Résumé

Pertinence des approches post-colonialistes pour la recherche en santé autochtone

Annette J. Browne, Victoria L. Smye et Colleen Varcoe

Dans cet article, les auteures analysent la pertinence des approches post-colonialistes pour la recherche en sciences infirmières dans le domaine de la santé autochtone. Elles résument d'abord les principaux fondements de ces théories, leurs points communs et leurs divergences, puis abordent la pensée autochtone post-colonialiste dans son ensemble et d'autres courants théoriques. Elles s'inspirent également des réflexions de certains penseurs autochtones, proposant une analyse critique des discours post-colonialistes à la lumière des préoccupations des peuples autochtones, pour en exposer les limites éventuelles. Ensuite, Browne, Smye et Varcoe examinent ce qu'implique mener des recherches auprès des communautés autochtones, dans un cadre éclairé par une perspective post-colonialiste. D'après les auteures, cette approche comporte quatre implications interdépendantes : a) la question des partenariats de recherche et de la « prise de parole »; b) un engagement en faveur de recherches axées sur la praxis; c) un examen des facteurs historiques ayant contribué à façonner le cadre actuel en matière de santé et de soins; et d) l'aspect éventuellement colonisateur de la recherche. Les auteures soulignent l'utilité du concept de « sécurité culturelle » en tant qu'instrument pouvant servir à intégrer une approche post-colonialiste dans la sphère des soins infirmiers. Pour en illustrer l'application, elles donnent comme exemple des travaux récents effectués en collaboration avec certaines communautés autochtones. Même si l'intégration des analyses post-colonialistes est un fait relativement nouveau en sciences infirmières, celles-ci fournissent un cadre d'analyse solide et des plus utiles à l'examen des facteurs issus du colonialisme et du néocolonialisme qui ont une incidence sur le cadre de prestation de soins de santé.

Mots clés : théories post-colonialistes, analyse critique, santé autochtone, penseurs autochtones, recherche en sciences infirmières, sécurité culturelle, peuples autochtones

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The Relevance of Postcolonial Theoretical Perspectives to Research in Aboriginal Health

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The authors critically examine the relevance of postcolonial theoretical perspectives to nursing research in the area of Aboriginal health. They discuss key theoretical underpinnings of postcolonial theory, citing differences and commonalities in postcolonial theory, postcolonial indigenous thinking, and other forms of critical theory. Drawing on insights from Aboriginal scholars, they critique the relevance of postcolonial discourses to issues of concern to Aboriginal peoples, and the potential limitations of those discourses. They then consider the implications of conducting research that is informed by postcolonial perspectives. They argue that postcolonial perspectives provide direction for research with Aboriginal communities in 4 interrelated ways. These are focused on (a) issues of partnership and "voice" in the research process, (b) a commitment to engaging in praxis-oriented inquiry, (c) understanding how continuities from the past shape the present context of health and health care, and (d) the colonizing potential of research. The authors draw attention to the concept of cultural safety as an instrument for incorporating postcolonial perspectives into the realm of nursing. To illustrate applications of postcolonial theory, they give examples from recent research conducted in partnership with Aboriginal communities. Although postcolonial theories are relatively new in nursing discourses, they provide a powerful analytical framework for considering the legacy of the colonial past and the neocolonial present as the context in which health care is delivered.

Keywords: postcolonial theories, critical inquiry, Aboriginal health, indigenous knowledge, racialization, inequities, nursing research, cultural safety, indigenous people, First Nations

Introduction

Despite recent improvements in health status and ongoing efforts to provide culturally sensitive health care, high proportions of Aboriginal[1]

[1] Consistent with the terminology used by the Royal Commission on Aboriginal Peoples (1996), in this paper the term "Aboriginal peoples" refers generally to the indigenous inhabitants of Canada, including First Nations, Métis, and Inuit peoples, without regard to their separate origins and identities. The Commission stresses that the term Aboriginal peoples "refers to organic political and cultural entities that stem historically from the original peoples of North America, rather than collections of individuals united by so-called 'racial' characteristics" (p. xii). Specifically, the term First Nation replaces Indian and

peoples in Canada continue to experience health-status disparities and barriers to accessing health care (Canadian Institute for Health Information, 2004; Dion Stout, Kipling, & Stout, 2001). Persistent inequities in health and social status are indicators of longstanding, historically mediated disadvantages[2] and economic and political conditions that affect many Aboriginal peoples. As documented by the Royal Commission on Aboriginal Peoples (1996), strategies to redress these inequities "have not had a greater effect primarily because they do not address the underlying imbalance in relations between Aboriginal people and the broader society.... This history constitutes the backdrop against which future plans must be laid" (p. 304).

In this paper, we consider how postcolonial theories can provide direction for research that examines and addresses these inequities and imbalances. Assuming a pragmatic stance towards theory (Doane & Varcoe, 2005), we examine the contributions that postcolonial perspectives can provide to nursing research that aims to redress structural inequities and related health disparities experienced by Aboriginal people. Drawing on the notion of pragmatism, we consider this goal as both a means and an end — that is, we view the redressing of inequities as important in itself, not only as a means of improving health status.

Recently, postcolonial theories have been introduced into the realm of nursing research to refocus attention on contemporary constructions of "race," ethnicity, and culture and how they continue to create patterns of inclusion and exclusion within health-care settings (Anderson, 2000, 2002; Anderson et al., 2003; Reimer Kirkham & Anderson, 2002). These theories have shed light on the unequal relations of power that are the legacy of the colonial past and the neocolonial[3] present. Given the extent

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the term Inuit replaces Eskimo. The terms Indian and Eskimo, however, continue to be used in federal legislation and policy (e.g., the *Indian Act*) and in government reports and statistical data. In many reports the terms "Status" or "Registered Indian" refer to people who have been registered by the Department of Indian Affairs Canada as members of a First Nation under the terms of the *Indian Act*.

[2] Monture Angus (1995), a Mohawk lawyer and scholar, problematizes the terms "disadvantaged" and "marginalized" in relation to Aboriginal peoples, arguing that labels can perpetuate negative images, characterize people as victims of society or as lacking agency, and render invisible the many strengths inherent in Aboriginal communities. At the same time, terminology is needed to identify those conditions in society that impinge on life opportunities and impede access to resources. In light of these concerns, we use the terms "disadvantaged" or "marginalized" to refer to the material constraints under which many Aboriginal families live, and to the structural conditions that marginalize people from educational, economic, and political opportunities that might enhance health, social status, and community well-being.

[3] Neocolonial means, literally, "new colonialism" (Ashcroft et al., 1998, p. 163). The term is widely used to refer to any and all forms of control of prior colonies or populations

to which the health and health care of Aboriginal peoples have been shaped by social relations rooted in Canada's colonial history, these perspectives are particularly applicable in the area of Aboriginal health. Although postcolonial theories are still relatively new in nursing discourses, we argue that they provide a powerful analytical framework and vocabulary for understanding how health, healing, and human suffering are woven into the fabric of the socio-historical-political context. The purpose of this paper is to critically examine the relevance of postcolonial theoretical perspectives to nursing research in the area of Aboriginal health.

We begin by discussing the theoretical underpinnings of postcolonial theory that are most relevant to health, drawing attention to differences and commonalities in postcolonial theory, postcolonial indigenous thinking, and other forms of critical theory. Drawing on insights from Aboriginal scholars, we also critique the relevance of postcolonial discourses to issues of concern to Aboriginal peoples, and the potential limitations of those discourses. We then consider the implications of conducting research that is informed by postcolonial perspectives. In particular, we argue that postcolonial theories provide direction for research with communities in four interrelated ways; these are focused on (a) issues of partnership and "voice" in the research process, (b) a commitment to redressing inequities through praxis-oriented inquiry, (c) understanding how continuities from the past shape the present context of health and health care, and (d) the colonizing potential of research to perpetuate unequal relations of power and control. To illustrate applications of postcolonial theory, we draw on examples from the authors' research with Aboriginal communities — from these experiences, we discuss our evolving understanding of the implications of postcolonial theory for nursing research in the area of Aboriginal health.

Theoretical Underpinnings of Postcolonial Scholarship

Postcolonial theories are perhaps best conceptualized as a family of theories sharing a social, political, and moral concern about the history and legacy of colonialism — how it continues to shape people's lives, well-being, and life opportunities (Young, 2001). Although the discourses that give rise to the body of work known as postcolonial theory have evolved from diverse disciplinary perspectives (for example, cultural studies, political science, literary criticism, sociology), they converge on

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such as indigenous peoples who continue to live under conditions of internal colonialism. In postcolonial discourses, it is generally acknowledged that neocolonialism is more insidious and more difficult to detect and resist than older forms of overt colonialism.

several key points: the need to revisit, remember, and "interrogate" the colonial past and its aftermath in today's context; the need to critically analyze the experiences of colonialism and their current manifestations; the need to deliberately decentre dominant culture so that the perspectives of those who have been marginalized become starting points for knowledge construction; and the need to expand our understanding of how conceptualizations of race, racialization, and culture are constructed within particular historical and current neocolonial contexts (Gandhi, 1998; McConaghy, 2000; Reimer Kirkham & Anderson, 2002).

The notion of "post" in postcolonial implies not that we have moved past or beyond inequitable social and power relations but that emergent, new configurations of inequities are exerting their distinctive effects (Hall, 1996). Smith (1999) explains: "[To name] the world as 'post-colonial' is, from indigenous perspectives, to name colonialism as finished business.... There is rather compelling evidence that in fact this has not occurred...the institutions and legacy of colonialism have remained" (p. 98). For these reasons we draw on McConaghy's (1998) conceptualization of today's colonialism as "a place of multiple identities, interconnected histories, shifting and diverse material conditions" and a place "in which new racisms and oppressions are being formed" (p. 121). For example, in the context of postcolonial (and some would say internal colonial[4] or neocolonial) Canada, the regulation of the lives of Aboriginal peoples through social policies embedded in the *Indian Act,*[5] the restrictions placed on Aboriginal self-government, land claims, and entitlements, and the restrictions placed on economic development in

[4] Internal colonialism refers to "Fourth World" situations in which a minority indigenous population is encapsulated within a nation-state wherein powers and privileges are held by a colonizing majority that consciously and unconsciously subordinates the original inhabitants of the land (O'Neil, 1986, 1989).

[5] The *Indian Act,* consolidated in 1876, was founded on the paternalistic guise of assisting "Indians" as wards of the state. The underlying intention, however, was to civilize and eliminate Indians (Fiske, 1995) and to govern Indians "until there is not a single Indian in Canada that has not been absorbed into the body politic, and there is no Indian question and no Indian Department" (cited in Manitoba Public Inquiry, 1991, p. 73). The drive to achieve assimilation was pursued on many levels. For example, classifications of Aboriginal peoples were legislated for the purposes of governing aspects of everyday life, Aboriginal lands were appropriated, Aboriginal peoples were relegated to reserve lands, cultural spiritual practices were outlawed, and indoctrination into the dominant culture was attempted by force through church- or state-run residential schools (Armitage, 1995). Although it is not commonly known among the Canadian public, Status First Nations people were not permitted to vote in federal elections until 1960 despite the fact that Aboriginal peoples were among the most intensively governed members of Canadian society (Furniss, 1999). Amendments to the *Indian Act* have removed many of the overtly racist policies; however, the Act continues to serve as the overarching governing policy for Status or Registered First Nations people in Canada.

Aboriginal communities are vestiges of the colonial past. These in turn shape life opportunities, economic conditions, and the overall health status of individuals, families, and communities.

Postcolonial theorizing has evolved as a body of scholarship by writers such as Bhabha (1994), Gandhi (1998), Gilroy (2000), Hall (1996), McConaghy (2000), Said (1978), and Spivak (1994). Influenced by a wide spectrum of disciplines, its diverse applications preclude a single, unified conceptualization of postcolonial theory. Moreover, postcolonial theories are applied in various ways, depending on one's disciplinary orientation. There are also many concepts associated with postcolonial discourses, including the concepts of identity, representation, subjectivity, the subaltern, nationalism, and political economy. However, the concepts that tend to be most relevant to health and health care relate to issues of race, racialization,[6] culture, and Othering (Anderson, 2004a). These issues are often interrelated. For example, Othering refers to the projection of assumed cultural characteristics, "differences," or identities onto members of particular groups. Such projecting is not based on actual identities; rather, it is founded on stereotyped identities. In the recent past, for instance, residential schooling was enforced as a means of preserving the health of Aboriginal children who required protection from their "negligent and ignorant" mothers (Kelm, 1998, p. 62). Kelm documents the efforts of federally employed public health nurses, who argued that high infant mortality rates in the 1950s were caused by Aboriginal mothers who, like "errant children," failed to follow edicts for cleanliness (p. 62). These negative stereotypes tend to endure today. For example, it is not uncommon for non-Aboriginal Canadians to equate the culture of Aboriginal peoples with the culture of poverty, substance abuse, and dependency (Furniss, 1999). As Furniss argues, these images are deeply embedded in the consciousness of many Canadians. Since race is no longer an acceptable context in which to discuss popularized mis/representations of Aboriginal peoples, they are increasingly framed as "cultural" characteristics. In health-care contexts, this helps to explain, for instance, how gendered assumptions about Aboriginal mothers as negligent can unwittingly shape health professionals' views of particular groups of patients (Browne, 2003).

[6] Racialization is a process of attributing social, economic, and cultural differences to race. Racialization may be conscious and deliberate (an act of racism that discriminates openly) or unconscious and unintended. It takes its power from everyday actions and attitudes and from institutionalized policies and practices that marginalize individuals and collectives on the basis of presumed biological, physical, or genetic differences (Fiske & Browne, 2004). For example, racializing processes, policies, and practices have been central to the colonial project of defining, categorizing, and managing Aboriginal peoples.

While postcolonial theories draw on the work and insights of a range of theoretical positions, such as poststructuralism and postmodernism, they do not align with them neatly (McConaghy, 2000). A distinguishing feature of postcolonial theory, one that helps to distinguish it from other families of critical theory — for example, critical social theory, feminist theory, or poststructuralism — is its focus on disrupting the history of "race-thinking" and the structural inequities that have been brought about by histories of colonization and by ongoing neocolonial practices (Anderson, 2004a, p. 239). As Anderson writes, this distinction makes postcolonial theory particularly relevant to nursing research concerned with redressing inequities based on racializing and colonizing practices:

> What makes this discourse especially pertinent to nursing science is that it focuses our attention on the processes of dehumanization and human suffering throughout history, and gives us a context for understanding health inequalities. *It brings to the forefront the issue of "race" and makes explicit how this socially constructed category has been used in the colonizing process, and the effect that this has had on peoples' lives and life opportunities.* (p. 240)

We are not suggesting that one critical perspective is more valuable than the other. Each focuses our attention differently on facets of the social world, and each must be considered for its adequacy in achieving our goals. While each can provide a useful framework for analysis, postcolonial theories foreground particular analytical dimensions congruent with the goal of redressing health inequities experienced by Aboriginal peoples. These analytical dimensions focus attention on the various forms of inequities organized along axes of race, culture, gender, and class; the damaging effects of culturalist discourses; the significance of people's individual and collective histories and people's socio-historical positioning in society; and the development of knowledge that can disrupt racializing policies and practices. Thus, the explanatory power of postcolonial theory can be found in the framework and vocabulary it provides for understanding the "burden of history" and how this shapes present-day experiences and new forms of inequities.

Engaging Critically With Postcolonial Discourses

While postcolonial discourses offer a powerful set of analytical tools, researchers must engage critically with postcolonial theories and scrutinize what some might consider an imposition of Eurocentric theory onto issues of importance to Aboriginal peoples. Here we draw on the works of Aboriginal and non-Aboriginal scholars who have articulated the distinctions between postcolonial theorizing and postcolonial indige-

nous knowledge and have considered the strengths and limitations of postcolonialism generally.

Distinguishing Postcolonial Theory from Postcolonial Indigenous Knowledge

Although the positions of Aboriginal scholars vary on postcolonial perspectives, those who work with communities to address issues of relevance to Aboriginal peoples share a concern over "the burden and contradictions of colonial history" (LaRocque, 1996, p. 14). From LaRocque's perspective as a Métis scholar, the value of situating inquiry within postcolonial discourses is in seeking to "understand what happens to a country that has existed under the forces of colonial history over such an extended period of time.... We must become aware of the functions of power and racism, its effects on the Native populations, and the significance of resistance" (p. 11).

Growing numbers of Aboriginal scholars are contributing to postcolonial discourses as a way of reclaiming and repositioning indigenous voices,[7] knowledge, and analyses (Battiste, 2000). There is, however, an important distinction to be made. The postcolonial theoretical perspectives we are discussing in this paper arise from Western epistemologies and discourses. Postcolonial indigenous knowledge, on the other hand, is grounded in indigenous epistemologies and is concerned with developing knowledge based on indigenous ways of knowing, indigenous worldviews, and indigenous research processes (Battiste). While indigenous knowledge can (and should) be used to inform postcolonial theories, indigenous epistemologies represent different intellectual endeavours. This is not to imply that these epistemologies cannot be drawn on together — they are often used and invoked in parallel. However, it is important that we distinguish between these positions if we are to understand their relationship and to understand how the dominance of Eurocentric discourses has historically precluded an examination and acceptance of indigenous knowledge. As Battiste, a Mi'kmaq scholar, emphasizes, "although they are related endeavours, postcolonial Indigenous thought also emerges from the inability of Eurocentric theory to deal with the complexities of colonialism and its assumptions" (p. xix).

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[7] LaRocque (1996) reminds us that the use of "voice" should not be considered synonymous with "making a personal statement," which is then dichotomized from more legitimate (academic) forms of discourse; rather, "Native scholars and writers are demonstrating that 'voice' can be, must be, used within academic studies not only as an expression of cultural integrity but also as an attempt to begin to balance the legacy of dehumanization and bias entrenched in Canadian studies about Native peoples" (p. 13).

For Battiste, postcolonial indigenous thought is required if we are to envision and shape a more just society using complex "transformative strategies" that "engage with and react to the multiple circumstances and shapes of oppression, exploitation, assimilation, colonization, racism, genderism, ageism, and the many other strategies of marginalization" (2000, p. xxi). Battiste's framing of postcolonial indigenous thought has resulted in a collection of works by indigenous scholars from Canada, the United States, and New Zealand who provide new frameworks for understanding the complexities of colonization and decolonization. Of vital importance is the emphasis Aboriginal scholars place on postcolonial discourses as tools for challenging their non-Aboriginal colleagues to "re-evaluate their colonial frameworks of interpretation, their conclusions and portrayals, not to mention their tendencies of excluding from their footnotes scholars who are Native" (LaRocque, 1996, p. 13). By remaining cognizant of the distinctions between postcolonial theory and postcolonial indigenous thinking, we can use each to inform the other while resisting both imposition and appropriation.

Critiques of Postcolonial Theories

Critiques of postcolonialism have centred on a number of issues, which are discussed in depth in several key texts (see, for example, Ashcroft, Griffiths, & Tiffin, 1998). One of the most pertinent issues to consider in relation to research in Aboriginal health is the potential for postcolonial theorizing to revert to a politics of binary opposition that implies clear-cut distinctions between the colonized and the colonizer (Hall, 1996; Narayan, 2000). Such binary distinctions tend to ignore the complexities and ambiguities of social locations and the shifting capacity for resistance and agency. In our research, we increasingly have come to understand that social categories are not clearly defined: each of us may experience varying degrees of penalty and privilege depending on context and situation (Collins, 2000). In developing analyses that explicate the complexity of issues shaping human experiences, we have been influenced by McConaghy (2000), who writes:

> It is no longer always useful to present dichotomies of the coloniser and the colonised to illustrate the differential power relations and life experiences of those in colonial contexts… An important task is to better understand the specific nature of specific oppressions at specific sites: to understand current forms of oppression. (p. 8)

This is not to imply that social categories cannot be invoked to explain dimensions of shared experiences or socio-historical locations. However, we must guard against undermining human agency by portraying people as necessarily marginalized or disadvantaged, or as victims by virtue of

their category, for we risk reinforcing the very power relations we seek to dismantle (Anderson, 2004b).

Critiques of postcolonial discourses also focus on the presumption of an essentialized, shared experience of colonization among members of a group (Gandhi, 1998). This form of essentialism reduces the experiences of diverse peoples to a presumed, reified commonality, and in doing so overlooks important differences and unique experiences, and too often overlooks the agency of those assigned to the "oppressed" side of the binary oppressed/oppressor. Postcolonialism has also been critiqued for its preoccupation with questions of race, ethnicity, and culture, sometimes to the exclusion of forms of oppression based on gender or class. This carries the risk of privileging one set of influential social relations over another (Reimer Kirkham & Anderson, 2002). For example, postcolonial scholarship does not necessarily include a gendered analysis or perspectives from feminist scholarship (Gandhi). To address this limitation, some scholars have incorporated feminist theories into postcolonial discourses to develop analyses of people's experiences as shaped by intersecting factors, including gender, historical positioning, class, and racializing processes (see, for example, Anderson, 2000, 2002, 2004a; McConaghy, 2000; Narayan, 2000; Narayan & Harding, 2000). Postcolonial-feminist scholarship, therefore, has been used to extend the analytical boundaries of feminist and postcolonial theories. Remaining cognizant of these areas of critique, we continue to argue that postcolonial theories can provide important critical perspectives for research teams that seek to address health disparities and inequities in the area of Aboriginal health.

Implications for Nursing Research in the Area of Aboriginal Health

Postcolonial perspectives provide direction for researchers, nurses, and others in the health disciplines who seek to redress the underlying imbalances between Aboriginal peoples and the broader society — perspectives that we argue are imperative if inequities between Aboriginal people and the broader society (and thus health) are to be reduced. Moreover, we take the position that analyses of issues pertinent to Aboriginal health are incomplete if they fail to consider the social conditions that have resulted from our colonial heritage and their effect on the context in which health is experienced and health care is delivered.

The research teams on which we have worked, comprising Aboriginal and non-Aboriginal members, have turned to postcolonial theories because they focus attention on these issues. Our experiences tell us that postcolonial theories provide direction for research with Aboriginal communities in several interrelated ways. First, they draw

critical attention to issues of partnership and voice in the research process. Second, they involve a commitment to applying knowledge for social change. Third, they require research teams to critically consider continuities between the past and the present — that is, how socio-historical conditions continue to shape health, healing, and access to health care. Fourth, by engaging critically with postcolonial discourses, we are directed to critique the colonizing potential of research, and in the process take steps to mitigate potentially detrimental consequences. Finally, postcolonial theories draw attention to the concept of cultural safety and how it has been used to incorporate postcolonial perspectives into the everyday realm of nursing.

Attention to Issues of Partnership and Voice in Research and Knowledge Development

A central feature of postcolonial scholarship is the deliberate decentring of the dominant culture so that the "voices," perspectives, and experiences of people who typically have been marginalized become a starting point for inquiry (Reimer Kirkham & Anderson, 2002). In the context of research in Aboriginal health, this raises important questions about the potential for misrepresentation and appropriation of knowledge. McConaghy (1997) asks, for example, "can and should non-indigenous people speak about indigenous issues?" (p. 82). From McConaghy's perspective, the principles of participatory democracy as espoused by Iris Marion Young (1990) and others suggest that both indigenous and non-indigenous participants have a role to play in the process of decolonization. LaRocque (1993) echoes this view, arguing that Aboriginal and non-Aboriginal people must share the burden of social transformation. Speaking specifically in relation to the research agenda in Canada, Dion Stout et al. (2001) call for more partnership-based research and "indigenization" of the research process (p. 35). On the subject of Aboriginal women's health research, they note that indigenization involves ensuring that "research methodologies are clearly articulated and respectful of Aboriginal women's multiple burdens" (p. 31); that attention is focused on women whose needs and concerns have been under-represented in research; that Aboriginal women have control over research that affects them; and that partnerships and dialogues "between academic and community researchers are promoted to encourage a greater understanding and acceptance of community perspectives, realities and definitions about life and health" (p. 35). Building on this notion of indigenization, McConaghy (1997) asserts that those closest to the consequences of research should be the most involved in decision-making; in many cases, this principle would support a process of indigenous control.

It is critical that inquiries conducted within this paradigm remain cognizant of the potential for the research process to perpetuate unequal relations of power and representation. However, it should not be assumed that collaborative or partnership-based approaches are necessarily the answer. Espousing a rhetoric of collaborative research should not overshadow the importance of viewing participation as mere involvement and participation as control (McConaghy, 2000). Although the notion of "speaking with" implied in collaborative research reflects a concern for an inclusionary politics of representation, it can also imply "an us and a them" — an us who speaks with, and a them who is spoken with (McConaghy, 2000, p. 213). To address these concerns, McConaghy puts forward Jan Pettman's (1992) notion of "speaking from" to acknowledge the fact that we all speak *from* somewhere. "Speaking from" reminds us that it is imperative we consider our own socio-historical and professional locations, our motivations for seeking out collaborative research relationships, and the power relations that position us all (though not necessarily in obvious ways). To illustrate our points, we turn to an example. Recently, a team of Aboriginal and non-Aboriginal researchers worked together with Aboriginal and non-Aboriginal communities to examine the interacting risks of HIV/AIDS and violence for rural women (Varcoe, Dick, & Walther, 2004). As the study proceeded, it became increasingly apparent that each of the researchers was "speaking from" multiple and complex positions simultaneously. After some initial challenges, the team, instead of reverting to a litany of diverse social locations to legitimize one's perspective, continuously tried to examine how each was positioned in relation to the others and to the various communities, stakeholders, and participants in the study. This required the team members to consider their own particular historical and racialized locations and how personal experiences of privilege and racism are brought into our relations with others, our professional work, and our research. Thus, taking voice and partnership seriously often means working against prevailing power structures and relations. This is almost always challenging and "messy"; in the process, research teams will need to remain focused on their common goals and objectives.

Commitment to Applying Knowledge for Social Change

A central facet of postcolonial scholarship as an approach to inquiry in nursing research is the explicit commitment to praxis-oriented inquiry (Anderson, 2000, 2002; Reimer Kirkham & Anderson, 2002). Researchers and practitioners working within this paradigm have a social obligation to work with communities and organizations to disseminate knowledge to policy-makers, health authorities, leaders in health-care organizations, and community members — with the aim of shifting

social attitudes, correcting past and current injustices, reducing health disparities, and mitigating inequities in access to health and health care. We reiterate that the responsibility lies with the researcher (whether Aboriginal or non-Aboriginal) to work in partnership with Aboriginal communities and organizations, to take direction from communities regarding issues of concern, to mitigate power differences in the research process, and to present research findings in ways that do not perpetuate colonizing images of Aboriginal peoples.

For example, in the study of the interacting risks of HIV and violence against women (Dick & Varcoe, 2004; Varcoe, Dick, & Walther, 2004), the researchers and community members overseeing the project were concerned that the study would overlook issues particular to Aboriginal women if it included all women but would play into racialized stereotypes if it included only Aboriginal women. To ensure the broadest possible base of support, the research team sought to demonstrate that while risks for all women were shaped by gender and socio-economic conditions, the risks for Aboriginal women were compounded by racialization, historical colonialism, and ongoing colonialist control of Aboriginal peoples. For example, in the wake of cuts to social welfare, all women in the community were at greater risk for poverty. However, many Aboriginal women were forced to return to reserves for economic reasons, often doing so at grave risk to their personal safety due to exposure to community members who had previously assaulted or abused them. Because of the approaches used in this study, which were informed explicitly by postcolonial theory, trust and involvement were fostered across a wide range of participants, support for the project was bolstered, and actions supportive of diverse groups of women were taken up across the communities.

In the study discussed above, both a postcolonial lens and a postcolonial indigenous perspective helped the research team to appreciate why "trust" might be very difficult to earn (particularly within Aboriginal communities), increased the complexity of the analysis of the research findings, and deepened the team's sense of caution regarding how to position the findings and recommendations so as not to perpetuate stereotyping and discrimination. Ultimately, this approach enhanced understanding of shared challenges and at the same time illustrated how differences between groups placed some people (for example, Aboriginal women) at a particular disadvantage. The entire community was engaged by the enhanced understanding, among service providers, politicians, and women themselves, of the multiple layers of risk to women produced by intersecting forms of oppression (gender, race, poverty, and rural geography). For instance, at the final day-long community meeting, the

mayor of one of the largest towns in the region made a spontaneous speech in which he declared that the project had shown him how colonial policies continued to affect Aboriginal people, something he had not previously understood. This understanding in turn contributed to support by the mayor and other local politicians for proposed interventions such as a travelling women's health clinic. The shared commitment to social change required the team to take voice and representation seriously, and turned the spotlight on the ways in which colonialism continues to shape lives and human relations.

Addressing the Complexities of Past and Present Continuities

The need to grapple with the complexities and tensions inherent in postcolonial perspectives highlights the importance of recognizing and responding to continuities between the past and the present. "The interval we assert between ourselves and the past may be much less than we assume," writes Young (1995). "Culture and race developed together, imbricated within each other. We may be more bound up with its categories than we like to think" (p. 28). Postcolonial theory draws attention to the ways in which the past is present in every moment of every day, in every policy and practice and in the very language we use. For example, drawing on postcolonial theory as an interpretive lens through which to critically analyze empirical data and policy documents, Smye (2004) illustrates how mental health institutions and policies continue to support a longstanding ideology of assimilation, despite the impetus from Aboriginal peoples to move towards autonomous control and self-government. Smye points out that Aboriginal perspectives and concerns are largely excluded or overshadowed in the intersection between the dominant biomedical model (i.e., psychiatry) and the jurisdictional debate regarding who is responsible for Aboriginal mental health (federal, provincial, or regional bodies) — a highly contested topic. Dominant cultural frameworks now taken for granted — including how policy decisions are made and what gets on the policy agenda — are interwoven and reproduced in the everyday world of mental health service delivery. As a result, some of the most pressing mental health concerns of Aboriginal peoples — those with devastating consequences such as suicide, alcohol and drug use, and violence and their longstanding root causes, including extreme poverty, homelessness, and despair — are often rendered invisible and decontextualized from the structural inequities that produce them. By elucidating these wider, taken-for-granted influences on health institutional policies and practices, research informed by postcolonial discourses has the potential to disrupt inequities that are part of the status quo.

Postcolonial perspectives have served as a point of reference for exploring the health-care experiences of First Nations women in a northern community and as a means of illuminating how marginalizing practices in health care are not merely things of the past (Browne & Fiske, 2001; Browne, Fiske, & Thomas, 2000). Taking women's health-care experiences as a starting point for inquiry, research has illustrated the extent to which women's local experiences are linked to wider social issues around Aboriginal-state relations, dominant conceptualizations of Aboriginality, and routine racializing practices. For example, after seeking health care in a nearby non-First Nations municipality, women described a sense of being on the outside, of lacking entitlement to services, of "intruding on the system," and of being disconnected from the social processes inherent in the clinics they attended. Even those encounters understood to be positive were imbued with deeper meanings, interpreted by the women as representing exceptions to ubiquitous forms of racializing experiences encountered on a daily basis in the wider social world (Browne & Fiske).

Commonly held assumptions about various groups of people often reflect historical and institutionalized points of view and sustain them into the present. In a subsequent study, Browne (2003, 2005) drew on postcolonial perspectives to explore in more depth how popularized discourses about Aboriginal peoples continue to shape the knowledge and assumptions that health professionals bring to their practice and continue to influence the ways in which professionals relate to Aboriginal patients. Browne found that historically mediated images — pervasive in the media, public venues, and everyday conversations — of Aboriginal people as irresponsible, dependent wards of the state, as "getting everything for free," and as passive recipients of government benefits can be readily taken up by health professionals in the practice setting. Despite a commitment to the ideals of egalitarianism and colour-blindness, negative images framed as "cultural" characteristics can become widely applied as markers of difference, particularly when health professionals have frequent contact with patients who embody manifestations of social problems and impoverishment. Without tools for thinking about poverty as the legacy of forced state dependency, health professionals can associate Aboriginal "culture" with the cultures of poverty, substance abuse, and dependency — and invoke discourses on individual responsibility and choice. Drawing on postcolonial perspectives to contextualize the assumptions of health professionals as reflections of socially shared knowledge helps to locate the problem (for example, social judgement) as socially organized. These findings prompt those of us in research, education, and practice to consider how we might change socially mediated misconceptions about Aboriginal

peoples — misconceptions that could otherwise remain unchallenged in health care and serve to maintain the colonizing practices we seek to transform.

Critiquing the Colonizing Potential of Research

As our understanding of postcolonial theories continues to evolve, we remain conscious of the need to continually interrogate the colonizing potential of research itself. Given the long history of exploitation in academic research and the expropriation of knowledge from Aboriginal communities, researchers must reflect carefully on the responsibilities and implications of conducting research in today's postcolonial context (Smith, 1999). For example, when researchers use epidemiological statistics to draw attention to inequities in health status, they run the risk of perpetuating a view of Aboriginal communities as sick, disorganized, and dependent — a view that reinforces unequal power relations and that may be used to justify paternalism and dependence (O'Neil, Reading, & Leader, 1998). The study on HIV risks discussed earlier provides a case in point. In that study, there was an inherent danger of perpetuating negative stereotypes by pointing to the high rates of HIV infection among Aboriginal women. To avoid reinforcing stereotypes that repeat and compound the increased risks for Aboriginal women, team members had to describe the risks as connected to experiences of colonialism, racism, poverty, and despair. Similarly, as discussed by Smye (2004), the factors most often identified as contributing to the discrepancy between non-Aboriginal and Aboriginal peoples with regard to mental health status are multiple and arise from social-structural constraints — for example, poverty, unemployment, discrimination, racism, and threats to cultural identity (Kilshaw, 1999; Royal Commission on Aboriginal Peoples, 1996). Thus, it is crucial that researchers highlight the conditions that produce these inequities, understanding that an inherent tension is created between exposing and redressing inequities, and risking further perpetuation of negative stereotypes (Browne & Smye, 2002). These cautionary points about epidemiological discourses are intended not to diminish the importance of epidemiological research but, rather, to raise awareness of epidemiological studies as systems of surveillance that have been instrumental in shaping public understandings about Aboriginal peoples and communities (O'Neil, 1993; O'Neil et al.). A postcolonial interpretation locates health and social conditions in the domain of the historical and structural disadvantages that shape them. From the selection and framing of research questions, to decisions on the dissemination and presentation of findings, vigilance is required, in order to decrease the potential for research processes to undermine our broader transformative goals.

Cultural Safety: Bringing Postcolonial Perspectives into the Realm of Nursing

As our examples show, inequities in health and health care are influenced by everyday practices and policies. Thus, nursing research that aims to redress inequities must be contiguous with practice. In the 1990s the concept of cultural safety emerged in the nursing literature as a tool for incorporating postcolonial perspectives in the everyday realm of nursing practice and education. Rooted in postcolonial theoretical perspectives, the notion of cultural safety was developed in New Zealand by Maori nurse leaders in collaboration with Maori people to address concerns about persistent disparities in health and in access to health care (Papps & Ramsden, 1996; Ramsden, 1993, 2000, 2002). Through a focusing of attention on power imbalances and on individual and institutional discrimination — and how these play out in health-care practices — cultural safety has been developed with a view to countering tendencies in health care to create "cultural risk" — situations that arise when people from a particular group believe they are "demeaned, diminished or disempowered by the actions and the delivery systems of people from another culture" (Ramsden & Spoonley, 1993, p. 164). The principles and perspectives underpinning the concept of cultural safety have been incorporated as required content in New Zealand nursing education and licensing examinations, as a means of transforming dominant attitudes and practices in health care that marginalize Maori people.

Despite significant distinctions between Canada and New Zealand with regard to the processes of colonization and decolonization, the assumptions underpinning cultural safety remind us that colonial practices and attitudes in health care do cross geographical and political boundaries (International Council of Nurses, 2004; Reimer Kirkham et al., 2002). Cultural safety is increasingly identified by researchers, practitioners, and educators as a pragmatic tool for placing abstract postcolonial theorizing in everyday nursing contexts (Ramsden, 2002). By intentionally shifting the focus of analysis away from cultural characteristics or cultural differences as the source of the problem, cultural safety has been instrumental in directing us to shift our gaze onto the *culture of health care* and in showing us how practices, policies, and research approaches can themselves create marginalizing conditions and inequities. For example, in several of our research endeavours, cultural safety has been used as a lens through which to examine the ways in which research findings, policies, and health-care practices can inadvertently create situations of risk for Aboriginal people (Browne & Fiske, 2001; Browne & Smye, 2002; Smye, 2004; Smye & Browne, 2002). By calling for the transformation of deeply ingrained relations of power, paternalism, and authority in

health care, cultural safety provides a framework that is more radical than that of cultural sensitivity (Kearns & Dyck, 1996) and that requires us to reflect on the ways in which our practices, policies, and research have the potential to devalue particular groups. Thus, in nursing research, practice, and education cultural safety continues to be applied across a range of contexts as an analytical lens through which to examine and challenge marginalizing practices and policies in health care.

Concluding Comments

Our purpose in this paper has been to explore the analytical relevance of postcolonial theory to research in the area of Aboriginal health. Postcolonial perspectives have been especially influential in our research, because they provide both a vocabulary and an analytical lens for considering the legacy of the colonial past and the neocolonial present as the context in which health care is delivered. While we have focused on the implications for research in Aboriginal health, we are not implying that postcolonial discourses are somehow less applicable to research in other areas or with other groups. Indeed, Anderson (2004a) and others caution against marginalizing postcolonial discourses by limiting our notions of whom or what they are intended for or how they can be applied. As demonstrated by the growing body of postcolonial nursing scholarship, the analytical depth of postcolonial perspectives is broad. In Canada, for example, these perspectives have informed recent research addressing the health concerns of diverse population groups, including Anglo-Canadians, health professionals, immigrant populations, and women of colour (see, for example, Anderson, 2000; Anderson et al., 2003; Racine, 2003; Reimer Kirkham, 2000, 2003). As postcolonial discourses continue to be used in various contexts, we may come to realize that "there are no spaces that are not colonized; the racializing gaze is fixed on all of us" (Anderson, 2004a, p. 239). As researchers, educators, and practitioners working in today's postcolonial climate, we must remain cognizant of the deep-rooted attitudes and relations of power that are built into the fabric of the systems in which we conduct our research and practice. By forming partnerships with communities and by engaging critically with theory, we will be better prepared to address relevant issues in local contexts and to strive towards the goals of social justice and equity in health and health care.

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