

Indigenising Photovoice: Putting Māori Cultural Values Into a Research Method

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Abstract: In this article, we discuss Indigenous epistemology that ensures research is inclusive of Māori cultural values, such as collectivity and storytelling. We explain an adapted photovoice methodology used in research investigating Māori (the Indigenous peoples of Aotearoa/New Zealand) patient's perspectives on *rongoā Māori* (traditional Māori healing) and primary health care. Traditional photovoice theoretical frameworks and methodology were modified to allow Māori participants to document and communicate their experiences of health and the health services they utilised. Moreover, we describe the necessity for cultural adaptation of the theoretical framework and methodology of photovoice to highlight culturally appropriate research practice for Māori.

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1. Indigenous Challenges to Traditional Research Practice

In this methodological article, we discuss the implications of incorporating cultural values and traditions into research methodology only and do not provide empirical data. This article is predicated on the Indigenous right to assert cultural values and traditions into Indigenous research processes through adaptation of research methods in culturally appropriate ways. The focus of Indigenous research is often on decolonising research, to develop research methodologies with Indigenous knowledge, experiences and values at the centre of the research (POUDRIER & THOMAS MAC-LEAN, 2009). In recent years, Indigenous researchers have attempted to better incorporate Indigenous knowledge into research (rather than simply relying on Western theories), by weaving the core values and beliefs of Indigenous communities into the research process, in a more integrated fashion (LAVALLÉE, 2009). [1]

One of the reasons for decolonising research is provided by RIGNEY (1997), who theorises Indigenist research as being informed by three fundamental and inter-related principles: resistance, political integrity and privileging Indigenous voices. He writes that Indigenous people have the right to expect to be written clearly and affirmatively into research by appropriate methodologies, including Indigenous knowledges and experiences. An example of how traditional knowledge and practice has influenced research method and methodology may be found in a project focused on understanding the cultural meanings of cancer among American Indian women (BECKER, AFFONSO & BLUE HORSE BEARD, 2006). In this study, talking circles were used to gather data, as this culturally grounded method was regarded as greater resonance and relevance to the American Indian community members participating in intragroup communication. Talking circles or healing circles are rooted in traditional storytelling and religious ceremonies. They may include the incorporation of other symbolic and sacred traditions and rituals, such as burning sage, the use of eagle feathers, and passing a sacred rock to symbolise a person's turn to talk (ibid.). Another study on *rongoā* Māori [traditional Māori healing] has incorporated the Māori cultural ceremony of *pōwhiri* [cultural welcome ceremony] to describe research methodology and *whakatauki* [proverbs] to describe cultural frameworks of analysis (MARK, 2012). These examples show different cultures are making a conscious effort to incorporate cultural values and traditions into research practice. By incorporating these aspects in research, RIGNEY (1997) believes a shift in the construction of Indigenous knowledge can be made in such a way that does not compromise Indigenous identity or Indigenous principles. RIGNEY's assertions, in addition to Māori scholars' promotion of the need to decolonise research methods and methodologies (SMITH, 1999), can be explored further by consideration of Indigenous worldviews and methods of knowledge transference. [2]

Worldviews are ways people use to make sense of their environment and are developed throughout a person's lifetime through socialisation and impact and influence the way people see the world (HART, 2010; ROBINSON & WILLIAMS, 2001). *Te ao Māori*, the Māori worldview, is based on Indigenous knowledges that cannot be verified by scientific validation (DURIE, 2004) and is typically collective

rather than focused on the individual. For many Māori, the collective identity is a lived experience based on genealogical, land, history and spiritual ties reflected in attitudes, behaviours and lifestyles. The reclamation and assertion of being Māori enhances the sense of collective identity further reinforced by way of contrast with the dominant individualistic paradigm. The tensions at the interface of these two worldviews must be constantly mediated by Māori people themselves, who necessitate the ability to be self-determining (BERGHAN, 2007). The collective epistemology is one of the major challenges the Indigenous world views, and in particular, a Māori worldview offers to traditional individualist research approaches. [3]

One of the ways knowledge was sustained and protected within Indigenous communities has been through storytelling (LEE, 2009), and among Māori, the tradition of telling a story remains a preferred way of passing on knowledge (BISHOP, 1996). Historically, Māori culture was primarily an oral tradition and stories were viewed as important ways of passing on knowledge. Examples of stories as knowledge include those that held particular messages or lessons such as proverbs; those that referred to places and times to plant, harvest or gather food; or those required to maintain accuracy such as *whakapapa*, which is genealogy and family history (ibid.). More recently of the art of storytelling and of retelling traditions has been reclaimed as a form of decolonisation (ibid., see also CORNTASSEL, CHAW-WIN-IS & T'LAKWADZI, 2009; LEE, 2009; McKEOUGH et al., 2008). The process of decolonisation can involve adapting research methods for gaining access to Māori and Indigenous knowledge. [4]

Alternative forms of Indigenous art-based research have been conducted using talking circles (ZURBA & FRIESEN, 2014) or digital storytelling (NDIGIDREAMS, 2012). Research using art as a form of expression has worked to empower Indigenous participants to utilise ways of telling stories that do not rely on the spoken word alone. For example, digital storytelling uses digital tools to help diverse people create powerfully compelling and emotionally engaging personal narratives. Digital stories are a way to provide a community-based, learner-centred approach, combining first person narrative with digital images and music. These digital stories provide alternative views and perspectives helpful to demystifying stereotyped representations about indigenous peoples. All these forms of cultural expression give Indigenous research participants a greater number of ways to tell their stories that also gives them a more diverse research participation experience, than the common one-off qualitative interview. [5]

While stories are a way of representing truth, different stories give different versions of the meaning of truth depending on the storyteller endowed with power and control. Within Māori research, the use of stories as a research method involves giving the research participants the power and control over the creation of their own stories (BISHOP, 1996). BISHOP positions Māori stories and Māori storytelling within narrative inquiry and, in doing so, addresses the concerns Māori have about research into their lives in a holistic and culturally appropriate manner. The storytelling and the stories imparted occur within the Māori research participant's own cultural context and language. In research, stories and

storytelling can be employed as qualitative tools through which to access Māori perspectives on different issues. A particular method of storytelling in qualitative research is photovoice, which involves pictures to the storytelling process. [6]

Section 2 includes an overview of traditional photovoice methods, with a description of the researchers and the methodology. Once this context has been outlined, the position of the researchers will be described, and the research process and methods are explained. Section 3 of the article begins with a brief explanation of the authors and their backgrounds, before introducing the research process and the three cultural adaptations made to photovoice methodology in the study. A series of methodological issues are also discussed including reflection on practice between research method and worldview; adherence to Māori health research ethics; researcher positioning within the research including reflexivity, reducing the power and control differentials between the researcher and participant; participant hesitance about sharing their contributions; and the participant contribution output of the research. We conclude this section of the paper by underlining the value of Māori-voice as a site of Māori empowerment and decolonisation. In our conclusion (Section 4), we address the indigenous epistemological challenge to traditional methodologies. [7]

2. Traditional View of Photovoice

Photovoice, as a qualitative research method, first emerged as photo novella described as a way to use people's photographic documentation of their everyday lives as an educational tool to record and reflect their needs (WANG & BURRIS, 1997). Photovoice has typically come to be viewed as "a process by which people can identify, represent and enhance their community through a specific photographic technique" (p.369). What is now understood as the photovoice method (PV) was based on three underpinning theoretical foundations: empowerment education, feminist theory and documentary photography (WANG & BURRIS, 1994). Empowerment education contributed a concern for individual development that created discussion on social conditions that contributed to, or detracted from, the health status of photovoice research participants, and was directed toward action. Furthermore, empowerment in this context included communicating identified needs to policymakers (ibid.). [8]

When documentary photography was initially created, it involved putting the camera in the hands of people who would otherwise not have access to this technology and allow them to be recorders and potential catalysts in their own communities (ibid.). However, technology has changed since then and people have the ability to take photographs using a variety of devices. PV has become the means by which the researcher can perceive the world of the participants using peoples' knowledge as the source of expertise. In essence, PV is a way of allowing participating communities to photograph images of needs and issues in their communities and contribute ideas to solutions or programme implementation to address those issues or take action (WANG & BURRIS, 1997). [9]

Photovoice is a research method often found in studies linking health and place (BUKOWSKI & BUETOW, 2011; JENSEN, KAIWAI, McCREANOR & MOEWAKA BARNES, 2006). For example, one study employed photovoice to enhance community health assessments and programme planning efforts. With PV, the community is able to record, reflect, and communicate their family, maternal, and child health assets and concerns (WANG & PIES, 2004). In Aotearoa/New Zealand, PV has been used as a methodology with homeless women who used visual images to identify threats to their housing and health. A key finding of this research was the demonstration of a strong and strategic sense of place and community (BUKOWSKI & BUETOW, 2011). In addition, a youth-oriented needs assessment using photovoice contributed to ongoing positive youth development projects in Clendon and Mangere Central in South Auckland (JENSEN et al., 2006). The JENSEN et al. study employed photovoice as a tool to understand social change through community relationships that aimed to empower youth and to understand the issues the young people themselves were facing because of social change. Whilst these two Aotearoa/New Zealand studies included Māori and Pacific Island participants, neither one included discussion of Māori cultural values and beliefs in their studies or methodologies. [10]

3. A Māori Framework as an Indigenous Approach and the Challenge that it Provides to Traditional Photovoice Methods

3.1 Researcher positionality

The study upon which this article is based was conducted as part of the lead author's postdoctoral research funded by the Health Research Council of New Zealand. The research itself sought to explore Māori patients' perspectives on health; their experiences of traditional Māori medicine and primary health services; and their views on greater integration between the two. Research findings are reported elsewhere (MARK, 2014). At the time of the research, we worked for a tribally owned and mandated research centre, committed to undertaking strengths-based *kaupapa* Māori research, which would lead to improved health outcomes for Māori people. This research was conducted under the auspices of that organisation. [11]

We are Māori women who see research as a vehicle for the emancipation, politicisation and transformation of their people. Glenis has 12 years' experience in research on Māori health and healing. Amohia has over 16 years' experience as an academic and health researcher and at the time of the study was Glenis' postdoctoral supervisor. This article was created in student-supervisor author collaboration after the research was completed. We are passionate about working on research that contributes to the health and well-being of Māori and all Indigenous peoples. [12]

3.2 Research process

As noted, the study upon which this article is drawn was conducted as part of a programme of postdoctoral research. Ethical approval for this study was granted by the Central Health and Disability Ethics Committee in June 2012¹. [13]

Two groups of participants—comprising firstly, Māori who have experienced primary health care, and secondly, Māori who have experienced *rongoā* Māori healing—were approached to take part in the study. Participants were drawn from regions which have relatively large Māori populations: Northland, Auckland, and Waikato regions of Aotearoa/New Zealand. Qualitative purposeful sampling was used to ensure that participants had relevant experience in either *rongoā* Māori or health treatment (PALINKAS et al., 2015). The first group comprised 19 participants and the second group comprised 14. Thus, 33 participants were asked to participate in two qualitative semistructured interviews, held three weeks apart, with a PV component to be conducted between interviews. Qualitative semistructured interviews were used to capture the stories of participants and the ways they made sense of their experiences (RABIONET, 2009). The first interview focused on exploring participants' perspectives of health, illness and their experience of health treatment with doctors and, if any, healing treatment with healers. At the end of the first interview, Glenis described the photo-taking aspect of the research and provided participants with a research guide book, which was a photo training manual, and a digital camera. [14]

The research guide book was designed to help participants with any questions they would have about the research. The guide book included a description of the research aim, requirements for participants, and photo-taking tips (e.g., how to take photos and how to look after the camera). Each section heading was translated into Māori language for the familiarity of participants. In addition, the researcher provided contact details for all participants, should they choose to communicate. [15]

The research guide book was given out to participants with the expectation that they would read and digest the information in their own time. Practical assistance was also offered, but not insisted upon, to mitigate the influence of the researcher on the research participation process. After the first interview, participants were asked to take a set of images that represented their perspectives on health and illness as well as health and healing treatment. In addition, they were asked to keep a research diary of their thoughts about why these images were important and representative of their perspectives. Data from the first interview were analysed using inductive analysis (BRAUN & CLARKE, 2006) to provide feedback to the participant, midway between the two interviews. At the second interview, the participants were invited to discuss eight to ten of the photos they took, with the researcher, who facilitated a conversation with the participant about the meaning or significance of each of these photos. In addition, the researcher elicited the participants' perspectives regarding the integration of primary health

1 Ethics ref: CEN/12/06/020

care and *rongoā* Māori services. The exercise of theoretical and methodological adaptation privileges Māori cultural worldviews and ways of being, and places Māori ontology and epistemology at the centre of photovoice research. In doing so, the process ultimately creates a method of storytelling with pictures, as a site of Māori research empowerment. [16]

3.3 Cultural adaptation 1: *Whakatauki* (proverb)

Traditional photovoice typically begins with a lengthy process of recruitment and training that occurs in groups over several sessions varying in duration (WANG & BURRIS, 1997). In contrast, the first task Māori participants recruited into this research were asked to do was to share their thoughts and ideas about their concepts of health, illness and health treatment in a first interview. This change was made because storytelling at an individual level gives Māori the power to create and define their own story, the truth and the meaning it has for them. BISHOP (1996) argues that using story as a research approach allows the complexity of human experience with multiple interpretations to be expressed. This study specifically aimed to create space for a multiplicity of views regarding health and illness, to provide participants with the opportunity to present these views in their own words, and to empower Māori to voice and express their opinions. [17]

The first cultural adaptation created a change to photovoice methodology by beginning with an interview. Photovoice traditionally begins with recruitment and photo training of how to take photos and the content and purpose of the photos. The reason for the first interview in this research was to gather initial data from the participant and to educate them on the photo-taking aspect of the research. In reality, Māori-voice has changed photovoice methodology through the addition of an initial interview, with less emphasis on photo training, thereby placing greater emphasis on participant narratives. Māori-voice challenges PV to focus more on allowing participants to tell their own stories, as a culturally appropriate form of knowledge transference, rather than focusing on the photographs alone. [18]

The first cultural adaptation of the theoretical underpinnings of PV termed *whakatauki* or proverb, is proposed to provide a Māori cultural underlying meaning to photovoice. The metaphorical meaning of the following proverb signified the importance of storytelling for Māori: "Ko te kai a te rangatira, ko te korero" which is translated as "The food of chiefs is speech". This led to the first methodological variation of an initial interview in which participants were asked to voice their perceptions or to tell their stories about health, illness and health treatment. [19]

3.4 Cultural adaptation 2: *Mahi Whakaahua* (storytelling through photos)

In traditional photovoice methodology, extensive and sometimes repeated training about taking photos, the use of a camera, and content of photos is undertaken. A great deal of time and resource is also invested in the consenting process of people who may appear in photographs (WANG & BURRIS, 1994). In traditional photovoice, once participants have been thoroughly trained, they are given their photograph assignments which are then analysed in groups by selecting and coding the photos in a group format (ibid.). [20]

At the end of the first interview, the process for the photo-taking aspect of the research was explained to participants. In contrast to traditional PV practice, this study provided minimal training on the content and focus of the photos, the rationale being to provide Māori with the space to formulate their own ideas about health, illness and health treatment and to give Māori the freedom to create their own photo content. This process promoted Māori as the expert of their own perceptions and opinions, and capable of creating picture forms of their ideas, rather than assuming the researcher is more knowledgeable about their photo-taking process. Photo taking together with interviews is useful because research has shown that data collated through an image-based approach is different from, but complementary to, material gathered through traditional interviews. Photo methodology may elicit issues for participants that would not otherwise be revealed (JORGENSEN & SULLIVAN, 2009). [21]

In lieu of lengthy training sessions, a photovoice manual was given to participants as a reference resource for them to consult in their own time while taking photos. The training manual avoided the use of the word "photovoice", and instead employed the phrase "telling your story in pictures" to avoid the inclusion of technical research jargon that may have caused participants to feel overwhelmed by the task. The use of the manual, in conjunction with a short and informal lesson on the use of the camera, was considered more appropriate for Māori participants than extensive and repeated training sessions, which may have acted as a deterrent for participants. In addition, during the first interview, participants were informed that the digital camera they were being given to take photos was being given to them as a *koha* [gift] for their time and effort in participating. The aim was to provide Māori with a sense of ownership over this aspect of the research resulting in a more genuine partnership approach that would increase participant retention. However, participants were assured that if they had any further queries, they could feel free to send e-mail to or call the researcher at any time during the photo-taking process. [22]

The second cultural adaptation changes traditional photovoice methodology from multiple training sessions and specific instruction on photo content, to one presentation of the photo assignment to the participant, together with a photo manual. The reason for this change was to empower Māori participants to be the owners of their own photo-taking assignment, to decide the photo content for themselves, and if they required further assistance, to use the manual. In addition, the researcher provided contact details should they wish to make

contact with further queries. Māori-voice challenges PV to give the power and control of the photograph-taking process to participants, rather than the researcher. [23]

This second underlying Māori cultural theoretical adaptation of the photo-taking aspect of this research is termed *mahi whakaahua* or the process of telling stories through pictures. The methodology variations include providing minimal camera training, giving Māori a training manual for reference during their photo-taking process, and sending feedback to participants between interviews, which aimed at participant retention and engagement. [24]

3.5 Cultural adaptation 3: *Pūrākau* (Meaning making of the photos)

In traditional photovoice methodology, once participants have completed their photograph assignments, the photographs are then analysed in groups by selecting and coding the photos in a group format. WANG and BURRIS (1997) use the terms selecting, contextualising and codifying to describe the process used when participants provide the meaning to their photographs in groups. [25]

In contrast, this research utilised the second interview to elicit the meaning of the photos for participants, and create space for the participant to express their ideas of the content and meaning of the content of the photos in story form. In this research, the term *pūrākau* is coined as a phrase that describes a way to better understand Māori experiences and lives (LEE, 2009). While a literal Māori interpretation of *pūrākau* would be myth or legend, more recently Māori researchers have used the word as a means of creating a methodological space for the culturally appropriate narrative approach to data collection (ibid.). The term *pūrākau* is used in this sense to describe legitimate Māori ways of talking about the stories contained within their photos. The meaning-making aspect of Māori-voice in the second interview was conducted in such a way as to allow the participant to talk about their ideas contained within each photo and to prioritise the photos they considered most meaningful to them. This was often a metaphorical process, as many of the images did not immediately relate to the meaning given to them by the participants. An example is a photo of an egg that was cracked open and sat on a kitchen counter bench. The participant stated this was a conscious choice to mean she was not cracked (meaning crazy), an interpretation unique to her perspective alone. This meaning-making process is considered to be a form of *pūrākau* creation and this methodology change was made to ensure that the participant maintained the power and control over the photo taking, and subsequently, the photo meaning-making process. In addition, the views of participants on the integration of primary health care and *rongoā* Māori services, which was the focus of the research, were discussed. This entire research methodology was purposely created to initiate, ground and embed the ideas of participants in their concepts of health, illness and health treatment until the last research question was asked in the second interview. During this final aspect of the research process, the methodology returned to storytelling to elicit participant's views on whether healers and doctors can work together. [26]

The third cultural adaptation changed the methodology of photovoice by asking individual participants to make sense of their own photos. In photovoice methodology, participants work together in groups to put the photos into context and to codify them. In the methodology for Māori-voice, each individual participant told stories that made sense of their own photos for themselves. The reason for this was to allow each participant to put their own sense-making process into the research data, thereby having individual input into the final results. Again, Māori-voice focused on the narrative of participants and the photos provided the pictures to their stories, and also become a catalyst and memory holder of stories for participants. This approach is similar to other photovoice research that co-opted participants as co-researchers who took a photo or series of photos about "ordinary" parts of their lives that were seemingly trivial or unrelated to the research topic (WOODGATE, ZURBA & TENNENT, 2017). Similar to Māori-voice, it was noted that these photos, once interpreted by the co-researcher, could still provide meaningful data with which participants had the power to create their own photograph data meaning. Māori-voice challenges PV to use storytelling through photos as a culturally appropriate way to collect data from participants. When all participants' stories were collated together, they constituted the collective nature of the Māori worldview by providing a combined perspective on health and health treatment for Māori. [27]

In summary, the third cultural adaptation of the theoretical underpinnings of PV is the use of *pūrākau*, which describes a Māori cultural way of describing the photo meaning-making process as the creation of Māori-centred thought processes and stories. A similar process was described in other research that used a four phase photo interview process. There was an opening phase for an initial interview, a phase for active photo shooting where participants took photos, a phase for decoding where participants talking about their photos, and a phase for analytical scientific interpretation where the researcher analyses the data (KOLB, 2008). The difference with our cultural adaptations is that we are incorporating Māori cultural values into our methodology which is appropriate for the research topic, researchers and participants. [28]

These cultural adaptations of the theoretical underpinnings and methodology variations of PV reflect a Māori way of viewing the world. Termed *whakatauki*, *mahi whakaahua* and *pūrākau*, the cultural adaptations have, in turn, led to the methodological variations in the study, the utilisation of two interviews with photo taking including the process of storytelling as presented in the table below. It is the deliberate act of giving a voice to Māori through storytelling and photos, which give rise to the term, Māori-voice. [29]

3.6 Connecting the cultural adaptations

The three cultural adaptations are more than just literal translation of research methodology. They also provide a cultural context to the meaning of each cultural adaptation promoting expression of cultural values and concepts. The *whakatauki* is a form of esteem of the *kōrero* [story] and the stories being told. It is a way of giving the stories respect and honour as a chiefly practice, rather than just a few lines of talk. The *mahi whakaahua* cultural adaptation indicates not only taking photos, but incorporates the whole process of deciding the content of photos and why those images relate to the perspectives of participants. The *pūrākau* refers to the meaning making of the photos, and the cultural context of this cultural adaptation is shown by the way individuals took images and gave them a specific meaning no-one else would have seen or even considered. The interpretation and metaphorical meaning of those photos was their own and nobody else's, incorporating their own experiences, worldview, beliefs values and ideas about health, illness and health treatment. All these cultural adaptations aimed to give the power of the research process to the participants (Table 1).

Theoretical Framework	Methodology
<i>Whakatauki</i> (Proverb): <i>Ko te kai a te Rangatira he korero</i> [Speech is the food of chiefs]	Interview One: Participants tell their stories about health, illness and health treatment.
<i>Mahi Whakaahua</i> : <i>Ko te korero ma nga pikitia</i> [Storytelling through photos]	Photo-taking: Participants receive a training manual and digital camera; they take photos representing their ideas about health, illness and health treatment. They are then contacted with feedback from the first interview.
<i>Pūrākau</i> : <i>Ko te korero o nga pikitia</i> [Meaning making of the photos]	Interview Two: Participants share the stories of their photos as a meaning-making process.

Table 1: Theoretical framework and methodology of Māori-voice [30]

3.7 Methodology issues

A number of methodological issues were raised during the course of the research, which required the researcher to reflect on the practice of photo taking, the relationship between this method of data collection, Māori worldviews and customary practice, and on the desired outcomes from the project. One such reflection on practice concerned the relationship between method and worldview and arose as a consequence of the researcher's knowledge regarding the collective nature Māori society. Therefore, the use of singular interviews and participant photo taking would seem counter-intuitive to Māori practice. However, participants did, in fact, involve their *whānau* [family] and friends throughout the course of the photo-taking and journaling stages of the research. Participants

called on members of the wider *whānau* as well as their friends, for different types of assistance such as posing as photo subjects, assisting with working the camera, or transporting them to various sites where the participant wished to take a photo. Therefore, friends and family of the participant became a part of the research process regardless of whether they were actually involved in photo-taking processes or not. The ethical issues, regarding the use of photographs with identifiable people, were discussed in some detail with participants, given that an output of the study was to be a published book of photos and stories. Prior to taking photos, the researcher explained to participants that without consent, photos of people could not be used in any publications. As a consequence of these discussions, participants were given the responsibility to gain consent of any people who could be identified in their photos (WANG & REDWOOD-JONES, 2001). This practice supported the Māori value of collectivity, which focuses on the way Māori take responsibility for each other and work together, rather than in an individualistic manner. The collective nature of Māori in this research became evident when it was found that the only additional people in participants' photos were their own *whānau* members. As a consequence, it became apparent that it was right, or *tika* that it was participants who asked for permission to photograph, rather than making that the responsibility of the researcher. [31]

According to "Te Ara Tika" (a booklet written by the Health Research Council of New Zealand outlining the guidelines for Māori research ethics, see HUDSON, MILNE, REYNOLDS, RUSSELL & SMITH, 2010), best research practice involves considerations of two core practices, namely *māhaki* [creating trust and faith] and *mana whakahaere* [sharing of power and control] (HUDSON et al., 2010). In this study, the researcher aimed to provide clarity about the research methodology and the outcomes of the research for the participants, as well as explaining what would happen to the data. Referral to a Māori ethical guideline or framework in the course of the study helped ensure the project delivered its intended outcomes, as encouraged by HUDSON et al. (2010). All participants were informed of the ways their information would be used: for example, a research participant booklet was to be created and they would receive a copy (MARK, 2014). The best practice of *māhaki* focuses on creating a level of trust and faith in the relationship between the researcher and the participant (HUDSON et al., 2010). At the first interview, participants were often unsure of the process, but all participants were much more relaxed by the end of the interview and were much more open by the second interview, which indicated they had become familiar with the researcher and the research process. The best practice of *mana whakahaere* refers to the sharing of power and control with the relevant Māori communities (ibid.). Concerns around trust and power-sharing in a Māori setting resonate with similar discussions in feminist approaches or participatory methodologies. A key difference, however, remains the focus on a framework of Māori cultural values (such as collectivity), which not every culture or marginalised group shares. In this research, the creation of the Māori-voice methodology aimed to give participants the control of their contribution to the photo-taking and meaning-making process, as described earlier. This methodology aimed to allow the participants to take photos, in their own time,

with content of their own creation and to make sense of those photographs for themselves, rather than the researcher insisting on the content of the photos. [32]

It is important to position the researcher within the context of the study and in relation to the research participants. This act of "positioning" forms one part of a wider process of critical reflection and reflexivity which the researcher undertook at a number of stages throughout the course of the study. As CHILISA (2012) observes, reflexivity as a strategy can help ensure the researchers' involvement does not, in fact, threaten the credibility of the study. Critical reflection on the part of the researcher at various key stages of the research was necessary to balance the researchers' close relationship to the participants and ensure the meaning making that arose from the method was not unduly influenced by the researchers' own beliefs and experiences. [33]

One of the ways the researcher made significant efforts to reduce the power and control differentials between the researcher and participants was through the Māori research ethical values of *tītiro* [look], *whakarongo* [listen], *korero* [speak] (SMITH, 1999, p.120). Broadly speaking, these values translate to "look, listen and then talk" and refer to the importance of looking and listening to the participant and watching, listening, learning and waiting until appropriate to speak. Such a practice encourages respect and trust to develop in the growing relationship between the researcher and participants. This practice differs from traditional practice because Māori often communicate through nonverbal language such as nodding yes, even when they disagree with what you are saying. Recognising nonverbal cues and cultural communication mores requires familiarity with customary Māori ways of communicating (TIPENE-LEACH, 1994). Cultural forms of communication were relevant to Māori-voice because communicating the research requirements of the research was crucial to ensure participants understood the instructions. To avoid tensions or difficulties in future research practice, familiarity with the cultural communication patterns of participants is recommended. Further, in this study we found that a familiarity with these subtleties in communication on the part of the researcher enabled participants to relax and feel as though the conversation was occurring between friends. Employing this practice allowed stories to unfold, allowed the researcher to maintain integration and quality in the research and was also a means by which we could acknowledge and support participants in their research contribution. [34]

A further value, that of *kia tupato* [to be careful and take care] describes being politically astute, culturally safe and reflexive about the insider-outsider status of the researcher (PIPI et al., 2004). This may have meant that some Māori concepts may be taken for granted because of a shared position. However, in this research, efforts were made to identify with participants as Māori and build rapport using familiar methods of communication, and yet, strive to maintain the research methodology at the same time. This involved building and maintaining insider rapport with participants as Māori, and at the same time, remaining an outsider researcher to the participants' process of recording of their perspectives on health and health treatment. [35]

The main difficulties participants expressed were initial feelings of insecurity about whether they had anything valuable to contribute. This may be attributed to a lack of prior participation in research and lack of knowledge about what was expected, as well as a reflection of the cultural value of *whakama*; a concept that conveys a sense of inferiority, but also excessive modesty. The researcher was quick to assure each participant that there were no right or wrong answers, and that their perspective would be valuable to the study. This assurance appeared to give participants the confidence they needed, as subsequent to this explanation; once participants started talking, they had many stories to share and were often surprised and pleased with their contributions. In particular, participants were very excited and passionate about sharing their photographs at the second interview. [36]

One of the research outputs created from this study was a high-quality book of participants' photos and an accompanying paragraph, in the participants' own voices, of how the photo represents health and well-being (MARK, 2014). The purpose in producing the book is two-fold: to offer it to all participants as a *koha* in recognition of the time they have given to the study and as a record of the stories that were captured. It is hoped this booklet is helpful to signify the purposeful attempt made by the researcher to empower the participant in each step of this research methodology. [37]

3.8 Maori-voice as a site of Māori empowerment and decolonisation

By altering photovoice into "Māori voice", indeed through the inclusion of Māori concepts into the PV methodology, we believe we have successfully facilitated a grassroots Māori participant empowerment approach that promotes decolonisation of the methodology. This process of decolonisation occurred through the individual experiences of the participants' meaning-making process in the interpretations of the photos. Art can be a powerful medium to achieve outcomes that shift power towards the participants by promoting them as the experts of their own perspectives and experiences (ZURBA & FRIESEN, 2014). A participant empowerment approach was also experienced by participants themselves. We were privileged to hear the stories of participants who had made positive changes in their lives (such as trying to eat healthier foods or attend the gym), activities those participants were not interested in prior to the research. In addition, we would argue that adjusting the research methodology to incorporate Māori values, concepts and worldviews promotes the potential for future Māori and Indigenous research methodology to do the same. [38]

4. Conclusion Showcasing Māori-Voice as an Indigenous Epistemological Challenge to Traditional Methodologies

These cultural adaptations of the theoretical framework and methodology of PV, and the development of the Māori-voice method, the voice of Māori through picture storytelling, challenges traditional methodologies to include Māori cultural values and practices such as collectivity and storytelling in research. [39]

The inclusion of Māori concepts in research may engender a sense of ownership in research for participants. In this research, anecdotal evidence from several participants showed they had made positive changes in their lives which they attributed to participation in the research. Several participants felt empowered to join the gym, take new jobs, eat healthier, and some found the research process therapeutic. It is hoped the inclusion of cultural values in research will foster empowerment in future research for participants and assist to implement a culturally appropriate research process founded on lessons from other PV studies with Indigenous peoples (CASTLEDEN, GARVIN & HUU-AY-AHT FIRST NATION, 2008). Despite not using all of the theoretical bases of photovoice, the cultural and methodological adaptations and changes made in this research warrant the naming of Māori-voice as a unique and Indigenous methodology. [40]

Māori-voice, the process of giving voice to Māori storytelling with the addition of photos, provides a theoretical framework of *whakatauki*, *mahiwhakaahua* and *pūrākau* as culturally appropriate forms of Māori expression in photo storytelling research. These led to cultural methodological variations of individual storytelling, photo taking and meaning making. In our experience, and through conversations with our participants, we believe that Maori participants' knowledge and experiences of health, illness and health and healing treatment empowers them to make positive changes in their lives. Within this Māori cultural theoretical framework are glimpses of the original concepts of PV, but the contribution of Māori-voice is to privilege Māori ways of being and thinking in research methodology. The insertion of Māori ways of thinking and being into research ensures power and control resides with Māori participants. The cultural adaptation of theoretical frameworks and methodology is advocated as an innovative way to take the best of traditional research methods and create a fusion with Māori ways of thinking and being to create cultural empowerment in future research with Māori. [41]

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Appendix: Glossary

<i>kia tupato</i>	to be careful and take care
<i>koha</i>	gift
<i>kōrero</i>	speak/story
<i>māhaki</i>	creating trust and faith
<i>mahi whakaahua</i>	storytelling through photographs
<i>mana whakahaere</i>	sharing of power and control
<i>pōwhiri</i>	cultural welcome ceremony
<i>pūrākau</i>	meaning making of the photographs
<i>tangata whaiora</i>	mental health consumers
<i>tino rangatiratanga</i>	sovereignty
<i>tītiro</i>	look
<i>whakahaere</i>	sharing of power and control
<i>whakama</i>	a sense of inferiority and excessive modesty
<i>whakarongo</i>	listen
<i>whakatauki</i>	proverb
<i>whānau</i>	family

References

- Becker, Sara A.; Affonso, Dyanne D. & Blue Horse Beard, Madonna (2006). Talking circles: Northern plains tribes American Indian women's views of cancer as a health issue. *Public Health Nursing*, 23(1), 27-36.
- Berghan, Grant (2007). *What does a collective identity mean from a Māori point of view? How would the collective identity fit with a Māori worldview and the realities of Māori health promotion?*, <http://www.hauora.co.nz/resources/Maoripointofview.pdf> [Accessed: August 20, 2016].
- Bishop, Russell (1996). *Collaborative research stories*. Palmerston North: The Dunmore Press.
- Braun, Victoria & Clarke, Victoria (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101, http://eprints.uwe.ac.uk/11735/2/thematic_analysis_revised [Accessed: August 15, 2013].
- Bukowski, Kate & Buetow, Stephen (2011). Making the invisible visible: A photovoice exploration of homeless women's health and lives in central Auckland. *Social Science & Medicine*, 72, 739-746.
- Castleden, Heather; Garvin, Theresa & Huu-ay-aht First Nation (2008). Modifying photovoice for community-based participatory Indigenous research. *Social Science & Medicine*, 66, 1393-1405.
- Chilisa, Bagele (2012). *Indigenous research methodologies*. Los Angeles, CA: Sage.
- Cornassel, Jeff; Chaw-win-is & T'lakwadzi (2009). Indigenous storytelling, truth-telling, and community approaches to reconciliation. *ESC: English Studies in Canada*, 35(1), 137-159, <http://www.cornassel.net/IndigenousStorytelling%202009.pdf> [Accessed: February 15, 2017].
- Durie, Mason (2004). Exploring the interface between science and indigenous knowledge. Paper presented at the *5th APEC Research and Development Leaders Forum: Capturing Value from Science*, Christchurch, New Zealand, March 10-11, 2004, <http://www.sleepwake.co.nz/massey/fms/Te%20Mata%20O%20Te%20Tau/Publications%20>

[%20Mason/M%20Durie%20Exploring%20the%20interface%20Between%20Science%20and%20Indigenous%20knowledge.pdf](#) [Accessed: February 15, 2017].

Hart, Michael Anthony (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Voices in Social Work*, 1(1), 1-16, http://scholarspace.manoa.hawaii.edu/bitstream/handle/10125/15117/v1i1_04hart.pdf [Accessed: February 15, 2017].

Hudson, Maui; Milne, Moe; Reynolds, Paul; Russell, Kyla & Smith, Barry (2010). *Te ara tika guidelines for Māori research ethics: A framework for researchers and ethics committee members*. Auckland: Health Research Council. <http://www.hrc.govt.nz/sites/default/files/Te%20Ara%20Tika%20Guidelines%20for%20Maori%20Research%20Ethics.pdf> [Accessed: April 17, 2017].

Jensen, Victoria; Kaiwai, Hector; McCreanor, Tim & Moewaka Barnes, Helen (2006). "Back off Ma this is our project": *Youth photovoice research in Clendon and Mangere*. Auckland: Whariki Research Group, Massey University.

Jorgenson, Jane & Sullivan, Tracy (2009). Accessing children's perspectives through participatory photo interviews. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(1), Art. 8, <http://dx.doi.org/10.17169/fqs-11.1.447> [Accessed: July 7, 2017].

Kolb, Bettina (2008). Involving, sharing, analysing—Potential of the participatory photo interview. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 9(3), Art. 12, <http://dx.doi.org/10.17169/fqs-9.3.1155> [Accessed: July 18, 2017].

Lavallée, Lynn Frances (2009). Practical application of an Indigenous research framework and two qualitative Indigenous research methods: Sharing circles and Anishnaabe symbol-based reflection. *International Journal of Qualitative Methods*, 8(1), 22-40, <http://journals.sagepub.com/doi/abs/10.1177/160940690900800103> [Accessed: October 14, 2014].

Lee, Jenny (2009). Decolonising Māori narratives: Pūrākau as a method. *MAI Review*, 2(3), 1-12, <http://ojs.review.mai.ac.nz/index.php/MR/article/viewFile/242/268> [Accessed: August 15, 2016].

Mark, Glenis (2012). Rongoā Māori (Traditional Māori healing) through the eyes of Māori healers: Sharing the healing while keeping the Tapu. *Unpublished doctoral thesis*. Massey University, Auckland, New Zealand, https://mro.massey.ac.nz/bitstream/handle/10179/4064/02_whole.pdf [Accessed: September 24, 2017]

Mark, Glenis (2014). *Huarahi Rongoā ki a ngai tātou: Māori views on Rongoā Māori and primary health*. Whanganui: Whakauae Research for Māori Health and Development.

McKeough, Anne; Bird, Stan; Tourigny, Erin; Romaine, Angela; Graham, Susan; Ottmann, Jackie & Jeary, Joan (2008). Storytelling as a foundation to literacy development for Aboriginal children: Culturally and developmentally appropriate practices. *Canadian Psychology*, 49(2), 148-154, http://www.learnalberta.ca/content/aswt/documents/Indigenous_pedagogy/storytelling_as_a_foundation_to_literacy.pdf [Accessed: February 15, 2017].

nDigiDreams (2012). *Digital storytelling*, <http://www.ndigidreams.com/ds.html> [Accessed: May 21, 2017].

Palinkas, Lawrence A.; Horwitz, Sarah.M.; Green, Carla A.; Wisdom, Jennifer P.; Duan, Naihua & Hoagwood, Kimberley (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533-544, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012002/> [Accessed: August 16, 2017].

Pipi, Kataraina; Cram, Fiona; Hawke, Rene; Hawke, Sharon; Huriwai, Te Miringa; Mataki, Tania; Milne, Moe; Morgan, Karen; Tuhaka, Huhana & Tuuta, Colleen (2004). A research ethics for studying Māori and iwi provider success. *Social Policy Journal of New Zealand*, 23, 141-153, <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj23/23-a-research-ethic-for-studying-mori-and-iwi-provider-success-p141-153.html> [Accessed: February 15, 2017].

Poudrier, Jennifer & Thomas Mac-Lean, Roxanne (2009). "We've fallen into the cracks": Aboriginal women's experiences with breast cancer through photovoice. *Nursing Inquiry*, 16(4), 306-317.

Rabionet, Silvia E. (2009). How I learned to design and conduct semi-structured interviews: An ongoing and continuous journey. *The Qualitative Report*, 16(2), 563-566, <http://www.nova.edu/ssss/QR/QR16-2/rabionet.pdf> [Accessed: July 2, 2017].

Rigney, Lester-Irabinna (1997). Internationalisation of an Indigenous anti-colonial cultural critique of research methodologies: A guide to Indigenous research methodology and its principles. *Journal for Native American Studies*, 14(2), 109-121, https://www.griffith.edu.au/_data/assets/pdf_file/0006/507345/Rigney-1997.pdf [Accessed: February 15, 2016].

Robinson, David & Williams, Tuwhakairiora (2001). Social capital and voluntary activity: Giving and sharing in Māori and non-Māori society. *Social Policy Journal of New Zealand*, 17, 52-71, <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj17/social-capital-and-voluntary-activity-giving-and-sharing-in-maori-and-non-maori-society.html> [Accessed, February 15, 2016].

Smith, Linda Tuhiwai (1999). *Decolonizing methodologies*. Dunedin: Zed Books Ltd.

Tipene-Leach, David (1994). Cultural sensitivity and the GP: A Māori GP's perspective. *Patient Management*, 23(9), 21-24.

Wang, Caroline C. & Burris, Mary Ann (1994). Empowerment through photo novella: Portraits of participation. *Health Education & Behavior*, 21, 171-186.

Wang, Caroline C. & Burris, Mary Ann (1997). Photovoice: Concept, methodology and use for participatory needs assessment. *Health Education and Behavior*, 24(3), 369-387.

Wang, Caroline C. & Pies, Cheri A. (2004). Family, maternal, and child health through photovoice. *Maternal and Child Health Journal*, 8(2), 95-102.

Wang, Caroline C. & Redwood-Jones, Yanique A (2001). Photovoice ethics: Perspectives from flint photovoice. *Health Education and Behaviour*, 28, 560-572.

Woodgate, Roberta L.; Zurba, Melanie & Tennent, Pauline (2017). Worth a thousand words? Advantages, challenges and opportunities in working with photovoice as a qualitative research method with youth and their families. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 18(1), Art. 2, <http://dx.doi.org/10.17169/fqs-18.1.2659> [Accessed: August 16, 2016].

Zurba, Melanie & Friesen, Holly Anne (2014). Finding common ground through creativity: Exploring Indigenous settler and Métis values and connection to land. *International Journal of Conflict & Reconciliation*, 2(1), 1-34.

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