approach to research, which advocated community control. Ten years later, while not abandoning this belief, she began to look underneath the rhetoric of transformation and found that things were more difficult than they seemed. In her 1990 piece she thus openly admits the failure of one of her participatory action research projects, which failed in part because of differences in Aboriginal and non-Aboriginal definitions of problem, priority and community, and partly because of the absence of community cohesion and internal authority. Unfortunately, Brady's article did not go far enough, but at least it suggested the need to examine in close detail the rhetoric of reform and the 'improved' research models that were now being proposed. Similarly, Torzillo (1997) cautiously raised questions about the new imperative to undertake research that is community-based, predominantly qualitative and of immediate benefit. He does not do so from a reactionary position, but rather wishes to pin down these ideas, and explore their limitations and practical applicability.

It is precisely these sorts of explorations that need to be more vigorously pursued within the field of contemporary Indigenous health research, not to circumvent a critique of 'Western research practices' but to ensure that talk of transformation is grounded in a concerted process of 'thinking through', which moves beyond an easy rejection or promotion of certain research models. This point leads us on to some concluding comments.

## **Conclusion**

In this paper we have traced the manner in which debate over the conduct, process and, indeed, ultimate worth of the broadly defined field of Indigenous health research in Australia has intensified in the past two decades. Although this mirrors similar debates within cognate research areas, the path of 'reform' within the field of Indigenous health research has been relatively unique. It has moved from an initial critique to the formulation and consolidation of ethical guidelines, to community-based initiatives enforcing ethical and appropriate process, to increasing reflection on method, methodology and the guidelines themselves, and finally to a resurgence of interest in questions of priority, effectiveness and benefit.

It has not been the purpose of this paper to deny the transformative impact of this process of critique and reflection. On the contrary, as we have seen the field of Indigenous health research has indeed been transformed. Prior to the 1980s, embarking on either biomedical or social research into Indigenous health issues was comparatively 'uncomplicated' by questions concerning the politics of the research enterprise. Now, however, the task of both identifying and undertaking such research

is enormously complex. Researchers are faced with the imperative of examining their own suppositions, actions and motivations, and of abiding by (at least on paper) a set of detailed ethical guidelines. Most importantly of all, there is now a strengthened ethos of Indigenous self-determination with regard to research, with Indigenous people not only increasingly undertaking research themselves but also enforcing the principle of Indigenous control.

Notwithstanding this, this paper has also sought to raise some questions concerning the transformation of Indigenous health research and non-indigenous involvement in this process. The pattern of change mapped out here suggests that efforts to transform Indigenous health research have constantly trod a delicate line between taking practical steps towards fundamental change in research practice and being sidelined into too great a reliance on written guidelines and positive rhetoric. While the use of guidelines and the promotion of certain research models has strategic value in terms of bringing about a changed research culture, there is still a need for research communities to remain alert to the ease with which incremental changes can be mistaken for broad transformations.

An equally pressing task, as with any agenda of transformation, is a move *beyond the project*. In surveying the past twenty years of reform activity within the field of Indigenous health research, one major element stands out: the concentration on the individual act of research, on the particular project, as the site for any such transformation. In one sense this is logical. By insisting that individual projects and researchers both abide by ethical rules and, more hopefully, develop models of co-operation, collaboration and action, the project itself is constituted as a step towards change. While researchers, the 'researched', and community-based organisations urgently need such models to draw on, there is also a clear need for a much more integrated interdisciplinary and intersectoral approach to the future of Indigenous health research *as a whole*. This not only means ensuring that ethical and community-identified research is undertaken, but also that research and its transformation is seen as a collective enterprise of the broad research community that will involve shifts in institutional arrangements as well local research practices.

In these broader terms, attention should certainly be directed to further developing research guidelines and participatory/ collaborative research models. In addition, however, the mainstream research and policy establishment needs to adopt a much more forward-looking exploration of what Indigenous health research *as a field* might look like in ten or twenty years time both in terms of institutional arrangements and working practices. Addressing this latter issue will involve, among other things, comprehensively identifying what mechanisms, organisations and programs need to be put in place, or further supported now, to ensure that traditionally entrenched ways and institutional sites of identifying, funding, controlling, and undertaking research are significantly challenged. While some may wish to raise questions about the rhetoric

of 'Indigenous methodologies' and 'community control'—and these are legitimate issues to explore—at the very least it needs to be acknowledged that, in Australia, this broader effort to institutionally re-position the funding, conduct and control of Indigenous health research away from traditional research establishments and funding bodies is, in international terms, highly underdeveloped. Yet it is clear that if, in a decade's time, the broad field of Indigenous health research is still relying on guidelines and key projects alone to guarantee 'good process and empowerment' then any transformation of that field will have been minimal if not, after thirty or more years of debate, negligible.

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## **CHRONOLOGICAL LISTING OF CRITICAL AND REFLECTIVE WORK ON INDIGENOUS HEALTH RESEARCH AND EVALUATION 1973–1999**

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