



NGĀ PAE O TE **MĀRAMATANGA**

**The Politics of Privilege Scoping Project**

**05 RF 04**

**BELINDA BORELL AND AMANDA GREGORY**

**Massey University**

**January 2007**

This report was provided by to Ngā Pae o te Māramatanga as a contractual obligation of the research project undertaken by the named researchers and funded by Ngā Pae o te Māramatanga from DATE. The report is the work of the named researchers and has been posted here as provided. It does not represent the views of Ngā Pae o te Māramatanga and any correspondence about the content should be addressed directly to the authors of the report. For more information on Ngā Pae o te Māramatanga and its research, visit the website on [www.maramatanga.ac.nz](http://www.maramatanga.ac.nz)



**The Politics of Privilege Scoping Project**  
**Final Report**

**Prepared for Nga Pae o te Maramatanga**

Belinda Borell  
Amanda Gregory

Whariki Research Group  
Centre for Social and Health Outcomes Research and Evaluation  
Te Runanga, Wananga, Hauora me te Paekaka  
Massey University, PO Box 6137, Auckland

January 2007



## Contents

Introduction.....	3
Summary of Project Progress.....	3
Politics of Privilege - Statement of Income and Expenditure.....	4
Draft paper of the findings.....	4
Introduction.....	4
Disparities .....	6
Methodology .....	8
Privilege as a construct .....	8
Conclusion .....	12
HRC Funding Application .....	13
Lay Summary of Research.....	13
Introduction.....	13
Social determinants of health.....	14
Disparity and privilege.....	15
Scoping study .....	18
Proposed Study Design.....	19
Project aim .....	19
Project objectives .....	19
Study themes – analytical framework.....	20
Case study .....	20
Media .....	21
In-depth interviews .....	21
Workforce development issues .....	22
Relevance to health .....	23
Portfolio Alignment .....	23
Relevance to Maori health outcomes .....	24
Dissemination of results.....	24
References.....	26

## Introduction

In mid 2005, Whariki Research Group, after much informal discussion and observation decided to apply to Nga Pae o Te Maramatanga for seeding funding to develop a wider research proposal that sought to examine racial, ethnic, cultural and gender privilege in Aotearoa. This application was successful and the contract period for the scoping project was 1 June 2006 to 30 November 2006. In September 2006 a mid-way progress report was submitted to Nga Pae and a small site visit was conducted to inform Nga Pae of Whariki's activities and experiences. The enclosed report marks one of the final outcomes of the scoping project in addition to a draft article for publication (attached) and the enclosed research grant application.

## Summary of Project Progress

This project is now complete with all milestones achieved. We have reviewed the academic literature on the topic and carried out the interviews with a selection of individuals and groups in Auckland, Wellington and Hamilton. From our examination of local and international literature and our analyses of the interview data we have developed a funding application for the *Rangahau Hauora Maori* portfolio of the 2006 Health Research Council grant round which we have appended below for your information.

In addition to this, we have created a national database of individuals and groups from a range of sectors who are interested in being involved in a broader study of this topic as participants, stakeholders, advisers or supporters. The positive responses to the scoping study have greatly encouraged the research team.

Date	Event
4-6 July 2006	Paper presented to Public Health Association conference
26-30 September 2006	Paper presented to Joint Conference Australian Psychological Society & New Zealand Psychological Society
20 Oct 2006	HRC Funding Application submitted
5-7 Jan 2007	Presentation to Parihaka International Peace Festival

In addition to these conferences, an abstract has also been submitted to the International Union for Health Promotion and Education Conference in Vancouver, Canada. Notification of the abstracts acceptance was received in February and an oral presentation will be made at this conference in June 2007.

The grant we received from Nga Pae o te Maramatanga has enabled us to gather a wide range of data, build networks and establish contacts with key individuals and agencies that are of particular interest to the project. It has contributed to the development of a new and promising direction in the general Whariki research portfolio. The relationships developed with interview participants and a range of individuals and communities at conferences and meetings have also led to a ground swell of interest around the broader topic of privilege in Aotearoa and built strong support for a more in depth research project.

## Politics of Privilege - Statement of Income and Expenditure

<i>Income to date</i>	\$30,000
<i>Final invoice (to be sent)</i>	\$9,967
<b>Total income</b>	<b>\$39,967</b>
<b>Expenditure</b>	
<i>Personnel costs</i>	\$20,254
<i>Consumables</i>	\$1,223
<i>Travel</i>	\$2,194
<i>Indirect costs</i>	\$16,191
<b>Total Expenditure</b>	<b>\$39,861</b>
<b>Income less expenditure</b>	<b>\$106</b>

## Draft paper of the findings

Working title:

*“It’s hard at the top but it’s a whole lot easier than being at the bottom”  
The role of privilege in understanding disparities in Aotearoa/New Zealand*

## Introduction

In Aotearoa the trope or commonplace understanding that Maori are privileged is deeply entrenched within the dominant discourses of social life (*Herald article, what’s eating pakeha?*; McCreanor 2005; Nairn and McCreanor, 1991; Wetherell and Potter, 1992). Paradoxically this view is completely negated by any serious data on social relativities within our society where Maori experience major disparities in health, wealth, education, access and social standing (refs Spoonley et al 2005, Harris et al, 2006; etc). Non-Maori and Pakeha in particular are advantaged by a social order that is based upon their cultural beliefs, practices, institutions and processes and yet this analysis is obscured by the discursive screen of privilege and effectively excluded from current debates about disparities.

This paper reports on recent research that set out to explore this disjunction by examining privilege in our society. We discuss early findings from the project and in particular our participants' conceptual formulations of privilege, its dimensions and how it is produced and reproduced.

Privilege refers to systematic inequitable advantage reflecting population level disparities in resources, access and wellbeing. It is the basis for a structural analysis of power and social relations, and is based on the premise that in a society beset with inequality, some experience undeserved advantages of which others are deprived. These advantages are linked to being a member of a group which have normalized and preferred status in our society.

First, privilege is a special advantage: it is neither common nor universal. Second, it is granted, not earned or brought into being by one's individual effort or talent. Third, privilege is a right or entitlement that is related to a preferred status or rank. Fourth, privilege is exercised for the benefit of the recipient and to the exclusion or detriment of others. Finally, a privileged status is often outside of the awareness of the person possessing it. (Black and Stone, 2005; p244)

Internationally, the concept of privilege has been explored primarily with an analysis of race and gender (McIntosh 1990; Fine 1997; Jensen 1998), however, there are calls for the concept to be expanded and explored in social identity issues such as sexuality, socio-economic status, age, able-bodiedness, and religious affiliation (Black and Stone; 2005).

Peggy McIntosh (1990), in what she referred to as an "invisible backpack" of conferred advantage, listed approximately 50 choices or options she felt she could take for granted as a result of being white. Some of these included:

- I can, if I wish, arrange to be in the company of people of my race most of the time.
- I can go shopping alone most of the time, pretty well-assured that I will not be followed or harassed.
- I can turn on the television or open to the front page of the paper and see people of my race widely represented.
- When I am told about our national heritage or about 'civilization', I am shown that people of my color made it what it is.
- I can be sure that my children will be given curricular materials that testify to the existence of their race.
- I can arrange to protect my children most of the time from people who might not like them.
- I can swear, or dress in second-hand clothes or not answer letters without having people attribute these choices to the bad morals, poverty, or the illiteracy of my race.
- I am never asked to speak for all the people of my racial group.
- I can be sure that if I ask to talk to "the person in charge" I will be facing a person of my race.
- If a traffic cop pulls me over, or if the IRS audit my tax return, I can be sure I haven't been singled out because of my race.

- I can go home from most meetings or organisations I belong to feeling somewhat tied in rather than isolated, out of place, outnumbered, unheard, held at a distance, or feared.
- If my day, week, or year is going badly, I need not ask of each negative episode or situation whether it has racial overtones.

Steven Schacht (2003) replicated McIntosh's analysis but from a male privilege perspective. Some of the privileges Schacht identified in being male included

- Will be paid more than a woman doing same job, will have a better chance at getting a job and be more likely to be promoted, even in a female dominated occupation
- go to buy / lease a car or home will be treated in a far more professional manner & will pay less
- media - most stories about accomplishments of men. When women are visible it is in a trivializing and /or sexual way and to sell some good of which they are defective & all women need ie weight loss
- Can count on partner to do most of housework and be responsible for most of childcare. If we divorce, she will probably be primary caretaker of any children. My standard of living will increase while hers will drop.

## Disparities

Society in Aotearoa continues to be marked by major ethnic and cultural disparities in health and wellbeing. Inequalities between Maori and non-Maori are deep-seated and well documented in a broad range of domains, including health (Pomare et al, 1980, 1995; Ajwani et al, 2003); wealth and income (Spoonley et al. 1991; Howden-Chapman, 2005); and education (Smith and Simon, 2001; Hattie, 2003). These inequalities are the result, at least in part, of the imposition of monocultural political and bureaucratic policies and practices established in the colonisation of the country by Britain (Sharp, 1990, Belich, 1996, Durie, 2004, Fitzgerald, 2004, Cunningham and Durie, 2005, Howden-Chapman, 2005, Reid and Cram, 2005).

During the controversy around the 'race based'/targeted policy and programme funding that gripped New Zealand politics and the media in 2003 and 2004, Durie (2004) presented a paper examining "race-based policies". He pointed out that the first example of race-based policy was the 1852 NZ Constitution Act, which established British common law as the law of the land, to the exclusion of Maori common law and law. This entrenched settler domination through a fundamental skewing of the system in favour of Pakeha culture and concepts. The developments that followed and that continue into the present day have entrenched and intensified this preferential system in all domains of society.

The existence of specific policy and resourcing for Maori arose firstly as a way of limiting perceived Maori advantage (eg Maori parliamentary seats were initially established to limit Maori representation in government) and later because of the ways that the effects of colonisation had undercut and destroyed the possibility of equal opportunity between the two peoples. The fundamental invisibility of the

race and culture bases of the policies that permeate our current systems position policies that address 'other' groups such as Maori or Pacific as the only race based policies and practices in this country. The normalisation of the dominant culture through our political and social systems and practices presents a fundamental privilege that is invisible and unquestioned.

Causal links between racial and ethnic discrimination (at multiple levels), and the health and wellbeing of individuals and groups are increasingly recognised in the international literature (Cain and Kingston, 2003, Gee, 2002, LaVeist, 2003, McKendrick and Thorpe, 1998, McKenzie, 2003, Swan, 1998, Williams, 1999, Williams et al., 2003). In this country, Harris et al. (2006) found that Maori were up to ten times more likely than Europeans to report experiences (including violence, abuse and exclusion) of racial discrimination in interpersonal relations, in the healthcare system, in employment and in the housing market. They concluded that, in both interpersonal and institutional forms, racism contributes to health disparities between Maori and Europeans.

The framing of a problem is inherently political, as solutions that arise from how problems are seen preclude solutions and subsequent resource allocation. Popular contemporary explanations of this situation draw upon an egalitarian ideology of equitable social relations (Bell, 1997, 2005, Humpage 2001, Poata-Smith 2004, McCreanor 2005) to emphasise the responsibility of individuals for their life choices and experiences in ways that match the neo-liberal political climate that has been established over the last 20 years (Kelsey, 1996, 2002).

These explanations often negate both wider societal influences and the possibility of acknowledging advantaged groups' position in society (McKay, 1999, Solomon et al., 2005). The invisibility of conferred privilege supports and perpetuates disparities by allowing those who have advantage to assign their fortune to merit and others' disadvantage to personal blame, bad luck or lack of hard work rather than acknowledging and understanding structural forces (Ancis and Szymanski, 2001, Robinson, 1999).

Lack of membership in privileged groups was characteristically viewed as a lack of effort. Therefore, the belief was that those denied power, access, or visibility must, by definition, have earned their exclusion and oppression because of some personal defect. This belief is often referred to as the "myth of meritocracy" whereby a culture communicates that the oppressed could earn society's privileges if they were just different (ie. more like the privileged group). (Black and Stone, 2005, P 243)

A privilege analysis is a radical departure from many of the current framings around inequality as it challenges common justifications for disparity, and demands self-scrutiny from those occupying 'normalised' positions. In this regard privilege is intrinsically implicated in relationships and their management, and the distribution of status and resources within our society. Powell (1990) suggests that reframing disparity debates and foci from disadvantage to privilege has psychological implications and may be a more effective way of changing social



relations. Writers such as Powell et al (2005) propose that disparity can be conceptualised in two distinct ways – in a disadvantage or privilege framework. In a disadvantage framework, the scrutiny is on those experiencing the lack, which could be described as a deficiency framework. The solution therefore is predominately seen to rest with those who are experiencing the disadvantage, and the duty lies with them to develop the qualities that those not experiencing disadvantage apparently have. Conversely, when seen from a privilege framework, at least part of the onus of responsibility lies with those who are not experiencing disadvantage. Historically, the framework predominately used to view disparity sidelines those with advantage whilst turning the gaze on the disadvantaged

## **Methodology**

This report presents formative discussions between the authors and 19 key informants that span the academic, community development, service provision and activist sectors. Informants were selected from the selective networks as having an identifiable interest and insight into the concept of privilege and its importance to a broad range of population level outcomes. The majority of participants identified as Pakeha or tauwiwi (n=13) with five Maori and one informant being of Chinese heritage. Fifteen of the key informants were women and four were male.

They were asked to discuss their understanding of privilege as a construct and its contemporary application in their chosen field. Their opinions were sought on an appropriate research methodology that could explore the issue further and pragmatic uses for the research findings. Long term incentives for social change to address privilege by those that benefit most from it were also discussed. Their responses are particularly pertinent for the New Zealand context. This paper seeks to expose responses to the first issue, the construct of privilege, as a starting point to a wider discussion about the structural and societal forces that create and maintain major disparities between different groups of New Zealanders.

## **Privilege as a construct**

Participants talked about the concept in reference to their professional capacity and expertise but also from their own personal experiences and background. Six key themes emerge that encapsulate their concepts of privilege.

- Invisibility; the passive nature of privilege
- Multi-layering; the weighting of different variables
- Individual vs group privilege
- Class; the racialising of society
- Performativity; the active aspects of privilege
- Links between privilege and Pakeha culture

### *Invisibility*

Congruent with much of the international literature on this topic, participants often referred to the naturalisation of privilege as a key factor in its perpetuation. Those who have privilege appear the least able to perceive how society is structured towards privileging particular groups and individuals within society.

The ... thing about privilege is about how invisibilised it is to the privileged, and that's for a number of reasons. They do assume that actually its there for everybody, and they don't perceive that they are the only ones who are getting it. And they may then blame the other, the victim – and say well they didn't try hard enough, or they didn't turn up at school, or they didn't have breakfast before they came, or they smoke too much, or they are all out playing housie. There are those 'other' discourses if they are pushed, but mostly they just don't have to think about it. Prisons and the law system is critical, because if you never get in trouble or have to face a court you just assume the rhetoric of fairness and justice is true (female, Pakeha).

Participants argued that the invisible nature of privilege serves a self-protecting role, to ensure its continuance. Many with privilege assume their experiences are attainable by all and it is shrouded in a range of frequently unquestioned cultural discourses of meritocracy, individual choice and blame. Such arguments deflect criticism and/or responsibility from those who do not suffer disadvantage and put the blame for disadvantage onto those who experience it. The 'normalising' of inequitable relations means privilege remains invisibly embedded in society's structures and institutions.

### *Multi-layering*

The complex and multi-layered nature of privilege at individual and collective levels was highlighted by many participants. They commented on the complexity of understanding the different ways in which different groups are privileged and the notion that particular combinations of variables may have different weightings in terms of the advantage that is accrued.

Well one of the things I think about privilege is that it's so multi-layered... if you are talking about someone from a privileged background, well what are you really saying? Usually it means you will be talking around certainly the notion of wealth, around material resources... a high level of education or high level of access to educational resources, that at the superficial level it's the easy life...And has a stronger generational, structural element to it, so that privilege is not just – its less around an achieved status, though its often recognized around that, but its an ascribed status...A lot of us don't acknowledge privilege, and the types of privilege that we've got...many white middle class males seem to take offence at my lectures and feel it's particularly pointed at them as oppressors, and they say "we are not a rich family" and all those things and its true but still certain kinds of privilege accrues, and accrues to men, all men – and lot of men are also oppressed within a patriarchal system - but overall in relation to women they have more power, they have more authority, you find distinctions all the way through. I mean if you look at being poor as a white man, a black man, a white woman, a black woman, the experience of those things is going to be very different. And the burden is going to be different. (female, Maori.)

The speaker highlights the point that one of the standard defences against raising the issue of privilege is an individual-level counter-example. This tactic glosses the participant's main point that at the aggregate level privilege falls out very clearly along the lines of gender, race, class and so on, and thereby undermines the sociological analysis in favour of individual accounting. It also illustrates strongly how important defences against imputations of privilege are in a putative egalitarian society and ideology.

### *Individual vs group privilege*

Some participants were clear that while there are overlaps, it is important to distinguish between personal privilege (and hardship) experienced by individuals and the advantages conferred on collectives often without their active knowledge. Some of these participants also discussed the problem of finding research methods that might be useful to illuminate ways in which individuals benefit from systemic advantages conferred on particular groups to which they belong.

We are having trouble thinking about individuals and groups in society. Need to get it out there of how an individual's life is privileged because their group is not disadvantaged in society. ... It's really important to distinguish that when talking about privilege...The distinction between individuals & the higgeldy piggeldy way that individuals benefit from the way privileges that are in place for their whole collective. And I think that's why there is so much resistance to thinking about how we might be privileged is that we think in terms of individuals and everyone can think of an exception. And it's a real challenge to get a society like ours with the rhetoric about individuals being equal to think in collective terms. It's a challenge for the concept of privilege (female, Pakeha).

Here the notion that advantages are "in place", entrenched, naturalised, lies at the heart of the dilemma. When combined with the firmly established traditions of individualism the problem of how to investigate the issues becomes particularly trenchant. Researchers would have to brave the personalised affront that suggesting that individuals enjoy conferred advantage evokes.

### *Class*

Most informants talked extensively about the relationship between privilege and class. Some mentioned the strength and enduring nature of working-class identities espoused by many Pakeha families from the 1950s. Some of the Pakeha participants commented about class differences as the most pertinent variable when considering privilege and inequality. Others believed that the upward mobility of their families' in terms of wealth and success over time was undeniably enhanced by their fathers/families being white.

I've had interesting discussion with people who have had a working class background... who have done well and are white and they can not see how they have been privileged... and still see themselves as part of the working class background.... It is difficult for them to see how cultural privilege works, because they are so used to thinking in class terms. Its kind of like white women who have experienced oppression at the hands of men, they need to sort out the privileges that they have as white woman, and balance them

somehow – manage the contradictions – that they are on both sides of the equation... its much comfier to say I'm just an oppressed woman, or worker.  
(female, Pakeha)

In this conceptualisation of privilege, racial or cultural discrimination is a kind of substrate upon which other forms of advantage can be inscribed and enacted. Like the subsurface structure of a building, most inhabitants in everyday existence have only the vaguest notion of the cost, form and function by which the foundations keep the house standing.

*Privilege is performed; active aspects as well as passive*

Some participants reflected critique directed at privilege concepts by writers such as Leonardo (2004) who felt the concept of privilege did not go far enough in describing the aggression and violence inherent in the transference of resources and the creation of disparity both historically and in the current system. They suggested that 'privilege' implies an inevitable and benign arrangement, rather than a hostile and proactive system which they felt reflected a truer reality.

I guess the problem I have with privilege is that it's too soft a word. What I know historically is that it's not just a sequence of ill-defined circumstances.... We were surfing in white foam, the things that were going on were actual structural... Its wickeder than just privilege... That's about criminal hostility ... I think if you box along just thinking its just well meaning blunders you will never get to the depth of what colonization is about. Colonisation is about the transfer of resources and privilege. That's what it's about (female, Pakeha).

Some participants indicated that regardless of whether we actively court privilege or are aware of it, individuals are complicit as they acquiesce to a system that is created to ensure advantages are accrued by some, while being withheld from others.

I've started to believe that structures and institutions are put in place, not just institutionally ie through rules and laws, but culturally – so who gets to look at who down their nose at the doctors office, and that when you look at the lifespan it looks and feels random, but it's a winding journey through those structures set up to privilege or disadvantage (female, Pakeha).

Whiteness and privilege go together pretty well. Society is structured – its power relations, structures, institutions. And individuals are implicated in all that because they reproduce those structures and they take up positions in them, and wield the power that it gives them (female, Pakeha).

Here participants seek to problematise the behaviour of individuals who by doing what is easy and obvious contribute to their own advantage and to the reproduction of the systems that perpetuate it.

*Links between privilege and Pakeha culture*

Many participants believed the myth of Maori privilege shrouds the reality of persistent Pakeha privilege and advantage.

There is also a distortion about being normative and being unmarked. So that how we do it is how everyone does it, like the thing about why do they have a Maori land court? Why can't we have a Pakeha land court? That's because all court transactions are unmarked Pakeha ones... (female, Pakeha).

Others commented on the fragility of the façade of Maori privilege when it is challenged but some also commented that the belief in Maori privilege by Pakeha appears to becoming more profound in the current political climate rather than less widespread.

The thing that I've really noticed amongst Pakeha students is so much sense that they are disadvantaged and Maori are privileged now, because they have scholarships and they get jobs and people get chosen for jobs over others because they are Maori. I just had someone telling me one of those stories yesterday... There is a really really strong kind of backlash against any kind of policy that tries to ...take some kind of affirmative action. How the hell do you deal with that? Well the Government is dealing with it by backing right off ... just acquiescing to it (female, Pakeha)..

Pakeha cultural assumptions around individualism, meritocracy and democracy (while being the dominant majority) further entrench Pakeha privilege, and its invisibility. Although Pakeha culture is systemic and has a range of beliefs, structures, characteristics and mannerisms, being dominant it remains unmarked and unquestioned as the norm to which others are referred and expected to aspire.

We've tried addressing that idea of Maori being privileged when people are talking about all this money that Maori students get and stuff even though they can't actually name any, by saying ok, the police are coming in 10 minutes – which one wants to be Maori? And no-body (pakeha) wants to - because we know in our guts that it's scary to be a Maori and nobody wants to go there – it's too hard. Even though they will say 'oh they are so lucky to have a culture' (female, Pakeha)

Participants felt being the unnamed, unmarked majority benefits Pakeha in a range of ways, not all of which are currently quantifiable. Being the dominant culture awards Pakeha privileged status, but it remains invisible and difficult to challenge.

## **Conclusion**

This study on the nature of privilege sheds light on how those with the least advantage are positioned to seem as though they are receiving 'special benefits', while unearned advantages that accrue to the privileged remain invisible and unscrutinised, particularly by those that benefit the most from them. Participants' constructions of privilege emphasise the multi-faceted complexity and discursive ambiguities of the ways in which the concept is utilised within our political economy to account for disparity and covertly reproduce the status quo of Pakeha advantage. The data and our analyses of them, illuminate how debates that have political and resource repercussions can be vulnerable to framing that eludes

scrutiny of real privilege and thereby replicates the status quo and may further disadvantage the marginalised.

## **HRC Funding Application**

### **Lay summary of research**

Within the established rhetoric about Maori health and wellbeing, explanations focus on Maori as individuals, communities or as a culture to account for persistent disparities between Maori and other populations. Although some explanations now use a form of historical accounting that acknowledges colonisation and injustice, the dominant discourse counteracts this with claims that Maori are privileged and enjoy unfair advantages in our society. Another discourse given recent attention is that Maori are to blame for our health status. There is a growing body of research that suggests that culture, race, ethnicity and gender are key contributors to widening health disparities irrespective of class and socio-economic differences. This proposal seeks to explore three key domains in which systemic benefits and ascribed advantage are evident – health policy, the media and experience – as a new approach to understanding health disparities.

### **Introduction**

Society in Aotearoa is marked by major ethnic and cultural disparities in health and wellbeing. Inequalities between Maori and non-Maori are deep-seated and well documented in a broad range of domains, including health (Ajwani et al., 2003, Pomare, 1980, Pomare et al., 1995); wealth and income (Spoonley et al., 1991); housing (Howden-Chapman, 2005); and education (Hattie, 2003, Smith and Simon, 2001). These inequalities are seen as the result, at least in part, of the imposition of monocultural political and bureaucratic policies and practices established in the colonisation of the country by Britain (Belich, 1996, Cunningham and Durie, 2005, Durie, 2004, Fitzgerald, 2004, Howden-Chapman, 2005, Reid and Cram, 2005). Popular contemporary explanations of this situation draw upon an egalitarian ideology of equitable social relations (Bell, 1996, Bell, 2004, Humpage and Fleras, 2001, McCreanor, 2005, Fitzgerald, 2004) to emphasise the responsibility of individuals for their life choices and experiences in ways that match the neo-liberal political climate that has been established over the last 20 years (Kelsey, 1997, 2002). Such explanations also fit with social Darwinist justifications of the exclusion and marginalization of indigenous peoples (Goldberg, 1993, Smith, 1999) that have been central to settler culture here since the early 1800s (Ballara, 1986, Belich, 1986, McCreanor, 1997, Walker, 1990).

Recent research on disparities suggests that race, ethnicity and gender are important influences on a range of outcomes irrespective of socio-economic circumstances (Ajwani et al., 2003, Blakely et al., 2006, Hattie, 2003, Ministry of

Health, 2002, Reid et al., 2000). The effects of marginalisation (Marmot & Wilkinson, 1999) including racism and sexism (Harris et al., 2006, Karlsen and Nazroo, 2002, Krieger, 2003) are key factors in explaining this. Blakely et al. (2006) found that socio economic differences account for less than half of the disparity in smoking related mortality rates between Maori and non-Maori/non Pacific people. If we accept that there are forces in our society (other than socio-economic) that are significant in creating and maintaining disadvantage within certain populations, it is likely that equivalent forces – environmental, cultural, societal, institutional, interpersonal – protect and perpetuate *advantage* in other population groups.

During the controversy around the ‘race based’/targeted policy and programme funding that gripped New Zealand politics and the media in 2003 and 2004, Durie (2004) presented a paper examining “race-based policies”. He pointed out that the first example of race-based policy was the 1852 NZ Constitution Act, which established British common law as the law of the land, to the exclusion of Maori common law and law. This entrenched settler domination through a fundamental skewing of the system in favour of Pakeha culture and concepts. The developments that followed and that continue into the present day have entrenched and intensified this preferential system in all domains of society. The existence of specific policy and resourcing for Maori arose firstly as a way of limiting perceived Maori advantage (eg Maori parliamentary seats were initially established to limit Maori representation in government) and later because of the ways that the effects of colonisation had undercut and destroyed the possibility of equal opportunity between the two peoples. The present proposal seeks to underscore and examine the fundamental invisibility of the race and culture bases of the policies that permeate our current systems, focusing on health as a key domain. This invisibility positions policies that address ‘other’ groups such as Maori or Pacific as the only race based policies and practices in this country. The normalisation of the dominant culture through our health systems and practices presents a fundamental privilege that is invisible and unquestioned.

*Note: culture, race and ethnicity – we understand that these are neither discrete nor unproblematic concepts; each carries with it a history and wealth of meanings. We use the terms in this proposal to cover the range of meanings and to refer to the concepts when they are used in specific literature.*

## **Social determinants of health**

Despite early observations of health, vigour and longevity among tangata whenua (Banks, 1962, Beaglehole, 1968, Ward, 1839) ideologically, European settlers in Aotearoa arrived wedded to imported racisms (Ballara, 1986, McCreanor, 1997) such as ‘fatal impact’ theory (Adams, 1977). This popular notion that indigenous populations would melt away before the superior, civilizing mission of the settlers (Moser, 1988, Salmond, 1991, Sinclair, 1977), was discredited by Maori diplomacy, resistance and innovation in the nineteenth century (Belich, 1986,

King, 2003, Walker, 1990), and by major Maori population growth from the beginning of the twentieth century (Pomare, 1980, Sutherland, 1940, Walker, 1990). Regrettably, settler acknowledgement that the culture and practices of colonisation are still a key determinant of Maori mortality and morbidity is no longer commonplace. The efforts of academics and commentators such as Moser (1988), Featherston, (Te Ara - The Encyclopaedia of New Zealand, 2005) and Pember Reeves (1899) to talk Maori out of existence at the turn of the nineteenth century failed, but the diverse practices of representing Maori as inferior, marginal and rightfully giving way to the dominant culture in their own land, remain.

In the international literature it is increasingly recognised that societal exclusion and marginalisation reduce opportunities, perpetuate a racialised socio-economic situation and maintain stress at levels that, particularly over the lifespan, result in multifaceted ethnic disparities in a wide range of social settings (Karlsen and Nazroo, 2002, Krieger, 2003, LaVeist, 2003, Wilkinson and Marmot, 2003).

Causal links between racial and ethnic discrimination (at multiple levels), and the health and wellbeing of individuals and groups are increasingly recognised in the international literature (Cain and Kingston, 2003, Gee, 2002, LaVeist, 2003, McKendrick and Thorpe, 1998, McKenzie, 2003, Swan, 1998, Williams, 1999, Williams et al., 2003). In this country, Harris et al. (2006) found that Maori were up to ten times more likely than Europeans to report experiences (including violence, abuse and exclusion) of racial discrimination in interpersonal relations, in the healthcare system, in employment and in the housing market. They concluded that, in both interpersonal and institutional forms, racism contributes to health disparities between Maori and Europeans.

Prominent discourses to explain disparities in a range of sectors focus on individual responsibility as the primary site for intervention, which often negates both wider societal obligations and the possibility of acknowledging advantaged groups' position in society (McKay, 1999, Solomon et al., 2005). The invisibility of conferred privilege supports and perpetuates disparities by allowing those who have advantage to assign their fortune to merit and others' disadvantage to personal blame, bad luck or lack of hard work rather than acknowledging and understanding structural forces (Ancis and Szymanski, 2001, Robinson, 1999). Historically, social science may have inadvertently reinforced common discourses and understandings of inequality by producing research that focuses on disadvantage and disparity and leaving unmarked and un-investigated those with the most privilege in our society (Ferber, 2003, Johnston, 1998).

### **Disparity and privilege**

In Aotearoa New Zealand, structural disadvantage continues to undermine the standing and interests of Maori (Reid and Cram, 2005, Smith, 1999, Walker, 1990) and has contributed to negative Maori perceptions of Maori identity that impact



on a sense of self and belonging (Borell, 2005, Mikaere, 2004). Racism and the disparities it entails, recursively produce negative pressures on social cohesion and the ability of society to plan and develop for all of its people. This has resulted in major social and fiscal costs for the whole society.

Maori and Pacific disadvantage has been the subject of intense and ongoing research, policy, monitoring and evaluation initiatives. Indeed, measuring and intervening on *disparity* or the distance of these groups from others, consumes considerable amounts of material, intellectual and personnel resources. Unfortunately, despite this focus, little relative progress is being made and it is timely to consider how different conceptual and research approaches to the issues might offer new understandings in order to develop policy and intervention strategies to address what is a fundamental threat to social cohesion and to the health and wellbeing of all populations in the land.

In the 1960s the study of racism shifted from a focus on the prejudices and psychology of individuals to structural analysis (McConahay, 1986, Sears, 1998). However, analyses of institutional and societal racism have not resulted in substantial improvements in terms of reconfiguring the deeply entrenched structures of privilege. A small emergent strand of research known as “whiteness studies” that has developed particularly from feminist scholarship, in Australia and the US in the 1990s (Fine et al., 1997, Jensen, 1999, Meadows, 1999) provides a much needed stimulus. McIntosh (1990) utilised this development with her radical reflexive study of the advantages she could count on in the social, employment and educational spheres as a white woman. She itemised some 50 unquestioned instances of the privileges – which she refers to as her “invisible backpack” of advantage – that she can reliably expect to be accorded at face value. Examples include:

- I can if I wish arrange to be in the company of people of my race most of the time.
- I can avoid spending time with people whom I was trained to distrust and who have learned to mistrust my kind or me.
- If I should need to move, I can be pretty sure of renting or purchasing housing in an area which I can afford and in which I would want to live.
- I can be reasonably sure that my neighbours in such a location will be neutral or pleasant to me.
- I can go shopping alone most of the time fairly well-assured that I will not be followed or harassed by store detectives.

Analyses of such experiential knowledge combine with the powerful conceptual analyses such as Fine et al. (1997) to encapsulate the structural and institutional base from which the status quo is reproduced.

Although there is a history of concern and analysis about structural barriers to Maori development and success in this country (McCreanor and Nairn, 2002,

Ballara, 1986, Bell, 1996, 2004, Jensen, 1999, Spoonley et al., 1991, Sutherland, 1940, Wetherell and Potter, 1992), these are minority voices and their research is cast primarily within a marginalized/critical settler perspective. For example a strand of discourse analytic research (Abel, 1997, Bell, 1996, Nairn and McCreanor, 1990, Nairn and McCreanor, 1991, Wetherell and Potter, 1992) argues that the commonplace descriptions of provision for Maori as ‘privilege’ are ideological in the sense that they mask the origin of these arrangements, which as pointed out above were actually either designed to disadvantage Maori or initiated in mitigation of the damage done through colonisation. McCreanor (2005, 2006) summarises a decade of research on this phenomenon in a series of themes that consistently run through data of Pakeha talk and text. Two of the key themes are ‘privilege’ and ‘rights’.

- Privilege; Maori have special privileges that are unfair, racist and akin to apartheid.
- Rights; Equal rights for all is a democratic cornerstone. Privilege is an anathema.

Despite its manifest absurdity, this couplet has the discursive effect of positioning Maori as practically and philosophically ‘other’ to the rest of the population. However, glimpses of the irony of these discourses are available through some studies in this country that have provided ethnic breakdowns of health and wellbeing. As well as the major studies on health disparities already cited (Ajwani et al., 2003, Blakely et al., 2006), the Youth 2000 survey (Adolescent Health Research Group et al., 2003) shows significant differences between the wellbeing of Pakeha and that of groups such as Maori or Pacific young people. A qualitative research project that we conducted showed young Pakeha perceived that they lived in fundamentally supportive, negotiated family environments that resourced them and encouraged them to nurture aspirations and to succeed (McCreanor et al., 2006). Rangatahi Maori on the other hand provided accounts of much more constrained family environments in which parental stress just to survive meant there was less scope for support and high aspirations (Edwards et al., 2006).

The current proposal seeks to build upon these foundations and add empirical study to the conceptual work around Pakeha privilege and its implications for Maori health and disadvantage, particularly as it acts as a determinant of Maori health.

Rather than developing a proposal that identifies and explores the conditions and environments of Maori or Pacific populations and their perceptions, attitudes or behaviours; this proposal seeks to provide an indigenous ‘gaze’ upon an underlying discursive and material complex – cultural, racial and ethnic privilege – within our society, that is a key determinant of Maori (and other) disadvantage.

Investigating ethnic privilege is something of a theoretical departure for the social sciences, as it shifts the focus away from the disadvantaged and their behaviour. It could be argued that some of the conventional research on health disparities does little more than subject those who are most oppressed in our society to a critical scrutiny that emphasises what society believes they lack (Reid et al., 2000) and fuels ‘deviance from the norm’ discourses and representations in the media (Austin and McMaster, 1999, Black and Stone, 2005, Smith, 1999, Moewaka Barnes et al., 2005). Our intention is to move away from this orientation to try to understand ways that advantage is accrued and transmitted at a population level as a means of understanding what, if any, contributions these dynamics make to ongoing health disparities.

### **Scoping study**

Whariki research group has recently completed a scoping study for this research idea with funding assistance from Nga Pae o te Maramatanga, Maori Centre for Research Excellence. This scoping project involved consultative interviews with a range of key informants and an overview examination of the literature on critical aspects of privilege that would inform and complement a wider research proposal in New Zealand.

Key informants were asked to discuss their understanding of privilege as a construct and its contemporary application and give their opinions on the proposed methodology, domain areas (policy, the media and everyday experience) and the anticipated analytical focus on identity and power. They were also asked about pragmatic, short-term uses for the research findings of a more in depth research project and what long term incentives existed for social change that those with privilege might employ in addressing privilege. Their advice and analyses are being synthesised into a paper for publication (Borell and Gregory, forthcoming).

The interviews conducted in the scoping study revealed strong agreement that a significant research project around the construct of privilege in Aotearoa was important and long overdue. There was much discussion about the relationship between racial and ethnic privilege and class. The scoping project has also greatly informed the current research design and analytical framing. The predominately pakeha participants paraphrased many scholars of privilege such as Movsessian (1999) who states “Awareness is the key to helping mainstream step out of racist doctrine, beliefs and being in a position of privilege. It’s only when we step out of our comfort zones and become a minority that we may become aware of the privilege that is held within the mainstream. The challenge is noticing our ease when we are part of the majority” (Movsessian, 1999, p.165).

Following the discussion and advice from the scoping project we propose a selected study in three domains: health policy, the media and everyday experience.

In terms of policy we will focus on the dynamics of transition in public health policy that followed the political controversies around the Foreshore and Seabed debates and legislation (2003) and the 2004 speech to the Orewa Rotary Club by Don Brash. These led to a review of “targeted policy and programmes” under the leadership of the then Minister of Education, Trevor Mallard, amid much public debate in the academy, media, internet and government.

The media are one of the key institutions in contemporary society for the reproduction of the social order (Abel, 1997, Herman and Chomsky, 1988, McGregor and Comrie, 1992, Pilger, 2004). We are keen to look at how the media construct and reproduce the status quo of race relations, not by focussing on negative representations of Maori (Moewaka Barnes et al., 2005) but by attempting to understand the ways that the established position of Pakeha in the country is naturalised and rendered unremarkable in media coverage.

We will supplement the understandings that we can generate from these approaches with qualitative narrative interview data about commonplace experience in relation to health, culture, race and ethnicity. By gathering these accounts we will be able to generate analyses of the taken for granted expectations and aspirations that will be expressed and implicit in our participants stories of their experiences.

## **Proposed Study Design**

### **Project aim**

Explore the issues of cultural, racial and ethnic privilege in Aotearoa New Zealand by addressing the following objectives.

### **Project objectives**

1. Complete an extensive literature review to contextualise the project within the international and local literature.
2. Conduct an in-depth case study of the targeted policy and programme controversy and its policy and practice implications in the health field.
3. Collect and analyse a news media sample of up to 30 cases of the naturalisation of advantage particularly as it relates to health.
4. Complement these data with qualitative information gathered through in depth interviews.
5. Explore correlations and linkages between and across the policy, media and interview data paying specific analytic attention to issues of culture, identity, power and discourse.
6. Disseminate the findings of this research in an effective and timely manner using a range of methods and practices.

### **Study themes – analytical framework**

Using a range of different qualitative methods, we will explore three domains – health and related policy and discourse, the media and lived experience. Although not being entirely prescriptive about the theme areas that will emerge from the data, we are interested in analysing the data within a framework that pays particular attention to notions of culture, identity, power and discourse.

### **Case study**

We will conduct a case study of the ‘race based’ controversy and its policy and practice implications, including the race/needs discourse and the government review of “targeted policy and programmes” of 2004/5. We will study the policy environment within which these changes occurred in order to understand the policy formation and change. We will use a theoretical framework for understanding policy development and dynamics developed by Thamarangi (forthcoming), which will provide a valuable basis for understanding the policy controversy and its implications. This entails examining policy dynamics in terms of context, actors and the policy process.

Our search and analysis will place the primary emphasis on specific policies within the health arena. Policies in other sectors such as education, housing, and justice may also be scrutinised, if they emerge as particularly relevant to the central area of enquiry.

We will gather a comprehensive data base of departmental reports, Cabinet minutes, documented changes, political commentary, media stories, research and other scholarly contributions and internet materials such as weblogs that bear on the controversy. Relevant ministerial and other guidelines and policies will be reviewed to identify the ways that privilege, difference and disadvantage operate overtly or implicitly.

We will carry out up to 15 participant interviews with informants in the policy making and implementation arenas to illuminate discourses underpinning policy shifts, challenges and obstacles in the development and implementation of specific health policies and how policy implementation may differ from policy directives.

We will carry out content and discursive analyses on these materials in order to describe the course of events, the multiple different accountings at play and the power relations inscribed in the process. We will focus in particular on the practical, political and cultural implications of the changes and examine their implications for the health and wellbeing of Maori and Pakeha. We will also look at other areas where relevant, such as gender and class privilege.

## **Media**

We will carry out an exploratory content and discursive study of a database of selected media items that, in various ways, cover the naturalisation of advantage for population groups. We will scan daily papers, magazines and television for salient examples and gather either cuttings or tapes of the items. Although the sampling is fundamentally opportunistic it will also be purposive in the sense that we will build comprehensive collections across media and outlets around particular events, issues or incidents particularly relevant to health. We will create up to 30 such cases and analyse each separately as well as studying the extent to which themes run across different data sets to highlight common features in the media representations of the health and well being of the empowered.

We will use a form of discourse analysis adapted from Potter and Wetherell (1987) and McCreanor and Nairn (2002) to conduct rigorous examination of what is achieved by particular texts and how this is managed. The focus will be on the construction and articulation of notions of race, ethnicity and culture that contribute to normalising Pakeha dominance. This is a matter of considerable subtlety and sensitivity and the analysis will have to grapple with theoretical issues underlying debates over objectivity and bias in the media, to reach useful conclusions (Fairclough, 1992). The fundamental research question for this component will be to interrogate selected data with the question “what is achieved by this text?” and to further address the mechanisms by which the effects are produced. We will also build a broader view of how these discursive processes work by using a thematic analysis as espoused by Braun and Clarke (2006) to examine commonalities within the discourses around naturalised ethnicity and culture. The aim here will be to understand the dominant discourses involved in the representation of ‘mainstream’ New Zealand ethnicity and culture in relation and to theorise the ways in which it keys to power relations and social orders (Bell, 2004).

## **In-depth interviews**

Armed with a better understanding of the representation of privilege in the media and policy arenas we will ground the emerging insights within the commonplace experiences of a range of participants. We will use narrative methods incorporating some lifestory techniques (Anae, 1998, Bertaux and Bertaux-Wiame, 1981), which are valuable for gathering data that reflect the broad conditions of participants’ experiences. The method entails supporting participants to provide a detailed account of their experiences constructed around an open-ended, chronological frame that allows the comprehensive, but participant structured, recording of the appropriate data.

We will collect such narratives from up to 18 individuals that self-identify as ‘mainstream’ New Zealanders over 16 years of age. We will also interview up to

seven Maori individuals to enable data to be contrasted and compared. Participants will be recruited via snowballing from multiple start points in local networks in Auckland and Wellington. We would aim for a sample that spans ages, social class and gender. We will also include up to 20 family groups with whom we would explore the themes emerging from the individual data to further ground the findings. From past research projects, it is apparent that Maori discourses readily include discussions on culture, race and ethnicity. In order to gather data on privilege in ‘mainstream’ populations, we have found that a wider range of interviews is needed in order to draw out issues of invisibility and the ‘natural’ assumptions that underlie discussions and experiences; this is the reason for our differences in the sample numbers. While there is a common assumption that ‘mainstream’ New Zealanders can be used as a proxy for Pakeha (Spoonley et al., 1996), this project assumes that some Maori and Pacific people may also identify with this term and we will welcome their participation. There are resources within the research team to manage the participation of different ethnic groups in a culturally appropriate manner.

Analytically our interests will be in talk about culture, identity, power and representation. We will include discussions on health, health policies and provision, power of ‘voice’, the advantages of being ‘the norm’, access to and treatment by the medical professions. Discussions on health will include experiences with provision as well as discussion on the stories behind statistics – what are people’s expectations and understandings of their health and the health of those important to them. The list is not exhaustive.

All participants will be offered a koha for their contribution and transcripts, if requested, will be returned to them for checking prior to inclusion in the database. Interviews will be transcribed verbatim and coded using Nvivo software. The transcript data will be analysed using discourse and thematic analyses. This requires multiple, disciplined readings of the body of transcript data to develop a systematic and comprehensive description of the data and to describe the commonalities and variations apparent in the data. Attention will be focused on the ways in which discursive resources – language, ideas, images – are used to establish and defend various positions on the topic of privilege.

### **Workforce development issues**

The proposal as presented will enhance the knowledge and skill of an established Maori research group and make an invaluable contribution to an under-researched social phenomenon that affects all New Zealand society. In addition this proposal will assist in the training and development of some emerging Maori and social science researchers.

## **Relevance to health**

The HRC acknowledge that health and well being exist within a wider economic, social and cultural context in which specific population groups are “unable to achieve optimal health because they are marginalised by societal norms, institutions and established services.” Rather than proposing more research that looks at the ability of marginalised groups to accept, manage or possibly overcome their marginalisation (and what resources or services might assist this), the current research proposal shifts the focus of inquiry from those groups that are marginalised to examining how discourse and health policy environments construct and benefit the ‘norm’.

Recent policy developments demonstrate how precarious and dependant health priorities can be on party politics and wider political and social influences. Key informants in the scoping study expressed concern at the lack of urgency shown towards disparities in health by those not directly affected, and alarm at recent efforts to erase Treaty of Waitangi references from policy, pointing out the primacy of the Treaty’s’ relevance to the health and well-being of the nation.

Efforts to homogenize health policy based on erroneous assumptions that all New Zealanders receive equivalent health delivery and experience similar relationships with health professionals can be expected to fail. It is yet to be seen how reducing health inequality frameworks can be reconciled with frequent political references to ‘mainstream New Zealand’, and the abolition of ‘race-based funding’.

Decolonising projects may have a variety of health benefits for all members of society. Challenges to systemic conferred advantage will contribute to a more socially just and egalitarian society. Commentators such as Bell Hooks (1981) have stressed that oppression is detrimental to the health of the oppressor as well as the oppressed. Dominant structures and discourses which position one particular way of being as the norm (i.e. male / pakeha / heterosexual / able-bodied) impact negatively on the marginalized, as well as those who may materially benefit from efforts to dehumanize and oppress the ‘other’.

## **Portfolio alignment**

This proposal, while being of primary importance to Maori health and contributing to a wider programme of Maori development research (Rangahau Hauora Maori portfolio), is also highly relevant to The Health and Independence of Population Groups and Determinants of Health portfolios.

As a Maori research group the development of the Whariki programme of research is intrinsically related to Rangahau Hauora Maori. The expected outcomes of this project will add to the Maori knowledge base about this issue as well as the Maori methodological and workforce development outcomes outlined in this proposal.



The Health and Independence of Population Groups portfolio outlines the HRC's commitment to decreasing disparities in health outcomes. This proposal has argued that privilege is an underlying social construction with enormous implications (and a growing body of evidence) on the health status of different population groups. The potential of this project to increase the capability and expertise of Maori and social science researchers within Whariki will add further value the investment of funding this proposal.

The Determinants of Health portfolio outlines some of the broadest determinants of health including environmental, occupational, lifestyle, social and economic. This project will make an invaluable contribution to understanding the inter-relationship between health outcomes and the overall policy orientation and shape of New Zealand's social, political and economic systems. As the construction and maintenance of cultural, racial and ethnic privilege is played out in all New Zealand's social, political and economic systems, the importance of the race/needs controversy as our case study becomes particularly apparent. The policy and practice that resulted will give a concrete example to the relationship between the mechanisms of power and implications for health outcomes.

### **Relevance to Maori health outcomes**

The aim of this project is not simply to increase knowledge but to work towards utilising that knowledge, in partnership with others, to make a difference to Maori health status. This research will be instrumental in understanding the broader context of Maori disadvantage and subsequent lower health status. The research will enable New Zealand to better scrutinise and theorise advantage in relation to health outcomes and provide an evidence base to inform policy and funding. This may lead to policy, structural and environmental changes that result in more equitable health outcomes for Maori.

This project will assist Maori and non-Maori to develop tools to better understand privilege in Aotearoa. The shift of focus from disadvantage to privilege can also make a valuable contribution to the development of tools and ideas that can better measure various dimensions of privilege. Understanding accrued disadvantage over the life span is an area that other researchers – Maori and non-Maori – are seeking to develop. This project will contribute to an understanding of the role of privilege and further develop our research knowledge of how we might examine this in relation to accrued advantage and wealth over the life span.

### **Dissemination of results**

A variety of dissemination processes and practices will be employed in this study in order to utilise project findings and develop action strategies. Some of these dissemination practices and actions will be informed by participants and key stakeholders. Dissemination to participants will be via direct feedback throughout the research process and upon completion of the data collection phase. Face to

face meetings with policy makers and advisors, academic and social change groups like Kotare Trust will be held to gain input from and convey feedback throughout the project. Dissemination of findings to these groups and any subsequent implications for informing service provision will involve a process of active dialogue and negotiation. Engaging with policy makers and key government departments is an essential arena and standard processes of sharing new knowledge will be carried out with the research and policy communities. A technical report and academic publications will be produced. In addition to this, Whariki often present findings in hui, seminars and workshops and relevant national and international conferences. Email and the internet are also common media for disseminating research findings.

## References

- Abel, S. (1997) *Shaping the News : Waitangi Day on Television*, Auckland: Auckland University Press.
- Adams, P. (1977) *Fatal Necessity: British Intervention in New Zealand, 1830-1847*, Oxford: Oxford University Press.
- Adolescent Health Research Group, Watson, P., Clark, T., Denny, S., Fa'alau, F., Ameratunga, S., Robinson, E., Schaaf, D., Crengle, S., Sporle, A., Merry, S., Adair, V. and Dixon, R. (2003) A health profile of New Zealand youth who attend secondary school. *New Zealand Medical Journal* **116:1171**, 380-384.
- Ajwani, S., Blakely, T., Robson, B., Tobias, M. and Bonne, M. (2003) *Decades of Disparity: Ethnic Mortality Trends in New Zealand 1980-1999*. Public Health Intelligence Occasional Bulletin Number 16. Wellington: Ministry of Health and University of Otago
- Anae, M. (1998) *Fofoa-i-vao-'ese: the identity journeys of NZ-born Samoans*, Doctoral Thesis. Department of Anthropology, University of Auckland, Auckland.
- Ancis, J. and Szymanski, D. (2001) Awareness of White Privilege Among White Counseling Trainees. *The Counseling Psychologist* **9:4**, 548-569.
- Austin, J. and McMaster, J. (1999) Resisting racism, confronting self, In *Unmasking Whiteness*. (ed, McKay, B.) Nathan, Australia: Queensland Studies Centre, Griffith University.
- Ballara, A. (1986) *Proud To Be White: A Survey of Racial Prejudice in New Zealand*, Auckland: Heinemann.
- Banks, J. (1962) *The Endeavour Journal of Joseph Banks 1768-1771*, Sydney: Trustees of the Public Library of New South Wales.
- Beaglehole, J. (1968) *The Journals of Captain James Cook. VI*, Cambridge: Cambridge University Press.
- Belich, J. (1986) *The New Zealand Wars and the Victorian Interpretation of Racial Conflict*, Auckland: Auckland University Press.
- Belich, J. (1996) *Making Peoples: A History of the New Zealanders from Polynesian Settlement to the End of the Nineteenth Century*, Auckland: Penguin.
- Bell, A. (1996) "We're just New Zealanders": Pakeha identity politics, In *Nga Patai: Racism and Ethnic Relations in Aotearoa/New Zealand*. (eds, Spoonley, P., Macpherson, C. and Pearson, D.) Palmerston North: Dunmore Press.
- Bell, A. (2004) *Relating Maori and Pakeha: The Politics of Indigenous and Settler Identities*, Doctoral thesis. Massey University, Palmerston North,
- Bertaux, D. and Bertaux-Wiame, I. (1981) Life stories in the bakers' trade, In *Biography and Society*. (ed, Bertaux, D.) Thousand Oaks, CA: Sage, pp. 169-189.

- Black, L. and Stone, D. (2005) Expanding the definition of privilege: the concept of social privilege. *Journal of Multicultural Counseling and Development* **33** 243-255.
- Blakely, T., Fawcett, J., Hunt, D. and Wilson, N. (2006) What is the contribution of smoking and socioeconomic position to health inequalities in New Zealand. *Lancet* **9 June: 6736(06)68813-2**, DOI:10.1016/S0140-.
- \*Borell, B. (2005) Living in the city ain't so bad: cultural identity for young Maori in South Auckland, In *New Zealand Identities: Departures and Destinations*. (eds, Liu, J., McCreanor, T., McIntosh, T. and Teaiwa, T.) Wellington: Victoria University Press, pp. 191-206.
- \*Borell, B. and Gregory, M. (forthcoming) When there's everything on our side and nothing in our way; cultural, racial and ethnic privilege in Aotearoa. *New Zealand Journal of Social Policy*
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3** 77-101.
- Cain, V. and Kingston, R. (2003) Investigating the role of racial/ethnic bias in health outcomes. *American Journal of Public Health* **93:2**,
- Cunningham, C. and Durie, M. (2005) Health and Society in Aotearoa New Zealand, In *Te Rerenga Hauora*. (eds, Dew, K. and Davis, P.) Melbourne: Oxford.
- Durie, M. (2004) Race and ethnicity in public policy: does it work? *Social Policy Research and Evaluation Conference, Wellington*.
- Edwards, S., McCreanor, T. and Moewaka-Barnes, H. (2006) Maori Family Culture: A Context of Youth Development in Counties/Manukau. *Kotuitui submitted*
- Fairclough, N. (1992) *Discourse and Social Change*, Cambridge: Polity Press.
- Ferber, A. L. (2003) Defending the culture of Privilege, In *Privilege: A Reader*. (ed, Kimmel, M. S. F., Abby L.) Colorado: Westview Press.
- Fine, M., Weis, I., Powell, L. and Wong, M. (1997) *Off White: Readings on Race, Power and Society*, New York: Routledge.
- Fitzgerald, E. (2004) Development since the 1984 Hui Taumata, In *Tangata tangata: The changing ethnic contours of New Zealand*. (eds, Spoonley, P., Macpherson, C. and Pearson, D.) Melbourne: Thomson.
- Gee, G. (2002) A multilevel analysis of the relationship between institutional and individual racial discrimination and health status. *American Journal of Public Health* **92:4**, 615-624.
- Goldberg, D. (1993) *Racist Culture, Philosophy and the Politics of Meaning*, Oxford: Blackwell.
- Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S. and Nazroo, J. (2006) Effects of self-reported racial discrimination and deprivation on Maori health and inequalities in New Zealand: cross-sectional study. *Lancet* **367:9527**, 2005-2009.
- Hattie, J. (2003) Presentation. *Knowledge Wave 2003 – the Leadership Forum, University of Auckland, February*.  
[http://www.knowledgewave.org.nz/forum\\_2003/speeches/Hattie%20J.pdf](http://www.knowledgewave.org.nz/forum_2003/speeches/Hattie%20J.pdf)

- Herman, E. and Chomsky, N. (1988) *Manufacturing Consent: The Political Economy of the Mass Media*, New York: Pantheon Books.
- Hooks, B. (1981) *Ain't I a woman : Black women and feminism*, Boston: South End Press.
- Howden-Chapman, P. (2005) Unequal socioeconomic determinants, unequal health, In *Health and Society in Aotearoa New Zealand*. (eds, Dew, K. and Davis, P.) Melbourne: Oxford.
- Humpage, L. and Fleras, A. (2001) Intersecting discourses: closing the gaps, social justice and the Treaty of Waitangi. *Social Policy Journal of New Zealand* **16** 37-54.
- Jensen, R. (1999) *More Thoughts On Why The System Of White Privilege Is Wrong*, Accessed August 2006. <http://www.dickshovel.com/priv2.html>
- Johnston, P. M. G. (1998) Maori Women and the Politics of Theorising Difference, In *Feminist Thought in Aotearoa/ New Zealand: Differences and Connections*. (ed, Du Plessis, R. a. A., Lynn) Auckland: Oxford University Press.
- Kapa, A. (2005) Pakeha-Maori conflict built into mainstream reporting. *Tu Mai* **70** 8-10.
- Karlsen, S. and Nazroo, J. (2002) Relation between racial discrimination, social class, and health among ethnic minority groups. *American Journal of Public Health* **92:4**, 624-632.
- Kelsey, J. (1997) *The New Zealand Experiment: A World Model for Structural Adjustment?*, Revised. Auckland University Press/Bridget Williams Books.
- Kelsey, J. (2002) *At the Crossroads : Three Essays*, Wellington: Bridget Williams Books.
- King, M. (2003) *The Penguin History of New Zealand*, Auckland: Penguin.
- Krieger, N. (2003) Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: an ecosocial perspective. *American Journal of Public Health* **93:2**, 194-200.
- LaVeist, T. (2003) Racial segregation and longevity among African-Americans: An individual-level analysis. *Health Services Research* **38:6 Pt 2**, 1719-1733.
- McConahay, J. (1986) Modern racism; ambivalence and the modern racism scale, In *Prejudice, Discrimination and Racism*. (eds, Dovidio, I. and Gaertner, S.) Florida: Academic Press.
- McCreanor, T. (1997) When racism stepped ashore: antecedents of anti-Maori discourse in New Zealand. *New Zealand Journal of Psychology* **26** 43-57.
- McCreanor, T. (2005) 'Sticks and stones may break my bones ...': talking Pakeha identities, In *New Zealand Identities: Departures and Destinations*. (eds, Liu, J., McCreanor, T., McIntosh, T. and Teaiwa, T.) Wellington: Victoria University Press, pp. 52-68.
- McCreanor, T. (2006) Discourse, media and health in Aotearoa, In *Inequalities in New Zealand*. (eds, Dew, K. and Matheson, A.) Dunedin: Otago University Press, in press.

- McCreanor, T. and Nairn, R. (2002) Taiwi general practitioners explanations of Maori health: Colonial relations in primary healthcare in Aotearoa/New Zealand? *Journal of Health Psychology* **7** 509-518.
- McCreanor, T., Watson, P. and Denny, S. (2006) "Just accept us how we are more": experiences of young Pakeha with their families in Aotearoa New Zealand. *Social Policy Journal of New Zealand* **27** 156-170.
- McGregor, J. and Comrie, M. (1992) *Who's News?*, Palmerston North, N.Z: Dunmore Press.
- McIntosh, P. (1990) *White Privilege: Unpacking the Invisible Knapsack*, Anarchist Black Cross Network. Accessed August 2006. <<http://www.anarchistblackcross.org/org/wp/peggy.html>>
- McKay, B. (1999) Making whiteness visible, In *Unmasking Whiteness: Race Relations and Reconciliation*. (ed, McKay, B.) Nathan, Australia: Queensland Studies Centre, Griffith University.
- McKendrick, J. and Thorpe, M. (1998) The legacy of colonisation: trauma, loss and psychological distress amongst aboriginal people. *Grief Matters* **1:1**, 4-8.
- McKenzie, K. (2003) Racism and health: antiracism is an important health issue (editorial). *British Medical Journal* **326:7380**, 65-66.
- Meadows, M. (1999) A ten-point plan and a treaty, In *Unmasking Whiteness: Race Relations and Reconciliation*. (ed, McKay, B.) Nathan, Australia: Queensland Studies Centre, Griffith University.
- Mikaere, A. (2004) Are we all New Zealanders now? A Maori response to the Pakeha quest for indigeneity. *Red and Green* **4** 33-45.
- Ministry of Health (2002) *Reducing Inequalities in Health*. Wellington: Ministry of Health
- Moewaka Barnes, A., Gregory, M., McCreanor, T., Nairn, R., Pega, F. and Rankine, J. (2005) *Media and Te Tiriti o Waitangi 2004*. Auckland: Kupu Taea
- Moser, T. (1988) *Mahoe Leaves: Being a Selection of Sketches of New Zealand and its Inhabitants, and Other Matters Concerning Them*, Wanganui: HI Jones and Son.
- Movsessian, S. (1999) The many colours of white: Dismantling whiteness in a cultural context, In *Unmasking Whiteness: Race relations and reconciliation*. (ed, McKay, B.) Griffith University, Australia.
- Nairn, R., Barnes, A., McCreanor, T., Pega, F. and Rankine, J. (2006a) Impoverishing discourses; media representations of Maori people. *Kotuitui forthcoming*
- Nairn, R. and McCreanor, T. (1990) Sensitivity and Insensitivity: an imbalance in Pakeha accounts of Maori/Pakeha relations. *Journal of Language and Social Psychology* **9:3**, 293-308.
- Nairn, R. and McCreanor, T. (1991) Race talk and common sense: patterns in Pakeha discourse on Maori/Pakeha relations in New Zealand. *Journal of Language and Social Psychology* **10:4**, 245-262.

- Nairn, R., Pega, F., McCreanor, T., Rankine, J. and Barnes, A. (2006b) Media, racism and public health psychology. *Journal of Health Psychology* **11:2**, 183-196.
- Parker, J. and Duignan, P. (2002) *RSNZ Science & Technology Community Dialogue Process Report One: Concepts, Dialogue Processes and Recommendations for the Next Stage of the Project*. Wellington: Royal Society of New Zealand
- Pega, F., McCreanor, T., Barnes, A., Nairn, R. and Rankine, J. (2006) The great Lake Taupo Airspace beat up. *Pacific Journalism Review* **forthcoming**
- Pember Reeves, W. (1899) *Aotearoa, land of the long white cloud*, London: Horace Marshall & Son.
- Pilger, J. (ed.) (2004) *Tell Me No Lies: Investigative Journalism and Its Triumphs*. London: Jonathan Cape.
- Pomare, E. (1980) *Maori standards of health: a study of the period 1955-1975*, Wellington: Medical Research Council of New Zealand.
- Pomare, E., Keefe Ormsby, V. and Ormsby, C., et al. (1995) *Hauora: Maori Standards of Health III: A Study of the Years 1970-1991*, Wellington: Eru Pomare Maori Research Centre.
- Potter, J. and Wetherell, M. (1987) *Discourse Analysis and Social Psychology: Beyond Attitudes and Behaviour*, London: Sage.
- Reid, P. and Cram, F. (2005) Connecting health, people and country in Aotearoa New Zealand, In *Health and Society in Aotearoa New Zealand*. (eds, Dew, K. and Davis, P.) New York: Oxford University Press.
- Reid, P., Robson, B. and Jones, C. (2000) Disparities in health: common myths and uncommon truths. *Pacific Health Dialog* **7:1**, 38-47.
- Robinson, T. L. (1999) The Intersections of Dominant Discourses Across Race, Gender and Other Identities. *Journal of Counseling & Development*, **77**
- Salmond, A. (1991) *Two Worlds: First Meetings Between Maori and Europeans 1642-1772*, Auckland: Viking.
- Sears, D. (1998) Symbolic racism, In *Eliminating Racism*. (eds, Katz, P. and Taylor, D.) New York: Plenum Press.
- Sinclair, A. (1977) *The Savage: A History of Misunderstanding*, London: Weidenfeld and Nicolson.
- Smith, L. (1999) *Decolonizing Methodologies: Research and Indigenous Peoples*, London: Zed.
- Smith, L. and Simon, J. (2001) *A civilising mission?: perceptions and representations of the Native Schools system*, Auckland: Auckland University Press.
- Solomon, R., Portelli, J., Daniel, B.-J. and Campbell, A. (2005) The discourse of denial: how white teacher candidates construct race, racism and 'white privilege'. *Race Ethnicity and Education* **8:2**, 147-169.
- Spoonley, P., Macpherson, C. and Pearson, D. (eds.) (1996) *Nga Patai: Racism and Ethnic Relations in Aotearoa New Zealand*. Dunmore Press: Palmerston North.

- Spoonley, P., Pearson, D. and Macpherson, C. (eds.) (1991) *Nga Take: ethnic relations and racism in Aotearoa/New Zealand*. Palmerston North: Dunmore Press.
- Sutherland, I. (ed.) (1940) *The Maori people today: A general survey*. Wellington: New Zealand Institute of International Affairs & the New Zealand Council for Educational Research.
- Swan, P. (1998) Grief and health. *Grief Matters* **1:1**, 9-11.
- Te Ara - The Encyclopaedia of New Zealand (2005) FEATHERSTON, Dr Isaac Earl, In *An Encyclopaedia of New Zealand*, edited by A. H. McLintock, originally published in 1966, updated 11-Jul-2005. (ed, McLintock, A.). <http://www.TeAra.govt.nz/1966/F/FeatherstonDrIsaacEarl/en>
- Thamarangsi, T. (forthcoming) *Framework for analysis policy development in Thailand (draft PhD thesis chapter)*.
- Walker, R. (1990) *Ka Whawhai Tonu Matou*, Auckland: Penguin.
- Ward, J. (1839) *Information Relative to New Zealand*, London: J.W. Parker.
- Wetherell, M. and Potter, J. (1992) *Mapping the Language of Racism: Discourse and the Legitimation of Exploitation*, New York: Harvester Wheatsheaf.
- Wilkinson, R. and Marmot, M. (eds.) (2003) *The Solid Facts: Social Determinants of Health*. Copenhagen: World Health Organization.
- Williams, D. (1999) Race, socioeconomic status, and health. The added effects of racism and discrimination. *Annals of the New York Academy of Sciences* **896** 173-188.
- Williams, D., Neighbors, H. and Jackson, J. (2003) Racial/ethnic discrimination and health: findings from community studies. *American Journal of Public Health* **93:2**, 200-209.