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Te manu kai i te mātauranga: Indigenous psychology in Aotearoa/New Zealand. Waitoki, Waikaremoana, and Levy, Michelle (Eds.). (2016). Wellington, New Zealand: New Zealand Psychological Society. ISBN: 9780473345457. Book review DOI: 10.20507/MAIJournal. 2017.6.2.8

The need to recruit and train Māori as health professionals both to contribute to the overall health workforce and to meet the needs of Māori communities is well documented (Curtis, Wikaire, Stokes, & Reid, 2012; Ratima et al., 2007; Waitoki & Levy, 2015). However, recent literature also reports Māori students and health professionals being exposed to institutional and personally mediated racism, expectations of cultural expertise and limited curriculum and/or professional development in Indigenous health (Huria, Cuddy, & Pitama, 2014; Jones et al., 2010; Pitama, 2012). To date, there have been limited published accounts of how Māori health professionals integrate cultural and clinical expertise within a clinical environment or how they personally navigate working within Māori communities as both an insider (Māori community member) and an outsider (health professional).

Te Manu Kai i Te Mātauranga: Indigenous Psychology in Aotearoa/New Zealand is a bold move under the leadership of Dr Waikaremoana Waitoki and Dr Michelle Levy to provide a resource for Indigenous health professionals working with/alongside Māori clients and their whānau in mental health settings. It is a forum where Indigenous psychologists are writing for an Indigenous health workforce audience. It claims and owns this uncharted territory within the literature.

The introduction of the book presents the case study of Ripeka. It provides specific details

about Ripeka's case history and the complexities that underlie her presentation. The case clearly outlines how a non-Māori clinician determined her diagnosis in absence of any understanding of either the cultural realities for Ripeka or knowledge of te ao Māori. The rest of the book comprises 16 chapters, each with a different author or authors who explore and examine Ripeka's case from a practice perspective/paradigm.

What is interesting about this book is that the authors, who are from different fields of psychology, use their own area of expertise to explore and reconceptualise Ripeka's presentation. This leads to each chapter of the book having quite a different writing style and presentation. Some chapters take on the format of creative writing while others are presented in a more traditional academic style. This change in writing style can lead the reader to find the book at times difficult to navigate. In most chapters, there is no lead-in paragraph that establishes the paradigm in which the author has chosen to explore Ripeka's case. Instead, most chapters have to be read with the perspective that the paradigm will unfold and become clearer throughout the chapter. The paradigms vary from neuropsychology, education and palliative care through to wairuatanga.

Some readers may find the various writing styles disconcerting; however, I believe they will also conclude that it is a strength of the book. The practice of psychology, unlike other fields

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of health, is often undertaken in isolation from both whānau and other clinicians. This book opens up in a clear and honest way the authors' individual approaches to clinical practice. Such a style makes the authors vulnerable—a vulnerability that often is not encouraged within Western psychology, but that supports a high level of social accountability between Māori psychologists and the Māori community.

Some authors focus directly on Ripeka, but others creatively explore other whānau members presented in the case study, as their focus for clinical engagement. This supports the authors' areas of expertise and allows them to demonstrate their competencies in this area. When the focus is on other whānau members, instead of Ripeka, I found myself going back to the introduction to re-read how these whānau members were presented in the original case study. This task to re-engage with the introductory chapter offered a depth to the book that was unexpected but rewarding.

I think this book offers Māori psychology students a pivotal resource for professional development, but also presents them with challenges regarding how they will develop their own practice in a way that can demonstrate both clinical and cultural competencies. It lays a wero for the responsibility to not allow Western psychology to continue to be used as a tool of colonisation. It also unconsciously highlights the need for Māori interns and junior psychologists to seek out senior Māori psychologists as mentors, as this ability to respond to the wero does not align with current psychology curriculum or professional development opportunities.

For senior Māori psychologists, it challenges us to reconsider whether our current clinical practice has fallen prey to assimilation within Western paradigms or whether, like these authors, we are using our practice as a decolonisation tool. It also provides some reflective opportunities as a measuring stick for determining whether our practices are promoting assimilation or decolonisation.

For health professionals, this book offers a

rare opportunity to see how Māori psychologists are navigating clinical and cultural contexts, tools and perspectives. It demonstrates how they acknowledge the mana of each individual client/whānau they work with, while they navigate them to positive health outcomes. The overall tone of each chapter challenges Western psychology as a tool of colonisation and marginalisation for Māori health outcomes, and instead draws on principles from te ao Māori to reframe and construct a supportive therapeutic environment for Ripeka and her whānau.

Overall, this book offers a rare and intimate encounter with a case study that may have applicability for Māori working in health, education and social services. It also provides an evidential base for utilising both Kaupapa Māori and mātauranga Māori within practice settings.

Glossary

Kaupapa Māori	Māori-based topic/ event/enterprise run by Māori for Māori
mana	prestige, status,
	authority, influence,
	integrity; honour,
	respect
mātauranga Māori	Māori knowledge
te ao Māori	Māori worldview
wairuatanga	recognition of the
	spiritual dimension
wero	challenge
whānau	family; nuclear/extended
	family

References

Curtis, E., Wikaire, E., Stokes, E., & Reid, P. (2012). Addressing indigenous health workforce inequities: A literature review exploring "best" practice for recruitment into tertiary health programmes. *International Journal for Equity in Health*, 11(1), 1–16. http://doi.org/bpf8

- Huria, T., Cuddy, J., & Pitama, S. (2014) Working with racism: A qualitative study of the perspectives of Māori (indigenous peoples of Aotearoa New Zealand) registered nurses on a global phenomenon. *Journal of Transcultural Nursing*, 25(4), 364–372. http://doi.org/f6jw86
- Jones, R., Pitama, S., Huria, T., Poole, P., McKimm, J., Pinnock, R., & Reid, P. (2010). Medical education to improve Māori health. *New Zealand Medical Journal*, 123(1316), 1–10. Retrieved from http://www.nzma.org.nz/journal/archive. php
- Pitama, S. (2012). "As natural as learning pathology": The design, implementation and impact of indigenous health curricula (Unpublished doctoral thesis). University of Otago, Dunedin, New Zealand.
- Ratima, M. M., Brown, R. M., Garrett, N. K. G., Wikaire, E. I., Ngawati, R. M., Aspin, C. S.,

& Potaka, U. K. (2007). Strengthening Māori participation in the New Zealand health and disability workforce. *Medical Journal of Australia*, 186(10), 541–543.

Waitoki, W., & Levy, M. P. (2015). *Māori psychology workforce & Māori-focussed course content review* (Report). Hamilton, New Zealand: Māori and Psychology Research Unit, University of Waikato.

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Indigenous data sovereignty: Towards an agenda. Kukutai, Tahu, and Taylor, John (Eds.). (2016). Canberra, Australia: Australian National University Press. 318 pp. ISBN: 9781760460310. Book review DOI: 10.20507/MAIJournal.2017.6.2.9

Indigenous innovation continues to forge new pathways towards decolonisation in an increasingly digitised world. For populations in the CANZUS states (Canada, Australia, New Zealand and the United States of America), the internet and digital data have provided windows of opportunity to speak about and hold colonising state powers accountable for injustices against Indigenous people. Statistics produced by government census surveys have informed many of these conversations, and despite their "official" status, these data are not neutral by nature. Statistics about Indigenous people present discussions ranging from deficit and disparity to matters of justice and equity.

In Indigenous Data Sovereignty: Towards an Agenda, editors Tahu Kukutai and John Taylor illuminate how Indigenous peoples are navigating ownership and integrity of data about and for our peoples. They bring together a broad collection of voices that contextualise the data histories of colonising nation-states and discuss different interpretations of a future in which Indigenous information independence is recognised. The writers assert and position themselves within a critical framework supporting Indigenous potential with handling data. In a time of rapid innovation, this book is timely and appealing, and for young Māori readers who are fluent in the new languages of the digital age it promises a new wero.

The book does not shy away from the fact of Indigenous peoples being consistently compared against a Western standard of living that is both inappropriate and inaccurate in capturing our unique (colonised) realities. In Chapter 5, Maggie Walter, a trawlwoolway woman of the pymmerrairrener nation in Tasmania, identifies her five Ds of data characterised by disparity, deprivation, disadvantage, dysfunction and difference. Following this, in Chapter 7, Diane E. Smith (Australian) likens the treatment of Indigenous knowledge by governments to "data nullius", whereby the social and family