

WALKING THE TALK

THE 2012 COLLECTION OF ORAL PRESENTATIONS
FROM THE AUT
SCHOOL OF PUBLIC HEALTH AND
PSYCHOSOCIAL STUDIES



Edited by Rhoda Scherman, Chris Krägeloh & Shoba Nayar

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FOREWORD

I commend the editors for assembling this collection of abstracts and other accounts of research from across the School of Public Health and Psychosocial Studies. The School includes the Departments of Community Health Development, Psychology, Psychotherapy and Oral Health and the National Institute for Public Health and Mental Health Research. Most contributors describe studies in their early to mid-stages of development. While not generally appropriate or possible to present findings in journals or other publications at this time, it is very useful to know what is happening and what is in the pipeline. The range and diversity of planned and on-going staff and postgraduate student research activities is impressive – and this is but a sample from a much larger pool. Not only the breadth of topics is wide. So too is the variation in methodologies employed to examine them. This publication conveys something of the enthusiasm that staff and students have for their research. It provides a resource for readers – for those wishing learn about areas new to them and those seeking contact with colleagues or potential thesis supervisors with similar interests.

Professor Max Abbott

Pro Vice-Chancellor and Dean, Faculty of Health and Environmental Sciences
Co-director, National Institute for Public Health and Mental Health Research
Professor of Psychology and Public Health





PREFACE

Dear Reader

This is the second edition of what started as a highly innovative initiative by Dr. Rhoda Scherman, Head of Research of the School of Public Health and Psychosocial Studies at Auckland University of Technology. To promote general excitement about research, increased participation of emerging and early-career researchers and postgraduate students, and simply as a mechanism to inform people about the research work that their colleagues are currently engaged in, Rhoda had the novel idea of compiling a volume of abstracts, synopses, working papers, and even full papers, that are based on research presentations given by staff and postgraduate students from our School. This year, it is my pleasure, as one of the co-editors, to write the preface to *Walking the Talk – The 2012 Collection of Oral Presentations from AUT School of Public Health and Psychosocial Studies*.



My first thoughts, when writing this, were: “What does one write for a preface to a sequel of an exciting and novel first part? What makes the 2012 collection unique?” Very soon, however, this all became much easier than it had initially appeared to me. After all, this is not a blockbuster movie series, and sequels of research work never get stale. As we are constantly pushing the boundaries of knowledge, every single contribution opens up opportunities for more exciting research endeavours. Actually, we are faced with almost the opposite problem: Research fields move on so rapidly that, due to the sheer volume of newly published papers, important earlier work is easily forgotten. Not too infrequently, new work is nothing but re-invention in a different form.



Certainly, we cannot escape the parameters that determine our globalised academic environment, and one of the mantras that we have been hearing increasingly echoes: “publish, publish, publish”. There is a myriad of reasons why one could criticise the excesses that this climate creates, but most of us probably have no other choice than try to fit in. One can see strengths and positives in anything, and let’s take this approach in the present volume of *Walking the Talk*. Yes, there are pressures to publish, but there is also the resulting hustle and bustle of research activities that one can sense in the corridors of university departments. One of the biggest challenges of conducting research these days is filtering through the masses of publications that are easily accessible through search engines, such as GoogleScholar or Scopus. You may not even be aware of the work that people are busy with—people who are literally in the same building as you—and this book will hopefully allow you to get a quick overview and connect with your colleagues.



The theme of this year’s edition of *Walking the Talk* is to retain focus, while enjoying the research journey at the same time. Last year, our illustrations took you on a trip through New Zealand’s native forests, and this time it will be the same. While you can have a steady pace and focus on the goal of the hike, we would like to encourage you to take the time to enjoy the little treasures on the way, represented by the native flowers scattered throughout the book.

For most of us, conducting research is a lifestyle and, as the famous saying goes; *life is a journey, not a destination*.

Chris Krägeloh



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The editors would like to acknowledge the fact that the present book would not have been possible without:

- ◇ **Anni Krägeloh's** hard work in administering the peer-review process and putting the book together. Your editing skills are truly amazing.
- ◇ **Prof. Janis Paterson's (Head of School)** support, including financial support for the printing of hardcopies.
- ◇ **All the contributors** who are helping us showcase the research that is being conducted at our School and are thus contributing to a vibrant research environment. Please consider future editions of this book again as an outlet to communicate your research activities!
- ◇ The generosity of the **anonymous article reviewers** who provided valuable feedback that raised the quality of the contributions.
- ◇ The help of all **Allied Staff in our School** who helped organise the various presentations, seminars, and forums on which many of the abstracts, synopses, working papers, and full papers in the present book are based.



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Max is Pro Vice-Chancellor and Dean, Faculty of Health and Environmental Sciences, at Auckland University of Technology, New Zealand, where he is also Professor of Psychology and Public Health, Co-director of the National Institute for Public Health and Mental Health Research and Director of the Gambling and Addictions Research Centre and the Centre for Migrant and Refugee Research Centre.

Previous positions include National Director of the Mental Health Foundation of New Zealand and President of the World Federation for Mental Health. He is currently Deputy Chair of Waitemata District Health Board and a Board member of Health Workforce New Zealand.

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Sari is a Senior Lecturer in the Department of Community Health Development at AUT. In the past 15 years she has worked in the area of international and community health development in Indonesia, Papua, West Timor and now in New Zealand. Her research areas include international health development, gender and women's health and human rights.

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Heather is a seventh generation Pākehā New Zealander. Her doctorate in management studies through Waikato University was conferred in October 2012. She has been working in health promotion, public health and most recently Māori health for the last 20 years. She is a bisexual feminist, anti-racism activist, vegetarian, golfer, poet, auntie and god-mother.

DR. CATH CONN

Cath's background is in international development as a practitioner and academic. She has worked with NGOs and governments in Africa and Asia including: emergency nutrition and refugee sanitation in Uganda and Sudan; and public health in The Gambia, Nigeria, Laos, Vietnam and China. She has had academic roles at the Institute of Development Studies, Sussex University; Nuffield Centre for International Health and Development, Leeds University; and Centre for Development Studies, University of Auckland. Her research interests include young women's empowerment and sexual health. She is currently Senior Lecturer, and co-Head of the Department of Community Health Development at AUT.

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As well as her position at AUT she has a small private practice both supervising mental health support workers and teams as well as running a group for women who are long-term users of the mental health support services. She is studying with the Auckland Training Center for Psychodrama, and in her spare time is establishing, with her partner Brian, ArtExplore creating experiences to foster excitement for the fabulous contemporary art in New Zealand.

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Jane is a former lawyer and journalist. She completed her BHSc(Hons) at AUT in 2011 and completed her MHSc in 2012. She will complete her internship and post-graduate diploma in counselling psychology in 2013. Jane has a particular interest in mindfulness-based stress-reduction therapies, which is the reason her honours and masters research has been in these areas.

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Sonja trained as a clinical psychologist in South Africa working in the areas of community health, child and adolescent mental health and women's health. Before moving to New Zealand, Sonja lectured in the Department of Educational Psychology at the University of Natal, after which she worked as a psychologist in the Child and Adolescent Mental Health sector. Sonja was instrumental in the initial set up of the Psychology Department at AUT in 2000, and more recently, the postgraduate counselling programme. Her research interests are in the field of assisted reproductive technologies and their psychological implications. She is currently working part-time in order to complete her PhD, which examines the understandings and experiences of embryo donation in New Zealand.

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Laurie Morrison, Ngāti Whakaue, Te Arawa was awarded the Erihapeti Rehu-Murchie Māori Health Research Council Postdoctoral Fellowship in 2010. She is currently undertaking the three year study at Taupua Waiora: Centre for Māori Health Research, Auckland University of Technology. The project, aims to design and implement a supportive kāupapa intervention and develop a manual for wāhine who misuse gambling. Laurie is committed and focused on translating her research findings into practice to help improve circumstances for wāhine Māori, their whānau and service providers. The current study builds on two models that were developed from her doctoral

study to understand the psychology of Māori women and gambling and its implications and strategies for change. She has developed a training manual and health promotion resource to assist Māori gambling practitioners. Laurie's past and current studies have been extensively presented at national and international gambling, psychology and indigenous health conferences.

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MODERN GLOBALISATION AND INCREASINGLY BORDERLESS SOCIETIES

ABSTRACT BASED ON TALK GIVEN 23 JANUARY 2012 (INVITED KEYNOTE ADDRESS)
The 1st International Student Conference on "Innovations for Harmonious Living in a Borderless Society", Khon Kaen University, Thailand



JOHN F. SMITH

AUT,

DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

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Globalisation, the process of increasing interconnection of the world's trade, economic, social, cultural and political actions, is not new. It has a very long, ongoing history. Its very beginnings go back centuries, and further, as groups of people realised there were other groups over the hill, or, river, that they could exchange their food or goods with, for items they could not grow or produce themselves. This beginning local "trade" interdependence also brought new social, cultural, family practice contacts between different groups and the need to learn about and understand difference. The European colonisation period of large parts of Africa, Asia and the Americas over the past four-five centuries was a significant globalization interconnection surge. Economies, cultures, social practices were linked, as never before, via trade, mostly from colonial countries back to Europe, and, by political,

social and economic systems, exported from Europe to the colonised countries.

Contemporary globalisation that gathered strength over the latter part of the 20th century and is still intensifying has significant new elements to earlier periods. Dramatic developments in information technologies and mass transportation systems allow information transfer, financial transactions, and the transfer of goods and large numbers of people around the world at speeds not dreamt off a few decades back. Political, economic and other decisions in one part of the world can have almost immediate impacts across the globe. In addition, there is a deliberate drive to prioritise economic over social or community development. Deregulation to “integrate” global markets is accompanied by the promotion of common global legal, social, trade and other rules, to reduce barriers and borders for “free and efficient” financial, goods, and ideas transfers.

Modern globalisation’s political and economic “de-bordering” has no doubt brought major economic benefits to many, though, also has widened economic and social inequalities between and within countries at rates never seen before. These growing social disparities will inevitably impact on local cultural, religious, national identities and belief systems. The consequences of rapidly growing global inequality raise serious challenges for harmonious living in an increasingly economically integrated globe. Effective innovations to respond to these challenges will not only have to address local impacts at community levels, but also, address more distal power and global decision-making issues that fuel these disparities.

A NEW DIRECTION: CENTRE FOR MIGRANT AND REFUGEE RESEARCH

ABSTRACT BASED ON TALK GIVEN 17 APRIL 2012
AUT, The School of Public Health and Psychosocial Studies Monthly Seminar



SHOBA NAYAR

AUT,
DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Nayar, S. (2012). A new direction: Centre for Migrant and Refugee Research (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 3-4). Auckland, New Zealand: Auckland University of Technology.

The Centre for Migrant and Refugee Research (formerly the Centre for Asian and Migrant Health Research) brings together research that advances understanding of public health issues that can improve access to healthcare and promote good health among the migrant and refugee populations in New Zealand. It was established in 2003 within the National Institute for Public Health and Mental Health Research.

A core aim of the Centre is to conduct research with migrant populations, with particular emphasis on studies of relevance on public and community health and development. As part of this work, collaborative links have been and are being developed and strengthened with other academic institutions, government, non-government organisations, and migrant and refugee communities. For example the signing of a memorandum of understanding to partner in

research with Refugees as Survivors, New Zealand in 2011. All information and research findings are widely disseminated to inform policy development, health care providers, health professionals, students, policymakers and the wider community. The Centre is also committed to contributing to the development of the migrant health research workforce.

RESEARCHING DOMESTIC VIOLENCE IN INDONESIA

ABSTRACT BASED ON TALK GIVEN 26 APRIL 2012
AUT, Interdisciplinary Trauma Research Centre



SARI ANDAJANI

AUT,

DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Andajani, S. (2012). Researching domestic violence in Indonesia (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 5). Auckland, New Zealand: Auckland University of Technology.

This presentation contributes to the cross-cultural understanding of gender-based violence. This presentation will summarise two studies on domestic violence in Indonesia which examined women's definition and experiences of domestic violence in two provinces - East Java and in West Nusa Tenggara, Indonesia.

Results of both studies include the high prevalence of domestic violence during pregnancy and early motherhood, women's accounts on the culturally appropriate way to use 'unwanted sex' opposed to 'forced sex.' Further both studies underline the relevance of cultural specificity for different definition of domestic violence as well as the applicability of internationally recognised definition and assessment on domestic violence.

NGĀ POU WĀHINE: CULTURALLY APPROPRIATE SUPPORT GROUP TO PREVENT GAMBLING MISUSE FOR MĀORI WOMEN IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 22 MAY 2012
AUT, School of Public Health & Psychosocial Studies Monthly seminar



Laurie Morrison

AUT,

DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Morrison, L. (2012). Ngā pou wāhine: Culturally appropriate support group to prevent gambling misuse for Māori Women in New Zealand (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 6-7). Auckland, New Zealand: Auckland University of Technology.

Background

Support group programmes for gambling misuse are now an important addition to the management and wellness of Māori women, with good demonstrated outcomes. Most programmes are delivered in English and cater for non-Māori views of health and illness. The NPWI programme is part of a three-year research grant funded by the Health Research Council of New Zealand.

Objectives

To describe the experiences and insights of an intervention programme used in the pilot study and to determine its acceptability and applicability including measurement tools.

Method

In-depth interviews were undertaken with Māori women, family members and key stakeholders leading to refine the pilot and the processes of NPWI programme. The qualitative data were analysed using inductive analysis, i.e., the themes, patterns and categories of analysis came from the data rather than being imposed on them before data collection and analysis to inform the full intervention.

Results

Participants believed their involvement influenced connection to their cultural identity, increased social support, knowledge and motivation to change gambling behaviour, greater awareness of self care and accessing external support to confront unresolved childhood and adult issues, i.e, sexual abuse and violent relationships. Barriers included literacy issues, limited resources, poor mental health and reticent women.

Conclusions

The outcomes of the pilot study demonstrated that commitment to complete the programme had more to do with the use of culturally congruent metaphors and symbolism which Māori women understand. The expertise of a health promoter and gambling counsellor enabled and empowered wāhine Māori to remain committed to the intervention programme.

RECOVERY IN MENTAL HEALTH: A BIT OF A STOCK TAKE

ABSTRACT BASED ON TALK GIVEN 24 MAY 2012
AUT — Department of Psychotherapy Monthly Forum



CARIL COWAN

AUT, DEPARTMENT OF PSYCHOTHERAPY

Cowan, C. (2012). Recovery in mental health: A bit of a stock take (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 8-9). Auckland, New Zealand: Auckland University of Technology.

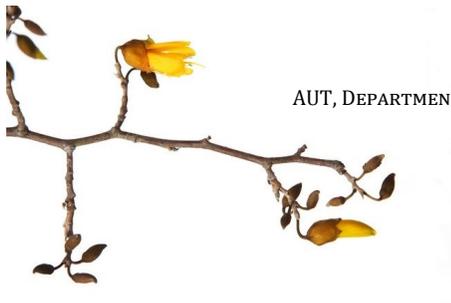
In the last decade of last century the mental health services were challenged by people using the services to create a philosophical change to service delivery to hold the hope for the ability to live well and in recovery. Since the neglect of the post de-institutionalisation era, there have been significant and positive changes to mental health service delivery. The vision espoused in the first Blueprint for Mental Health (Mental Health Commission, 1996) has guided ongoing policy strategy and service delivery. With the development of a new second Blueprint it is opportune to review the discussion document; to consider how the current conversations about mental health service delivery matches the ongoing discourse on recovery in mental health. Are the mental health services of Aotearoa/New Zealand changing to provide what people using them say is required?

This presentation argues that the Consultation Document for Blueprint II indicates slippage in the focus recovery, equating recovery with resilience, which is only part of not a foundation of the proposed Blueprint. Through a Foucauldian discourse analysis, it is argued that the power relationship between mental health professionals and service users is central to creating or not creating recovery based service delivery. It is further argued that the Consultation Document Blueprint II misses an opportunity to address the issues of power in the client professional relationship.

Subsequent to the presentation Blueprint II has been published. One area of hope is that one of the eight priorities is: Strengthen a culture of partnership and engagement in providing a positive experience of care. This may lead to the issues of power in the client professional relationship being addressed.

INVOLVEMENT OF FAMILY AND WHĀNAU IN COMMITTING A FAMILY MEMBER TO COMPULSORY ADDICTION TREATMENT

ABSTRACT BASED ON TALK GIVEN 30 MAY 2012
AUT — PGR9 Presentation



VANESSA CALDWELL

AUT, DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Caldwell, V. (2012). Involvement of family and whānau in committing a family member to compulsory addiction treatment (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 10-11). Auckland, New Zealand: Auckland University of Technology.

This grounded theory research seeks to understand the involvement of family and whānau in the process of committing a family member for compulsory addiction treatment under the Alcoholism and Drug Addiction Act (1966) (ADA Act). Although several reviews have been undertaken there is little known about the impact of this Act on the people whom it directly affects. The aim of the research is to analyse the hidden social process of managing this situation and produce a theoretical explanation of what is happening for family and whānau as they navigate the health and justice systems in order to place their family member who is experiencing the severe effects of addiction in compulsory care. The theory generated will be used to improve the process of engagement of the family, whānau and the affected individual when obtaining compulsory treatment orders for addiction under the proposed legislation to be enacted in 2013-2014; findings

will be potentially transferrable to similar situations such as the Mental Health (Compulsory Assessment & Treatment) Act 1992; and it will contribute knowledge to this area of addiction treatment. Data will be collected from face-to-face digitally recorded interviews with up to 25 participants who have been involved in the process of placing a family member under the ADA Act, successfully or otherwise. Data will be analysed using constant comparative analysis and coded using open, selective and theoretical coding until data saturation occurs. Analysis will be developed using memoing and theoretical sampling, which will be used to generate a grounded theory. Understanding what is happening for family and whānau will assist with development of appropriate support resources, improved health care service delivery and has the potential to contribute to the education of health care professionals.

NOISE SENSITIVITY AND DIMINISHED HEALTH: THE ROLE OF STRESS-RELATED FACTORS

ABSTRACT BASED ON TALK GIVEN 7 JUNE 2012

AUT — The School of Public Health and Psychosocial Studies Monthly Seminar



ERIN HILL

AUT, DEPARTMENT OF PSYCHOLOGY

Hill, E. (2012). Noise sensitivity and diminished health: The role of stress-related factors (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 12-13). Auckland, New Zealand: Auckland University of Technology.

As a doctoral candidate at AUT, Erin has been studying the relationship between noise sensitivity and diminished health. Noise sensitivity is regarded as a personal trait that increases an individual's susceptibility to noise and other stressors. It emerged from public health and psychoacoustic research to account for the large individual differences in reactions to environmental noise. Interestingly, noise sensitivity appears to be associated with poor health, independent of noise exposure. However, the mechanisms underlying this link have not been adequately explained.

Strongly rooted in the allostatic load model, Erin's thesis investigated the role of psychological and physiological stress factors involved in the relationship between noise sensitivity and diminished health. Two studies were conducted to address the research question. A large (n = 1102) epidemiological study was designed to test psychological

variables in the association, and a smaller (n = 107) community sample was used to test the association between noise sensitivity and functioning of the hypothalamic-pituitary-adrenal axis, the major stress system of the body. Results are discussed with reference to the importance of acknowledging noise sensitivity and psychological stress in health-related environmental noise research.

THE ATTITUDES AND SKILLS DEVELOPED THROUGH THE PROCESS OF CONDUCTING QUALITATIVE RESEARCH

ABSTRACT BASED ON TALK GIVEN 19 JUNE 2012

AUT — The School of Public Health and Psychosocial Studies Monthly Seminar



MARK THORPE

AUT, DEPARTMENT OF PSYCHOLOGY

Thorpe, M. (2012). The attitudes and skills developed through the process of conducting qualitative research (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 14). Auckland, New Zealand: Auckland University of Technology.

This interactive presentation considers certain attributes and skills developed by postgraduate students who conduct qualitative research. These include discipline, rigor, commitment, trust in the process, curiosity, flexibility, compassion, empathy, respect, non-judgement, self-awareness and playfulness. The qualitative researcher learns to resist the pull to premature closure, tolerate non-knowing, frustration, chaos and ambiguity, whilst maintaining an in-depth, detailed, and emotionally engaged relationship with the phenomenon in order to explicate the meaning in a nuanced and lived sense.

It is argued that these attributes provide the psychological foundation for students to engage in critical thinking, reflexivity and creativity. The skills are also used in clinical practice by counselling psychologists, psychotherapists and counsellors.

PUTTING THEORY INTO PRACTICE: LEARNING FROM THE FIRST YEAR OF THE TAMAKI ACTION RESEARCH PROJECT WITH DIVERSE ETHNIC MINORITIES IN AN AUCKLAND SUBURB

ABSTRACT BASED ON TALK GIVEN ON 28 JUNE 2012.

The 5th International Conference on Asian and Ethnic Minority Health and Wellbeing,
University of Auckland



THERESA LIEW

KA MAU TE WERO 'RAISING TO THE CHALLENGE'
COMMUNITY DEVELOPMENT PROGRAMME

SARI ANDAJANI

AUT,
DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Liew, T. W. C., & Andajani, S. (2012). Putting theory into practice: Learning from the first year of the Tamaki action research project with diverse ethnic minorities in an Auckland suburb (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 15-16). Auckland, New Zealand: Auckland University of Technology.

The 2011/12 Tamaki community action research (CAR) project is a strengths-based community development and mental health promotion exercise, aimed at actively engaging and involving the ethnically diverse peoples living and working in the Tamaki community (encompassing Glen Innes, Pt. England and Panmure suburbs). It was designed to continue and build upon findings from an earlier Glen Innes research study conducted between 2002 and 2010. The main aim of the 2011/12 Tamaki CAR project is to help create and sustain a more inclusive and resilient Tamaki population by increasing people's connectedness, capacities, cultural celebration and sense of

control over social determinants of their experienced health and wellbeing.

The authors will focus the discussion of this paper on three main aspects of this research that had significant impact during the first year. Firstly, they will outline and describe some ongoing challenges for translating participatory community action research principles into practice when working with an urban and ethnically diverse population. Secondly, they will present new insights into their current understanding of what constitutes “community assets” for target populations. Thirdly, they will conclude by exploring some possible implications for envisioning, planning and managing public facilities and services that will ensure the communities they were set to serve will actually benefit from having these.

NEGATIVE CAPABILITY, MINDFULNESS AND QUALITATIVE RESEARCH

ABSTRACT BASED ON TALK GIVEN ON 12 JULY 2012.
The Wisdom Traditions and Universities, Mindfulness Special Interest Group
Conference, AUT University



MARK THORPE

AUT, DEPARTMENT OF PSYCHOLOGY

Thorpe, M. (2012). Negative capability, mindfulness, and qualitative research (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 17-18). Auckland, New Zealand: Auckland University of Technology.

This presentation proposes that John Keates' concept of "negative capability" (being in uncertainties, mysteries and doubts without any irritable reaching after fact and reason) is an essential part of artistic creativity, psychotherapy, mindfulness and qualitative research. The process is elucidated through concepts such as the 'continual extinction of personality' (T.S. Elliot), 'embodiment of self with the character being painted' (Lord Byron), identification with the object (Samuel Taylor Coleridge), free association and evenly hovering attention (Sigmund Freud), 'eschewing memory, desire and understanding' (Wilfred Bion), 'alerted quietude and receptive wakeful lambent consciousness' (Masud Khan), capacity to tolerate ambiguity and paradox (Ken Eisold), compassionate curiosity, equanimity and the faith to consistently doubt assumptions about the

nature of things, and 'bare attention' (Buddhist Mindfulness literature, Michael Epstein). Links are made to how qualitative research is conducted.

The second part of the presentation argues that the openness of negative capability is dependent upon its theoretical opposite, a clear foundation and structure. Artists, poets, authors, psychotherapists and qualitative researchers need to be firmly anchored, supported and contained in order to optimise their negative capability. The 'therapeutic frame', employed in psychotherapy, is discussed as a model which provides a firm foundation from which open, creative, symbolic and metatheoretical thought may arise. The frame provides a counterbalance to the freedom of negative capability and a container for the anxieties generated during the process. Practical examples of setting up the container in different situations is discussed.

CBT AND EXISTENTIALISM: OXYMORON OR PERFECT PARTNERSHIP?

ABSTRACT BASED ON THE TALK GIVEN ON 17 JULY 2012
AUT, School of Public Health and Psychosocial Studies Monthly Seminar



JACKIE FEATHER

AUT, DEPARTMENT OF PSYCHOLOGY

Feather, J. (2012). CBT and existentialism: Oxymoron or perfect partnership? (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 19-20). Auckland, New Zealand: Auckland University of Technology.

The new paradigm of counselling psychology in Aotearoa/ New Zealand is developing in response to the contexts in which interns and newly graduated counselling psychologists find themselves, the populations with which they are working, and the problems or issues their clients bring. Internationally, counselling psychology has a mandate for working with existential issues, and the experience of our AUT interns and graduates suggests that local counselling psychologists frequently encounter clients facing an existential crisis. Having been trained in a range of therapeutic approaches, with a focus on cognitive behavioural therapy (CBT) and narrative therapy, our interns and new graduates are finding ways of using CBT within a broader framework to address these kinds of

issues, supported by the postmodern thinking of narrative therapy. It is early days, but this presentation will endeavour to describe this newly developing model, supported by a few case illustrations.

HOW DO PSYCHOTHERAPISTS LEARN – HAS ANYTHING CHANGED SINCE FREUD?

ABSTRACT BASED ON TALK GIVEN 26 JULY 2012
AUT, Psychotherapy Forum



KERRY THOMAS-ANTILLA

AUT, DEPARTMENT OF PSYCHOTHERAPY

Thomas-Antillas, K. (2012). How do psychotherapists learn—Has anything changed since Freud? (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 21-22). Auckland, New Zealand: Auckland University of Technology.

It is in vain that you range around from science to science: each man learns only what he can learn. — Goethe, Faust, Part I, Scene 4.

Society has changed immeasurably since Freud began to work in Vienna with his patients, using the “talking cure”. Freud’s learnings came principally from his work with his patients, and his efforts to understand their mental life; his work was a departure from considering mental illness purely in biological terms, to an attempt to discover the meaning of the symptoms and to trace their development. As a way of conveying what he was learning Freud wrote case histories, in which he described his treatment of his patients—including his failures—and his discoveries in relation to the new discipline of psychoanalysis. The first of these case histories appeared

in 1893.

In this presentation I ask the question, how do psychotherapists learn in our current times and in this country? Given that the psychiatric landscape has come full circle and is once again predominantly situated in a biological meaning making of mental illness, how are we as psychotherapists affected by this? In terms of our learning, has anything fundamental actually changed, that is, do our main learnings still come from our work with our patients or clients, and, if so, what are these learnings and how do we learn them? Also, in line with the massive changes since Freud's time, do we make more use of other forms of learning (professional articles, books, films, conferences, material on the internet etc)? Finally, what might be the learnings that we derive from being situated in our own culture and times?

HATE, DESTRUCTION, AND LOVE: PSYCHOTHERAPY AT THE BORDER LINE (A CLINICAL CASE PRESENTATION)

ABSTRACT BASED ON TALK GIVEN 23 AUGUST 2012
AUT, Psychotherapy Forum



JOHN O'CONNOR

AUT, DEPARTMENT OF PSYCHOTHERAPY

O'Connor, J. (2012). Hate, destruction, and love: Psychotherapy at the border line (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 23-24). Auckland, New Zealand: Auckland University of Technology.

Trauma is a process of dissolution that moves toward total dissolution, that is to say death... Analysis therefore has two tasks: (1) to expose this death agony fully: (2) to let the patient feel that life is never the less worth living... Ferenzi and Dupont, 1988, pp. 130-131

The impulse to destroy ourselves and/or the other is an often powerful and mysterious force within the therapeutic encounter. Patients in the borderline range have often been described as “self destructive”. The nature and power of these apparently destructive forces, and their creative potential, will be explored in this paper, in which John will present a long-term clinical case from his private practice. The speaker will describe the powerful, unconscious, and

potentially destructive impulses that emerge between and within the therapist, his patient, and within their therapeutic relationship. He will also explore the creative attempts of both therapist and patient, together and separately, to come to terms with and make use of these potent and disturbing motivations. The presentation will include art works and writings created by the patient alongside her therapy, as she engaged in her psychoanalytically informed treatment.

THE MEDIA REPRESENTATION OF CRIME: A QUALITATIVE THEMATIC ANALYSIS OF NEW ZEALAND PRINT MEDIA

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



BRITTANY PHILLIPS

AUT, DEPARTMENT OF PSYCHOLOGY

Phillips, B. (2012). The media representation of crime: A qualitative thematic analysis of New Zealand print media (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 25). Auckland, New Zealand: Auckland University of Technology.

We live in what has been described as a ‘media culture’ where people’s perceptions and images of reality are shaped by what is portrayed in the media (McQuail, 2000). The public is heavily dependent on the media to provide them with accurate, reliable and objective information on a number of topics (Duffy, Wake, Burrows, & Bremmer, 2008). In particular, the media has an influential role in informing the public on matters of crime and criminal justice (Duffy et al., 2008). However, research findings suggest that people have an inaccurate perception of crime and the criminal justice system (Paulin, Searle, & Knagg, 2003). The current study is a qualitative thematic analysis of how crime is represented in five New Zealand newspapers within the month of June 2012. The study aims to investigate New Zealand print media as a potential influence on the public’s inaccurate perception of crime and criminal justice.

HETEROSEXUAL MEN'S EXPERIENCES OF ONLINE DATING: EXAMINING PROCESS, BENEFITS AND RISKS

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



DAVID DAWN

AUT, DEPARTMENT OF PSYCHOLOGY

Dawn, D. (2012). Heterosexual men's experiences of online dating: Examining process, benefits and risks (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 26-27). Auckland, New Zealand: Auckland University of Technology.

Online dating is a burgeoning industry within the West providing individuals with easy access to hundreds of online profiles. Although research has been carried out in other western countries, nothing is known about the process or subjective experience of the people who engage in this form of dating within New Zealand. As dating sites internationally report increasing profits, and sites within New Zealand claim to support populations of over 300,000 users, various risks have also been identified, the most salient of which for users is cyber-stalking, and personal physical safety if online interactions result in face-to-face meets. Other research has also observed a high frequency of unsafe sex practices, from face-to-face meets, organised through online dating, and highlighting a potential health risk. Drawing on the work of masculinity theorists such as Connell (2005)

and Wetherell and Edley (1999) the current project explores the experiences and impressions of heterosexual men who have used online dating websites in New Zealand. The study examines how these experiences relate to previous research into the safe sex practices and romantic relationships of heterosexual men, as well as contemporary masculinity identity construction. Interviews were carried out with 10 heterosexual men, which were transcribed verbatim and analysed thematically. The analysis involved in-depth reading of the data examining how online dating was talked about (in order to examine the benefits/risks) as well as exploring the broader constructions of masculinities in this context.

PSYCHOLOGICAL EXPERIENCES OF ACCULTURATION AMONGST COOK ISLAND MIGRANTS IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



JENNIFER THOMPSON

AUT, DEPARTMENT OF PSYCHOLOGY

Thompson, J. (2012). Psychological experiences of acculturation amongst Cook Island migrants in New Zealand (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 28). Auckland, New Zealand: Auckland University of Technology.

Acculturation profoundly affects the health and well-being of individuals. Most of the research available on acculturation has focused on immigration. Despite this, the accumulation of research has not explored the experiences of Pacific Islanders' particularly Cook Island youth migrating to New Zealand. Moreover, existing research has primarily utilized quantitative approaches when investigating acculturation. This study proposes to explore the acculturation process amongst Cook Island youth migrating to New Zealand. This study uses a qualitative descriptive methodology and incorporates individual interviews with several Cook Islands youth in order to examine the underlying experiences of acculturation, and how they affect Cook Islands youth who have migrated to New Zealand from their country of origin.

EVALUATION OF THE USE OF SELF-REPORT OUTCOME MEASURES WITH ASIAN PEOPLE IN WAITEMATA DISTRICT HEALTH BOARD: THE EXPERIENCE OF ASIAN MENTAL HEALTH WORKERS

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



JESSICA GU

AUT, DEPARTMENT OF PSYCHOLOGY

Gu, J. (2012). Evaluation of the use of self-report outcome measures with Asian people in Waitemata District Health Board: The experience of Asian mental health workers (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 29-30). Auckland, New Zealand: Auckland University of Technology.

The stepped care model for mental health provision is being recently introduced into the secondary adult mental health service of the Waitemata District Health Board (WDHB; Earl, 2010). This model involves the use of outcome measures, including self-report scales. There are 9.4% people who identified themselves as Asian in WDHB in 2001 (Walker & Martin, 2007). The percentage has increased to 13.8% in 2006. Asians became the second largest ethnic group in WDHB. However, there has been no research on the use of therapy outcome measures with Asian service users in WDHB. In general, Asian culture has high stigma towards people with mental health illness. Asians who are seeking mental health professional help may be seen as bringing shame to their family and community. This study will evaluate the use of the Scott Miller tools that have been

introduced as part of stepped care in the mainstream service (Bunting, 2011), the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) (Miller et al., 2006). Cognitive interviews will be conducted with Asian mental health workers to identify any problems or barriers with the use of these scales with Asian service users.

EXAMINING THE PHENOMENA OF 'SUGAR DATING' IN CONTEMPORARY WESTERN CONTEXT

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



LAUREN GLASS

AUT, DEPARTMENT OF PSYCHOLOGY

Glass, L. (2012). Examining the phenomena of 'sugar dating' in contemporary western context (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 31-32). Auckland, New Zealand: Auckland University of Technology.

In 2002, with the launch of SugarDaddie.com, “sugar” relationships joined the US\$4 billion dollar industry of online dating. “Sugar” relationships are defined as a relational/sexual arrangement involving a mutual exchange of personal assets. This mutual exchange generally involves an older Sugar Daddy offering financial assistance and gifts to a young, attractive, female Sugar Baby, who offers her companionship and sexual/relational benefits. Sugar dating websites have sparked media interest with critics claiming the websites encourage young women to satisfy the role of escorts or prostitutes. To date there is no published research examining “sugar” dating as an online phenomenon. Situated within Foucauldian/feminist poststructuralist theorising of language and social realities, the current project discursively analysed publicly available texts discussing online “sugar”

dating (this included online texts and one self-help book on the topic). The discursive construction of the male “Sugar Daddy” and female “Sugar Baby” within sugar dating relationships was of particular interest, along with the wider social implications such gendered subject positions may have in relation to contemporary heterosexuality and heterosexual power relations.

A FEASIBILITY STUDY CONCERNED WITH THE DIFFERENTIAL EFFECTS OF COACH BEHAVIOUR PRE- AND POST- INTERVENTION, THROUGH THE DEVELOPMENT OF A COACH FEEDBACK PROFILE

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



LUCY THOMPSON

AUT, DEPARTMENT OF PSYCHOLOGY

Thompson, L. (2012). A feasibility study concerned with the differential effects of coach behaviour pre- and post- intervention, through the development of a coach feedback profile (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 33-34). Auckland, New Zealand: Auckland University of Technology.

This feasibility study seeks to determine the differential effects of coach feedback behaviour in response to the development of a coach performance profile. The researcher will facilitate the development of the coach feedback profile with the participating coach and this profile will be grounded on work done by Butler (1989), Jones (1993), Gucciardi and Gordon (2009), Butler and Hardy (1992) and Butler et al. (1993). The profile will be based on what the coach believes to be important feedback behaviours, along with what has been learned about feedback as evidence from current literature. In keeping with the arguments presented by Gucciardi and Gordon, particular attention will be devoted to developing profile dimensions that include aspects of polarity and range (applicability). It is hoped that

the effects of the feedback profile will be seen through variations in coach behaviour and also through coach self-report. This research will involve integrative methods with a single-subject design and multiple measures of coach feedback behaviour being taken using behavioural coding and self-reports from the participating coach.

EVALUATION OF A “LIFESTYLE FOR WELLBEING” GROUP PROGRAMME FOR PEOPLE WITH CHRONIC CONDITIONS DEVELOPED AND RUN IN AN INTER-PROFESSIONAL SETTING

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



MICHELLE VINSEN

AUT, DEPARTMENT OF PSYCHOLOGY

Vinsen, M. (2012). Evaluation of a “Lifestyle of Wellbeing” group programme for people with chronic conditions developed and run in an inter-professional setting (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 35). Auckland, New Zealand: Auckland University of Technology.

Chronic health conditions are increasing worldwide and within New Zealand. The Lifestyle Redesign® program is designed to help participants alter their daily routines to enhance their health and quality of life and reduce health care costs (Clark et al., 1997). Those with chronic conditions not only need to adapt physically but also psychologically. Working as an inter-professional team to target both areas is recommended to increase health outcomes (National Health Committee, 2007a). This study evaluates the initial outcomes of a group-based programme based on the Lifestyle Redesign program, adapted to address psychological concerns, developed jointly by occupational therapy and counselling psychology and run in AUT’s Akoranga Integrated Health Clinic.

ADOPTIVE PARENT RELATIONSHIPS: THE IMPACT OF ADOPTING A CHILD ON THE COUPLE'S RELATIONSHIP

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



ROCHELLE MULLENBERG

AUT, DEPARTMENT OF PSYCHOLOGY

Mullenberg, R. (2012). Adoptive parent relationships: The impact of adopting a child on the couple's relationship (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 36). Auckland, New Zealand: Auckland University of Technology.

Although the adoption literature is very extensive, the majority of research tends to focus on the parent/child relationship, or how the child copes with the adoption. Very little research has looked at the relationship between the adoptive parents, despite a large body of literature about how new babies impact a couple's intimate relationship. In-depth interviews will be conducted, exploring how the adoption has affected the intimate relationship between the husband and wife. Thematic analysis will be used to analyse data. It is hoped that this study will help understand how issues adoptive parents face in the first year after adoption affect their relationship, and hopefully lead to developing support systems for adoptive parents, similar to those for biological parents.

A QUALITATIVE STUDY OF NICHIREN BUDDHISTS' EXPERIENCES OF ENGAGING IN PERSONAL THERAPY

ABSTRACT BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



VIKKI BAIRD

AUT, DEPARTMENT OF PSYCHOLOGY

Baird, V. (2012). A qualitative study of Nichiren Buddhists' experiences of engaging in personal therapy (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 37). Auckland, New Zealand: Auckland University of Technology.

The benefits of practicing Buddhism or other meditation techniques for therapists have been a recent topic of interest in the psychological literature. However, there is relatively sparse research investigating the experiences of clients in personal therapy who also practice Buddhism. A certain proportion of Buddhist practitioners will engage in psychological therapy at some point in their lives. This research seeks to investigate the experiences of Nichiren Buddhists who have engaged in personal counselling or psychotherapy in addition to their Buddhist practice. Five respondents will be interviewed in depth by the researcher. Thematic analysis will be used to explore the common themes and meanings in these participants' experiences of being a practicing Buddhist within a therapy setting.

THE HEART OF THE MATTER: THE DEVELOPING MOTHER-INFANT RELATIONSHIP IN PRENATAL AND POSTNATAL DIAGNOSIS OF CONGENITAL HEART DISEASE

ABSTRACT BASED ON TALK GIVEN 18 SEPTEMBER 2012
AUT, The School of Public Health and Psychosocial Studies Monthly Seminar



JENNIFER RE

AUT, DEPARTMENT OF PSYCHOTHERAPY

Re, J. (2012). The heart of the matter: The developing mother-infant relationship in prenatal and postnatal diagnosis of congenital heart disease (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 38-39). Auckland, New Zealand: Auckland University of Technology.

Congenital Heart Disease (CHD) affects 8 in 1000 infants and carries a significant morbidity and mortality. Considerable parental distress accompanies the infant's diagnosis and treatment. Attachment theory and research have emphasised the critical importance of the early mother-infant relationship for the general development and future well-being of the child.

A prospective longitudinal, staged study was designed to explore the psychological well-being of mothers and babies and the nature of the developing mother-infant relationship in these extraordinary circumstances. Complementary qualitative and quantitative research methods were used. Data for stage one was collected for 26 mothers and infants when the infant was 2 months old following major cardiac surgery. Maternal distress and infant social withdrawal were

evaluated using standardised measures, and maternal perceptions were explored through in-depth interviews.

Very high levels of maternal distress were found and almost half of the infants were socially withdrawn. Maternal distress was associated with infant social withdrawal. Thematic analysis of the maternal interviews revealed shock and acute stress as central to mothers' experience, while the infant's responsive cues helped many mothers hold onto hope of recovery. Implications for ethics, clinical practice and further research are discussed.

JOURNEY TO WELLNESS: A QUALITATIVE EXPLORATION OF DEPRESSION, TREATMENT AND RECOVERY FROM A SERVICE-USER PERSPECTIVE

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



BARBARA PIKE

AUT, DEPARTMENT OF PSYCHOLOGY

Pike, B. (2012). Journey to wellness: A qualitative exploration of depression, treatment and recovery from a service-user perspective (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 40-41). Auckland, New Zealand: Auckland University of Technology.

Depression is becoming an increasingly common diagnosis in New Zealand (Ministry of Health, 2006). The traditional medical model of care for individuals with mental illness is now being challenged by new quantitative and qualitative research, including narratives provided by long-term mental health service users. This research aims to contribute to this body of knowledge by exploring the personal experience of individuals who have been diagnosed and treated for depression in New Zealand. Thematic analysis, based in interpretive description, will identify common themes and issues in treatment and recovery. This will include the experience of formal treatment as well as any important factors outside of treatment that may have helped or hindered recovery, in order to facilitate a broader understanding of the journey to wellness. It is hoped that this study will contribute to an

understanding of the experience of short-term mental health services users diagnosed with common mental disorders like depression, in a New Zealand context.

THE EFFECT OF THE SEPTEMBER 2010 CHRISTCHURCH EARTHQUAKE ON RESIDENTS: AN ANALYSIS OF OPEN-ENDED WRITTEN RESPONSES

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



CASEY ROWNEY

AUT, DEPARTMENT OF PSYCHOLOGY

Rowney, C. (2012). The effect of the September 2010 Christchurch earthquake on residents: An analysis of open-ended written responses (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 42-43). Auckland, New Zealand: Auckland University of Technology.

On the 4 September 2010 a 7.1 magnitude earthquake hit the city of Christchurch in New Zealand. Natural disasters often produce a multitude of long-term effects that bring about distress, general anxiety, and impact on the health and well-being of those involved. Following a natural disaster, it is common for a large number of individuals to experience moderate declines in psychological health and well-being. Many report experiencing brief episodes of depression and anxiety that abate with the return to normal daily routines and activities. A small minority however, will experience long-term and persistent psychological distress. This project sought to give voice to the residents of Christchurch and offer a space to share their experiences during the earthquake. The data forms part of a larger project, The New Zealand Attitudes and Values Survey, currently being

conducted through The University of Auckland. At the end of this survey participants were given the opportunity to provide open-ended responses about how the earthquake has affected them. The responses were analysed thematically to a) identify common themes within the responses and b) describe the data in detail. Analysis was conducted at the semantic level, highlighting explicit meanings of the responses with very little interpretation beyond what was said by the participant. The key themes identified include: psychological impacts; material costs and financial impact; coping strategies; and “Silver Lining”/ positive outcomes. These themes and their implications for disaster research will be discussed.

A QUALITATIVE EXPLORATION OF CHINESE IMMIGRANTS' LIVED EXPERIENCE OF THEIR SENSE OF IDENTITY BEFORE, DURING AND AFTER MIGRATION TO NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



CHEN SHEN

AUT, DEPARTMENT OF PSYCHOLOGY

Shen, C. (2012). A qualitative exploration of Chinese immigrants' lived experience of their sense of identity before, during and after migration to New Zealand (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 44). Auckland, New Zealand: Auckland University of Technology.

New Zealand welcomes immigrants from all over the world. Settling into an unfamiliar environment can be difficult enough for individuals from a culture that is enormously differentiated from the New Zealand culture. To adapt to the host culture, an individual's identity may change to shifting from one's old identity to forming a new one that is different from both the original and the host culture's identity.

In this complex lasting psychosocial process in forming a 'third identity', immigrants experience psychological changes with various difficulties (Akhtar, 1995). The current qualitative research uses thematic analysis and aims to draw on common themes and patterns of the nature of identity construction amongst Chinese immigrants. It is hoped to expand the understanding of psychosocial process of forming immigrants' identity to the Chinese community in New Zealand.

'TEENAGE MOTHERHOOD' WITHIN NEW ZEALAND SOCIAL POLICY: A DISCURSIVE ANALYSIS

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



ERICA VOISIN

AUT, DEPARTMENT OF PSYCHOLOGY

Voisin, E. (2012). "Teenage motherhood" within New Zealand social policy: A discursive analysis (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 45). Auckland, New Zealand: Auckland University of Technology.

This project aims to analyse how government policy and in particular language practices with reference to teenage motherhood in these policies, have constructed positions of identity and action possibilities in social welfare discourse in the New Zealand context. A discourse analysis will be carried out examining New Zealand government publications relating to teenage pregnancy since 2000, also giving consideration to how these may have been informed by similar policy documents from the United Kingdom and United States. Relevant academic research will also be explored, in particular that which has been carried out by or in partnership with a New Zealand government ministry.

HEART RATE VARIABILITY (HRV) AND PERSONALITY: INDEXING ALLOSTATIC LOAD

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



JOSEPH MULGREW

AUT, DEPARTMENT OF PSYCHOLOGY

Mulgrew, J. (2012). Heart rate variability (HRV) and personality: Indexing allostatic load (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 46-47). Auckland, New Zealand: Auckland University of Technology.

Thayer and colleagues (e.g., Thayer & Brosschot, 2005) have proposed a neurovisceral integrative model of homeo-dynamic regulation. Implicit in this model is prefrontal inhibition of the amygdala, leading to dynamic autonomic balance. Although the autonomic nervous system is often discussed with respect to personality, the link between autonomic balance and personality has not been adequately explored. The current study uses Heart Rate Variability (HRV), an accepted index of parasympathetic/sympathetic tone, to clarify the association between autonomic balance and personality. Particular attention is given to a hypothesised inverse relationship between parasympathetic tone and neuroticism. A total of 114 Auckland University of Technology staff and students (72 female and 42 male) were recruited and electrocardiograms recorded during 2011.

Additionally, personality and anxiety measures were taken using the NEO PI-R and STAI. Analysis, including spectral analysis of inter-beat intervals, is currently being undertaken with results pending. The results will be discussed with respect to the neurovisceral integrative system and potentially suggest interesting avenues for future research, including the 'trainability' of personality.

QUALITY OF LIFE AND STRESS AMONG LONE MOTHERS: THE ROLE OF SELF-EFFICACY AND SOCIAL SUPPORT

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



JULIE WALKER

AUT, DEPARTMENT OF PSYCHOLOGY

Walker, J. (2012). Quality of life and stress among lone mothers: The role of self-efficacy and social support (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 48). Auckland, New Zealand: Auckland University of Technology.

The present study was prompted by the lack of research on the health and well-being of New Zealand lone mothers, in particular the construct of quality of life (QOL). The effects of self-efficacy and social support were examined in the relationship between quality of life and stress. We postulate that self-efficacy and social support moderate this relationship. Data were self-reported by 215 lone mothers using the General Self Efficacy Scale, Perceived Social Support Scale, WHOQOL-BREF and Perceived Stress Scale. The results are expected to support (1) the stress-buffering hypothesis that social support lessens the impact of stressors on health as measured by the WHOQOL-BREF (2) that self-efficacy also reduces perceived stress thus also improving QOL (3) Family structure, income and work hours are predicted to have a significant impact on QOL outcomes across all domains.

HETEROSEXUAL WOMEN'S EXPERIENCES OF ONLINE DATING

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



KATIE HAYDEN

AUT, DEPARTMENT OF PSYCHOLOGY

Hayden, K. (2012). Heterosexual women's experiences of online dating (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 49–50). Auckland, New Zealand: Auckland University of Technology.

The internet is increasingly becoming a facilitator of dating practices, providing that it is easily accessible, anonymous and inexpensive. Online dating enables users to construct a desirable identity, allowing them to display their most attractive traits, and empowers people to screen and filter their preferences for potential partners in an accelerated environment of contact. Little is known about the benefits and pleasures, as well as the risks and pains involved for women in New Zealand who use online dating. In other western countries, personal and sexual safety, sexual health risks and identity misrepresentation have been identified as risks for heterosexual women. Due to the increasing popularity of online dating there was an urgent need to explore heterosexual women's online dating experiences, processes, benefits and risks in a New Zealand context.

The current project, situated within a feminist social constructionist perspective on gender and sexuality, examined women's experiences of online dating. Ten Auckland-based women (aged 26 to 51 years) with current or historic experience of online dating were recruited for an interview about their experience of online dating. These interviews ranged between 30 and 90 minutes in length, were recorded and transcribed verbatim. The data will be examined thematically to explore what these women's experiences can tell us about the benefits and pleasure, as well as the risks or costs of engaging in online heterosexual dating in New Zealand.

Preliminary coding is underway with key themes to be identified once all interviews have been coded.

INVESTIGATION INTO THE EFFECT OF GAMBLING GAME CHARACTERISTICS ON GAMBLING AND PROBLEM GAMBLING BEHAVIOUR IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



KLARA TANGRING
AUT, DEPARTMENT OF PSYCHOLOGY

Tangring, K. (2012). Investigation into the effect of gambling game characteristics on gambling and problem gambling behaviour in New Zealand (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 51). Auckland, New Zealand: Auckland University of Technology.

Gambling is a fast growing problem in many parts of the developed World. This has lead to a greater need for research focusing on minimising problems associated with excessive gambling. Studies on game and venue characteristics have suggested that alterations to Electronic Gambling Machines (EGMs), could reduce session length and expenditure, and as a result, problem gambling. The aim of this research is to explore the views and experiences of gamblers in relation to game characteristics through the use of focus groups.

This research will take a qualitative approach, using descriptive analysis to explore commonly occurring themes with the objective of developing an enhanced understanding of gamblers' views and experiences of EGM characteristics in the New Zealand environment.

INVESTIGATION INTO THE EFFECT OF PLAYER INFORMATION DISPLAYS AND POP-UP TECHNOLOGY ON GAMBLING AND PROBLEM GAMBLING BEHAVIOUR IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



MARTINA VASILEVSKA

AUT, DEPARTMENT OF PSYCHOLOGY

Vasilevska, M. (2012). Investigation into the effect of player information displays and pop-up technology on gambling and problem gambling behaviour in New Zealand (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 52-53). Auckland, New Zealand: Auckland University of Technology.

The increasing number of problem gamblers has resulted in a greater need for research focusing on harm-minimising strategies. One intervention recently introduced in New Zealand has been player information display systems (PIDS) and pop-up messages. These were intended to help gamblers maintain control over their gambling, and to reduce the loss of control experienced by problem gamblers, as well as the related irrational cognitions. A small number of studies have been conducted and these have suggested that PIDS and pop-up messages might be effective in reducing problem gambling behaviours.

Through the use of focus groups, this research aims to investigate the views and experiences, of both gambler consumers and gambling venue staff, on the effects these interventions have had on gambler

behaviour. A descriptive analysis will be conducted to investigate for common themes with the aim of developing a better understanding of the views and experiences of key stakeholders.

RECORDED SEXUAL ABUSE PREVALENCE IN A NEW ZEALAND PSYCHIATRIC UNIT FOR YOUNG PEOPLE

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



MEIKA MCGARRY

AUT, DEPARTMENT OF PSYCHOLOGY

McGarry, M. (2012). Recorded sexual abuse prevalence in a New Zealand psychiatric unit for young people (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 54-55). Auckland, New Zealand: Auckland University of Technology.

Increasing numbers of research studies have found Child Sexual Abuse (CSA) to be associated with an increased risk for psychiatric problems within adult populations. However, limited research has focused on the recorded prevalence of CSA and the association between CSA and psychiatric problems in children and adolescents in New Zealand.

The aim of this paper is to describe the recorded prevalence of sexual abuse in young people admitted to a psychiatric unit. The paper will identify significant illness and demographic differences between service users with a recorded history of CSA and those with no recorded CSA. This paper will also describe the characteristics and nature of the CSA and clinician abuse enquiry.

Retrospective data was obtained from 337 consecutive admissions to

a publicly funded child and adolescent psychiatric inpatient unit over an 18-month period. Descriptive statistics will be used to determine the recorded prevalence of CSA. Descriptive analyses will also be used to investigate the characteristics and nature of CSA and clinician abuse enquiry, this includes number and type of perpetrator, age and frequency of abuse and clinician gender and profession. Statistical tests will be used to identify any significant differences in age, gender, ethnicity and diagnosis between the abused group and non-abused group.

The findings from this paper will add to the limited body of research which examines CSA prevalence and abuse enquiry in child and adolescent psychiatric populations in New Zealand.

COUNSELLING PSYCHOLOGISTS' EXPERIENCES OF CONDUCTING QUALITATIVE RESEARCH AND ITS INFLUENCE ON THEIR CLINICAL WORK

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



SANDY TSAI

AUT, DEPARTMENT OF PSYCHOLOGY

Tsai, S. (2012). Counselling Psychologists' experiences of conducting qualitative research and its influence on their clinical work (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 56). Auckland, New Zealand: Auckland University of Technology.

Qualitative research is a common component of counselling psychologists' training, yet no research to date has been conducted on whether engaging in qualitative research contributes to the students' clinical practice. The adequate fit between qualitative inquiry methods and counselling psychology has led to a methodological paradigm shift in the field, and literature suggest that many skills are central and common to both good qualitative research and to good psychological therapy. The current study aims to explore how engaging in qualitative research as part of counselling psychologists' training enhances their ability to do therapy, and whether the cognitive and affective skills of the researcher and therapist are transferable.

AN EVALUATION OF THE QUALITY AND ACCURACY OF INFORMATION ON CANCER RELATED FATIGUE AVAILABLE ON THE INTERNET

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



STEWART D'SILVA
AUT, DEPARTMENT OF PSYCHOLOGY

D'Silva, S. (2012). An evaluation of the quality and accuracy of information on cancer related fatigue available on the internet (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 57-58). Auckland, New Zealand: Auckland University of Technology.

Cancer related fatigue (CRF) is currently one of the last treated symptoms in cancer patients; both newly diagnosed and survivors, and is becoming an important area of cancer related research (Stasi, Abriani, Beccaglia, Terzoli, & Amadori, 2003). Being the most commonly reported symptom of cancer, an effect on quality of life in the form of physical and psychosocial fatigue is inevitable (Stone, 2008). While a number of evidence based interventions such as Cognitive Behavioural Therapy (CBT), self management training and aerobic exercise exist for managing and alleviating CRF, many patients (40-77%), especially survivors of cancer, do not get any interventions prescribed from physicians to deal with the fatigue (Stasi et al., 2003). At this point, patients often turn to the internet for advice and information due to easy access and a large number of resources (Stasi

et al., 2003; Stone, 2008). While the Internet may hold huge potential as a teaching and coping tool for patients willing to take a bigger role in their health maintenance (Sacchetti, Zvara, & Plante, 1999), health related sites often present inaccurate information, poor quality of online resources and a lack of access and usability (Anderson & Klemm, 2008). This research, then, aims to evaluate the quality and accuracy of top CRF sites to determine the top 30 recommended sites for CRF patients looking for vital quality information on etiological factors and evidence based interventions pertaining to CRF patients. The recommended list will hopefully narrow CRF patients' search for information by assisting patients in accessing quality medical information on the internet.

UNDERSTANDING THE PROCESS OF ANTIRETROVIRAL TREATMENT ADHERENCE AMONGST JAMAICAN MEN LIVING WITH HIV/AIDS

ABSTRACT BASED ON TALK GIVEN 2 OCTOBER 2012
AUT, PGR9 Presentation



SHAKEISHA WILSON

AUT,
DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Wilson, S. (2012). Understanding the process of antiretroviral treatment adherence amongst Jamaican men living with HIV/AIDS (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 59-60). Auckland, New Zealand: Auckland University of Technology.

HIV/AIDS is a major health and developmental concern for Jamaica and the wider Caribbean. Since the emergence of the disease in the 1980s, significant progress has been made in its redress, particularly in the reduction of the number of new infections and persons dying due to AIDS-related illnesses. The latter has been largely due to an increase in the provision of antiretroviral (ARV) treatment. However, ARV treatment remains below the target for universal coverage. ARV treatment adherence is a complex process that requires the individual adjust to the daily regimen of medications, a specific diet and lifestyle changes. Though optimal adherence of 95% is recommended to adequately suppress the virus, a range of factors can impede the process of adherence.

Early sexual debut, multiple sexual partnerships and limited condom use are all key aspects of hegemonic masculinity within Jamaica. Such factors have contributed to the vulnerability of men to HIV infection and impact the outcomes of their HIV diagnosis and treatment adherence. Further, the gendered expectations that males should be strong, emotionless and self-reliant often hinder their health-seeking behaviours which may extend to their adjustment to a lifelong treatment of ARVs.

This study endeavours to understand the process of HIV treatment adherence for Jamaican men. It utilises a constructivist grounded theory methodology to understand the process of treatment adherence for these men and the meanings that emerge within this process that impact how they choose to adhere. The study incorporates a critical lens to further examine the role of structural factors such as the dominant ideologies of the health professional or the dictates of a hegemonic masculinity in the process. It is expected that the study will yield a theory that explains this process of adherence for Jamaican men as shaped by individuals and their interactions with others, the culture surrounding masculinity and the environment.

MEDICAL EDUCATION IN UNDERSERVED AREAS

ABSTRACT BASED ON TALK GIVEN 8 OCTOBER 2012 (INVITED KEYNOTE ADDRESS)
The National Conference on Health Professional Education in the 21st Century
Faculty of Medicine, Khon Kaen University, Thailand



JOHN F. SMITH

AUT,

DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Smith, J. F. (2012). Medical education in underserved areas (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 61-62). Auckland, New Zealand: Auckland University of Technology.

Health development provides us with a reframing opportunity for reviewing how we approach health workforce education for the 21st century. Many of the 21st century's looming health challenges, communicable and non-communicable diseases, are potentially preventable and increasingly shown to be linked to a wide range of social and other determinants, in addition to individual and bio-medical factors. Thus, there is urgency for considering how we locate disease prevention, health promotion, and community health development principles as integral parts of health workforce education and into the development of health policy and services. This paper discusses the need for a paradigm shift to actively blend health development principles and practice with health treatment skills and knowledge in medical education. It illustrates this with a case study of the innovative community and health development

focused curriculum of the School of Medicine, Ateneo de Zamboanga University, a relatively new medical school in a very impoverished and underserved region of the Southern Philippines.

EPIDEMIOLOGY AND THE PACIFIC ISLANDS FAMILIES (PIF) STUDY

ABSTRACT BASED ON TALK GIVEN 15 OCTOBER 2012
The Analytical Services Branch Workshop, Canberra



STEVE TAYLOR

AUT, PACIFIC ISLAND FAMILIES STUDIES
THE NATIONAL INSTITUTE OF PUBLIC HEALTH
AND MENTAL HEALTH RESEARCH

Taylor, S. (2012). Epidemiology and the Pacific Islands Families (PIF) study (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 63). Auckland, New Zealand: Auckland University of Technology.

This workshop will cover a brief introduction to epidemiology followed by an overview of the longitudinal PIF study. The PIF study began in 2000 with 1398 Pacific Islander births at Middlemore hospital in Auckland. Through structured interviews with the mothers, fathers and cohort children, a wide range of data has been collected at the 6-week baseline and follow-ups upon the child reaching the ages of 1, 2, 4, 6, 9 and 11 years. Some technical aspects of the analysis of the data will be explored, namely missing data due to attrition and correlated data due to repeated measures. Then I will present the analysis and results from two recent PIF publications that specifically involved longitudinal outcome variables.

PACIFIC ISLAND GAMBLING: GAINING UNDERSTANDING

ABSTRACT BASED ON TALK GIVEN 1 NOVEMBER 2012

AUT, The School of Public Health and Psychosocial Studies Monthly Seminar



ZOE POON & MARIA BELLRINGER

AUT,
PACIFIC ISLAND FAMILIES STUDIES
THE NATIONAL INSTITUTE OF PUBLIC HEALTH
AND MENTAL HEALTH RESEARCH

Poon, Z. & Bellringer, M. (2012). Pacific Island gambling: Gaining understanding (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 64). Auckland, New Zealand: Auckland University of Technology.

Over the past couple of decades, Pacific people have consistently been reported at higher risk for developing problem gambling than other ethnicities. However, there is very little gambling-related Pacific-specific research and even less that takes into account the different cultures associated within the generic term of 'Pacific people'. This highlighted a need for significant further study in this area.

This presentation will focus on the results of a large study which aimed to improve understanding of the impact of gambling on the health and wellbeing of Pacific families and communities; inform understanding on risk and resiliency factors in relation to gambling; and improve understanding on the antecedents and aetiology of problem gambling.

FOR THE SAKE OF THE CHILDREN: CENTRE FOR REFUGEE EDUCATION STAFF PERSPECTIVES OF REFUGEE CHILDREN SETTLING IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 20 NOVEMBER 2012
AUT, School of Public Health and Psychosocial Studies Monthly Seminar



RHODA SCHERMAN

AUT, DEPARTMENT OF PSYCHOLOGY

Scherman, R. (2012). For the sake of the children: Centre for refugee education staff perspectives of refugee children settling in New Zealand (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 65-66). Auckland, New Zealand: Auckland University of Technology.

Refugee children comprise a significant portion of the refugees who enter New Zealand each year. Yet their experiences of settling in New Zealand, a country to which they may not have chosen to come, have yet to be explored. Children are often silent in the research as they are a vulnerable population and interviewing them can be challenging. Therefore, a small pilot study was undertaken with Dr Shoba Nayar of the Centre for Migrant and Refugee Research, and post-graduate student, Nelly Kalizinje, with the aid of the FHES Student Assistantship Grant.

Our project involved interviews with a small number of teaching staff from the Centre for Refugee Education, based at the Mangere Refugee Resettlement Centre (MRRC), on their perceptions of how children resettle in New Zealand. This presentation will discuss the

background to the project, the key findings, and plans for the next phase of the study, which will be focussed directly on the refugee children.

GAMBLING IMPACTS ON PACIFIC COMMUNITIES: SECONDARY ANALYSES OF RECENT NEW ZEALAND STUDIES

ABSTRACT BASED ON TALK GIVEN 23 NOVEMBER 2012

National Association for Gambling Studies 22nd Annual Conference,
Launceston, Australia



ZOE POON, MARIA BELLINGER, STEVE TAYLOR,
MAX ABBOTT & BRIDGET FA'AMATUAINU

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THE NATIONAL INSTITUTE OF PUBLIC HEALTH
AND MENTAL HEALTH RESEARCH

Poon, Z., Bellringer, M., Taylor, S., Abbott, M. & Fa'amatuinu, B. (2012). Gambling impacts on Pacific communities: Secondary analyses of recent New Zealand studies (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 67-68). Auckland, New Zealand: Auckland University of Technology.

Similar to ethnic minorities in developed countries such as the United States, Canada, Australia, and Sweden, Pacific Islanders are more prone to develop problem gambling in spite of the low participation rate. Whilst the Pacific group contributes to one of the fastest growing populations in New Zealand, it would be beneficial to increase our knowledge about Pacific gambling and its impacts on their community so as to improve the health of New Zealand's population. Increasing literature of Pasifika gambling studies has become available over the last decade; however researchers have often seen Pacific people as a homogeneous group and overlooked their cultural differences.

Aiming to extend current understanding of gambling and its impacts via perspectives from different Pacific groups, secondary analyses were performed on quantitative data from three recent New Zealand

studies. Variables examined included gambling participation, giving up/taking up gambling, gambling impacts, and risk and protective factors.

Significant ethnic differences were noted. These findings filled some gaps in previous gambling studies and provided background information for the next qualitative phase of this study as well as future studies.

MĀORI AND WHĀNAU AND THEIR ENGAGEMENT WITH HEALTHCARE SERVICES

ABSTRACT BASED ON TALK GIVEN 27 NOVEMBER 2012

AUT, The School of Public Health and Psychosocial Studies Inaugural Doctoral Conference



DIANNE WEPA

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Wepa, D. (2012). Māori and whānau and their engagement with healthcare services (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 69-70). Auckland, New Zealand: Auckland University of Technology.

Cultural safety is a practice-based concept, initially introduced into the nursing profession and later other health professions, as a different way to work with Māori and others from different cultures. Based on social justice and human rights, cultural safety provided health professionals a mechanism to challenge power differentials that impacted negatively on some users of health services. Despite legislation such as the Health Practitioners Competence Assurance Act (2003) requiring cultural competency to become mandatory for registered health professionals, health inequities remain especially for Māori. This raises the question, what is happening for Māori and their whānau during their healthcare experiences? This study aims to explain the processes that Māori and their whānau use to keep spiritually and culturally safe during their healthcare experiences.

Kaupapa Māori will inform the conduct of the research process and interpretation of the grounded theory generated. Kathy Charmaz's (2006) constructivist grounded theory will guide the simultaneous collection and analysis of data. The task of the researcher is to understand what is happening, and how the players manage their roles. Little is known about cultural safety from the perspective of patients and their whānau. The data in this study will be grounded in, and reflective of the reality of patients and whānau participants. The outcome of this research will be substantive grounded theory that explains the processes patients and their whānau use to keep spiritually and culturally safe while engaging with primary and secondary health services.

HOW ARE SOME OF THE CHALLENGES ENCOUNTERED WHEN RESEARCHING FELLOW PSYCHOTHERAPISTS ADDRESSED BY GROUNDED THEORY UNDERPINNED BY SYMBOLIC INTERACTIONISM?

ABSTRACT BASED ON TALK GIVEN 27 NOVEMBER 2012
AUT, The School of Public Health and Psychosocial Studies Inaugural Doctoral Conference



HELEN FLORENCE

AUT, DEPARTMENT OF PSYCHOTHERAPY

Florence, H. (2012). How are some of the challenges encountered when researching fellow psychotherapists addressed by grounded theory underpinned by symbolic interactionism? (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 71). Auckland, New Zealand: Auckland University of Technology.

Researching participants who are of the same discipline as the researcher, especially when the profession's community is a small one, presents specific challenges. The psychotherapy community which I am researching, and to which I belong, consists of approximately 600 practitioners nationwide. In this presentation I will be considering the challenges experienced by both researcher and participant in the sampling and interviewing aspects of my doctoral research project. I will be addressing these challenges using grounded theory methodology underpinned by symbolic interactionism.

HEALTH-RELATED QUALITY OF LIFE AND MENTAL HEALTH RECOVERY: DEVELOPING A MENTAL HEALTH MODULE FOR THE NEW ZEALAND WHOQOL-BREF

ABSTRACT BASED ON TALK GIVEN 27 NOVEMBER 2012
AUT, The School of Public Health and Psychosocial Studies Inaugural Doctoral Conference



MELISSA ROWTHORN

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Rowthorn, M. (2012). Health-related quality of life and mental health recovery: Developing a mental health module for the New Zealand WHOQOL-BREF (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 72-73). Auckland, New Zealand: Auckland University of Technology.

Background and purpose

Improved quality of life is a major outcome sought by most people receiving health care. Between 1992 and 1996 the World Health Organisation developed a health-related quality of life scale (the WHOQOL-100) and a briefer 26-item version of the tool called the WHOQOL-BREF. More recently, researchers at AUT have developed a New Zealand version of the WHOQOL BREF. The WHOQOL instruments have been used as outcome measures in both physical and mental health research, however no research to date has identified whether any additional facets need to be added to the WHOQOL when assessing the quality of life of people recovering from

mental illness. Thus, it is the objective of the present research to find out what New Zealand mental health service users and their supports consider need to be added, to ensure the NZWHOQOL-BREF is a valid and reliable measure for use as a health outcome measure for people recovering from enduring mental illness.

Methods

The WHO standardised the process for research into potential additional facet items for the WHOQOL tools. This methodology will be implemented in this research to guide the development of a mental health module. It primarily consists of focus groups and testing new potential facet items elicited from the data collection from these groups. The study will involve an information gathering pilot phase, a focus group phase, and an instrument development phase. Thematic analysis will be used to analyse the focus group data. Item analysis protocols will determine that the most sensitive items are selected. Factor analysis will be used to establish to which domains selected items belong.

WALKING THE PATH UNKNOWN – BABY STEPS TOWARDS EMBRYO DONATION IN THE NEW ZEALAND CONTEXT

ABSTRACT BASED ON TALK GIVEN 27 NOVEMBER 2012

AUT, The School of Public Health and Psychosocial Studies Inaugural Doctoral
Conference



SONJA GOEDEKE

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Goedeke, S. (2012). Walking the path unknown – baby steps towards embryo donation in the New Zealand context (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 74-75). Auckland, New Zealand: Auckland University of Technology.

Embryo donation (ED) in New Zealand has been available for those with ‘surplus’ embryos following IVF since 2005 only, and the uptake has been relatively low. Unlike many other countries, ED practice is strictly regulated (under the Human Assisted Reproductive Technology Act 2004), must follow specific guidelines and be approved by application to ECART (Ethics Committee on Assisted Reproductive Technology). Guidelines include donor registration, information-sharing, and mandatory counselling for all parties. Counselling involves full implications counselling for donors, recipients and their families. It considers current, and future issues that may arise for donor-conceived children and donor and recipient

families. Ongoing contact and communication is encouraged, similar to the practice of open adoption. Given the novelty of ED in New Zealand, New Zealand's particular emphasis on open practice, and the pivotal role given to counselling, it is timely to consider how ED is experienced and constructed in New Zealand. This study thus aims to:

- Identify the discourses and practices surrounding ED in contemporary New Zealand culture.
- Explore how these construct embryos, ED and subject positions in relation to ED.
- Explore the implications of these for donor and recipient experience.
- Explore how individuals take up these various discourses to motivate their understandings and decisions in relation to ED.

A discourse analysis will be conducted of data from interviews with donors, recipients and family members, and with health care professionals (consultants and counsellors) involved in ED practice. New Zealand policy documents, ECART minutes, and lay and academic literature will be explored from a discourse analytic framework. In this presentation I give an update on my progress and share some preliminary thoughts regarding discursive constructions in the literature, policy and interviews.

YOUTH VOICE IN LIFE SKILLS EDUCATION FOR HIV PREVENTION IN ZIMBABWE

ABSTRACT BASED ON TALK GIVEN 28 NOVEMBER 2012

The Challenges for Participatory in Contemporary Development Practice:
3rd Conference of Australian Council of International Development (ACFID),
Canberra, Australia



CAROL MAIBVISIRA & CATH CONN

AUT,
DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Maibvisira, C., & Conn, C. (2012). Youth voice in life skills education for HIV prevention in Zimbabwe (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 76-77) Auckland, New Zealand: Auckland University of Technology.

Introduction

This paper critiques 'life skills' education; a model for HIV prevention popular with donors and implemented in many African schools. 'Life skills' adopts an individualistic approach to training in assertiveness behaviours and voicing choice; yet, in so doing it ignores issues of social context such as gender inequality. The paper reviews existing experiences of life skills education in Africa in the context of donor-driven HIV prevention and relates it to the realities of the social context of one such setting, that of Zimbabwe. It considers how African youth voices can play a part in more appropriate approaches to HIV prevention.

Discussion

Current HIV prevention in Zimbabwe centres on individual behaviour change through providing information highlighting the danger and risk of sex. Emphasis is placed on abstinence over condom use, monogamy and delayed sexual debut. With this agenda uppermost, the Zimbabwean government's donor-driven policy has promoted the acquisition of 'life skills', such as assertiveness and confidence, as young people's best defence in HIV prevention. Yet, life skills education in Zimbabwe has been designed and implemented without reference to the social context and without youth involvement.

Recommendations

This paper calls for research from a youth perspective to inform HIV prevention policy and programmes, with a particular focus on life skills education. From such inclusion of young voices innovative and appropriate approaches are likely to emerge better suited to the environments of Zimbabwe and other African countries.

AT THE LIMITS OF PARTICIPATORY DEVELOPMENT: MOVING FROM TOKENISM TO ACTIVISM FOR YOUNG AFRICAN WOMEN'S PARTICIPATION

ABSTRACT BASED ON TALK GIVEN 28 NOVEMBER 2012

The Challenges for Participatory in Contemporary Development Practice:
3rd Conference of Australian Council of International Development (ACFID),
Canberra, Australia



CATH CONN

AUT,

DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Conn, C. (2012). At the limits of participatory development: Moving from tokenism to activism for young African woman's participation (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 78-79). Auckland, New Zealand: Auckland University of Technology.

Drawing on research conducted in Uganda, this paper addresses issues of young African women's participation in a priority area of international development, that of HIV policy and programmes. Current HIV approaches are predominately top-down and standardised offering little, if any, scope for youth voices. Also, they neglect issues of social context, such as gender inequality and marginalisation crucial to the situation of many young African women. Furthermore, critique of community participation norms argues that the marginalised are often excluded from a participatory development which typically does not support the radical social change needed to address their situation.

Research was conducted in the context of the continuing vulnerability of young African women to HIV. Given the voiceless norms many young women face, narrative methods of drawing, written stories and drama were used to explore the every-day lives of young women of Busoga, Eastern Uganda. Participants portrayed considerable social barriers to empowerment, and a challenging environment of poverty and educational limitations which created difficulties in their sexual lives. They also expressed resistance and the desire for change in the face of these challenges.

HIV policy makers have a poor record in participatory development. They have neglected the needs and voices of heterogeneous marginalised populations, who face greater risk from HIV than generalised populations. Furthermore, participatory development theory has been criticized for lack of responsiveness to the social context of marginalisation. Hence there is a particular challenge to be faced in HIV to develop participatory approaches which are sensitive, appropriate and heterogeneous, taking into consideration special issues of marginalisation, inequality and voicelessness. Young African women's voices need to be supported in a range of ways—moving beyond current norms of neglect and tokenism to fuller participation and activism. But this must be done within an agenda which explicitly addresses wider social change.

LOCATING GENDER IN HIV POLICY AND PRACTICE IN JAMAICA: GIVING VOICE TO MASCULINITIES

ABSTRACT BASED ON TALK GIVEN 28 NOVEMBER 2012

The Challenges for Participatory in Contemporary Development Practice:
3rd Conference of Australian Council of International Development (ACFID),
Canberra, Australia



SHAKEISHA WILSON

AUT,

DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Wilson, S. (2012). Locating gender in HIV policy and practice in Jamaica: Giving voice to masculinities (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 80-81). Auckland, New Zealand: Auckland University of Technology.

Introduction

Despite significant progress in the past decade, HIV continues to be of great concern in Jamaica. HIV is intrinsically linked to a range of economic and socio-cultural factors that are characteristic of the country. Of key importance are the stigma, discrimination and gendered norms that silence the sexual practices and sexual health needs of men against the backdrop of socially approved masculinities.

Discussion

Men are arguably significant drivers of HIV in Jamaica amongst vulnerable groups of women, men who have sex with men, and

commercial sex workers. As a socio-cultural construct, masculinities define male identity, sexuality and health-seeking behaviours and these have implications for the further redress of the epidemic. Jamaican culture reinforces a masculine identity of sexual prowess, heterosexuality, strength and stoicism. Ill-health and health-seeking behaviours threaten the perceived strength of a man. The stigma and discrimination surrounding homosexuality promotes covert sexual behaviours including men engaging in heterosexual relationships and avoidance of services, inclusive of HIV testing and antiretroviral treatment adherence. This impact extends to heterosexual men who fear the questioning of their masculinity due to HIV status disclosure.

Recommendations

This paper argues for a specialised gendered approach in HIV research that gives voice to Jamaican men, and which leads into more effective HIV policy and practice. Such an approach will challenge pre-existing notions of masculinity, as it relates to sexual prowess, heterosexuality and health-seeking behaviours. However this approach is needed to effectively address the role of masculinities in improving the sexual health of Jamaican men and by extension any group impacted by male sexuality.

PUSSY RIOT OR PUSSY FOOTING? LINKING HUMAN RIGHTS WITH TOBACCO CONTROL IN MENTAL HEALTH FACILITIES

ABSTRACT BASED ON TALK GIVEN 6 DECEMBER 2012
AUT, School of Public Health and Psychosocial Studies Monthly Seminar



PATSI DAVIES

AUT,

DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Davies, P. (2012). Pussy riot or pussy footing? Linking human rights with tobacco control in mental health facilities (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 82-83). Auckland, New Zealand: Auckland University of Technology.

The Government is committed to New Zealand being 'essentially' smoke-free by 2025. Current tobacco control interventions will not achieve this goal. Tobacco control proponents have been challenged to 'lift our game' and this was the theme of the 2012 Tobacco-free Aotearoa Conference held in Wellington.

Although new and novel for many tobacco control advocates, the field of national and international human rights has important application to tobacco control, particularly in the area of policy and mental health.

Tobacco use has occupied a special place in the culture and policies of mental health facilities in New Zealand and overseas. The institutional and informal supply of tobacco to patients has exposed people in state care to the mortality and morbidity from smoking and employees and

other patients to second hand smoke. Smoking has been a normalised activity where its mental, physical, cultural and social effects have been allowed to 'fly under the radar'.

It is perhaps not surprising that policy-makers are vulnerable to claims that mental health patients have a right to smoke and especially those whose liberty has been removed through detention in an institution. Similar claims are not made for general hospitals which are smokefree.

The human rights approach to tobacco control arms policy-makers to challenge the normalisation of smoking in mental health facilities by focussing on the human right to health contained in the UN Covenant on Economic Social and Cultural Rights (ECOSOC) and to which New Zealand is a state party. Equally, the human rights approach allows the non-government tobacco control sector to make submissions to the UN body which oversees the practice of human rights in Aotearoa New Zealand. This has not been done to date and is arguably an important accountability mechanism

The right to health is an essential tool for Smokefree 2025.

LISTENING: A WAY OF BEING AND THINKING

SYNOPSIS BASED ON TALK GIVEN 15 MARCH 2012
AUT, Department of Psychotherapy Research Symposium



MARGOT SOLOMON & KEITH TUDOR
AUT, DEPARTMENT OF PSYCHOTHERAPY

Solomon, M., & Tudor, K. (2012). Listening: A way of being and thinking (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 84-88). Auckland, New Zealand: Auckland University of Technology.

Symposium

This symposium, designed to be the first in a series held in the Department to promote research, was introduced with reference to the Ancient Greek tradition of the symposium which, from συμπίνειν, sympinein, meaning “to drink together”, added drinking to thinking. The original Socratic dialogues, as well Plato’s and Xenophon’s eponymous work were originally held at and as symposia. The equivalent in Roman society was the convivium (see also Illich, 1973/2001). In modern Western society such discussion has become more formalised in the debating chamber; in Māori culture, iwi and organisations hold hui; and, of course, each term has its own history, protocol, formalities and informalities. Part of our purpose in choosing this forum, the subject (listening), and in having food and wine (chosen by the symposiarch), and holding it in a room with some

aesthetics (pictures and flowers), while dispensing with the pillowed couches, and flute girls and boys(!), was to establish and encourage both a certain formality of presentation and an informality in which spirit people could enjoy discussion and debate, especially across the different modalities of practice in the Department – which encompass psychoanalytic psychotherapy, psychodynamic psychotherapy, forms of humanistic psychology (gestalt, person-centred, transactional analysis), creative-expressive therapies, narrative therapy and, no doubt, others. As the presenters we share both theoretical differences as well as commonalities.

Listening

We chose to present and lead a discussion on listening as this is a—arguably, *the* – core skill and competence of psychotherapists, counsellors, and mental health support workers; and, for many, it is the prerequisite for and expression of empathy, a concept which also appears across the theoretical spectrum. “Anna O”, an early patient of Josef Breuer’s, is credited with coining the term “the talking cure” to describe psychoanalysis (see Breuer, 1895/1955; Seeley, 2005), and that is certainly the patient’s – or client’s – part. However, it is the therapist/practitioner who is – or should be – more engaged with listening, and hence the concept of “the *listening cure*” (see Seeley, 2005; Lloyd, 2009).

In order to “warm up” to our task, we had met and had a number of discussions on what we might present. At a certain point Margot came across Wilberg’s (2004) work on *The Therapist as Listener*, read it and flicked one particular chapter on to Keith who, initially, was not enthusiastic about it. In a subsequent meeting, however, we both became animated in our discussion of the chapter and, as we were keen to discuss something that was not specifically aligned to one particular therapeutic frame, and as we wanted something that would stimulate discussion, we decided that this chapter was a good choice, and circulated it to staff.

In the chapter, and, indeed, the book, Wilberg draws on the philosophy of Martin Heidegger, a hermeneutic phenomenologist, as a

basis for his thinking about psychotherapy and counselling. For us the approach of looking at the lived experience of listening, away from our or any particular theoretical frames, posited an exciting entrée into a new meeting place for discussion in the Department. Wilberg views listening as the missing dimension of counselling and psychotherapy, his thesis being that listening that is taught and practiced in counselling and psychotherapy is “doing to” rather than “being with”. While we did not agree entirely with his thinking and, specifically, his thesis, it is useful to question a familiar and seemingly simple part of our practice.

The talk and some reflection

In the symposium we presented Wilberg’s ideas as well as our own thoughts about listening as what is predominantly an implicit aspect of our clinical engagement with clients. Keith spoke about listening as the basis of empathy, and about one model of different levels of listening (Fleming, 1985). Margot presented a case vignette of a moment in time with a psychotherapy client. It was a difficult exchange in which the therapist is challenged by the client’s wish to visit a hypnotherapist. The therapist struggles with, on the one hand, making sense of this wish, using her familiar theoretical frame and, on the other, simply listening, as Bion (1967) put it, “without memory or desire”, to the inner communication from the client. The therapist’s struggle represented both ends of the polarity and binary named by Wilberg as doing and being, and perhaps can also be linked to Winnicott’s (1971) use of these terms in *Playing and Reality*: “After being – doing and being done to. But first, being.” (p. 85).

The audience engaged fully with the material and the vignette and were reminded of their own struggles with listening. It was a more lively and real exchange than the righteous approach of the writer who leaves no room for real exchange and Margot was reminded of the idea of the suffering stranger whose responsibility is being followed (Orange, 2011).

It is interesting to think about the listening cure as a better way of naming the work of psychotherapy. Framing it as the talking cure puts

a certain amount of pressure on the client, while the emphasis on listening, curative or not, puts more focus if not pressure on the therapist.

One of the areas of difference in the Department is around educational philosophy and, specifically the difference between pedagogy and andragogy (Knowles, 1980). Education and, more usually, training based on developmental theories tend to align the education of psychotherapists and counsellors with parents and parent figures teaching children, while education based on andragogy prefers to treat adult learners as adults and to work more in the here-and-now rather than the there-and-then. These differences have an impact on the way the teacher listens to the student and the therapist listens to the client- and, of course, the student therapist listens to his or her client. Are we listening for something or nothing, i.e. no thing, without desire?

In his book, *Tools for Conviviality*, Illich (1973) critiqued the institutionalisation of “specialised” knowledge and elite professional groups which exert or seek to exert a radical monopoly on basic human activities. In inviting reflection on our lived experience of listening and not listening, of being listened to and not being listened to, we are, in effect, questioning habitual ways of listening, and perhaps reclaiming the human nature of listening (*homo audiends*) rather than professional and specialised learnt listening.

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NEW CHALLENGES IN THE REVITALISATION OF TE REO MĀORI: CONTACTS AND COMPARISONS WITH TAIWAN

SYNOPSIS BASED ON TALK GIVEN 6 APRIL 2012
The 3rd Asian Conference on Arts & Humanities in Osaka, Japan



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AUT, DEPARTMENT OF PSYCHOLOGY

TIA NEHA

UNIVERSITY OF OTAGO, DEPARTMENT OF PSYCHOLOGY

Krägeloh, C., & Neha, T. (2012). New challenges in the revitalisation of Te Reo Māori: Contacts and comparisons with Taiwan (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 89-91). Auckland, New Zealand: Auckland University of Technology.

The first author presented a paper about revitalisation of Te Reo Māori at an international arts and humanities conference in Osaka, Japan, with the following abstract:

“Te Reo Māori, the language of the indigenous people of New Zealand, was at the brink of extinction when it was finally given the status of an official language of the country in 1987. Extensive grass-roots efforts by Māori communities managed to reverse the negative trend. The kōhanga reo (literally language nest) movement began to offer pre-school education conducted entirely in Te Reo Māori and deeply embedded within a Māori cultural context. The kōhanga reo have become such a success that Māori-medium education has been extended to primary, secondary, and even tertiary levels. While the worst has been averted, the number of confident speakers of Te Reo Māori has failed to grow further in recent years. The present talk

provides an outline of the nature of language planning in New Zealand and draws parallels with that in other countries, in an attempt to highlight the strategies and factors that appear to be linked to long-lasting success in language revitalization. One of the challenges lies in the development, acceptance and use of new jargon and terminology, which is essential for any language to be able to function in the modern world. Interactions between language policies, language use, perceptions and attitudes will be discussed, as well as exchanges and encounters with English, the dominant language of New Zealand.”

The attendees at this conference were mainly from other Asian countries, and there were surprisingly few Japanese attendees present. A large contingent of academics from Taiwan travelled to this conference, and one of the speakers (Li-Huei Chen) happened to give a presentation with the title “The Enlightenment from New Zealand’s experience of the development of Kohanga Reo and its implications to plan for Taiwan’s early childhood education”. Li-Huei’s talk preceded the present one in the conference programme, and, as its title correctly outlined, discussed plans of language revitalisation in Taiwan. Compared to New Zealand, such language revitalisation movements are still only starting up in Taiwan, and the *kōhanga reo* was described in detail as a success story that could be emulated, modified, and implemented there. Circumstances in Taiwan, however, are much less favourable for that sort of undertaking than in New Zealand, which has the advantage that Te Reo Māori, despite its dialects and variations, is still only one language, while the language landscape in Taiwan appears to be much less homogenous. Additionally, Māori language revitalisation has had some success through the New Zealand legal systems, which eventually led to its recognition as an official language of the country.

Li-Huei attended the talk of the present authors, after which we exchanged conversations, business cards, and eventually emails. The enthusiasm of Li-Huei for the Aotearoa/New Zealand story is definitely not unusual, and it is very common to see favourable references to the *kōhanga reo* movement in the academic literature. While this is certainly encouraging, there is also a sad aspect: It is

clear that revitalisation of Te Reo Māori is still far from being able to be called a success. And if the Aotearoa/New Zealand example is portrayed in international academic circles as a success, one can only imagine the situation elsewhere in the world, and the challenges that lie ahead of people trying to revitalise their indigenous languages.

QUALITATIVE RESEARCH AS AN ADJUNCT TO THE THERAPEUTIC TRAINING OF COUNSELLING PSYCHOLOGISTS

SYNOPSIS BASED ON TALK GIVEN 20 APRIL 2012

The Counselling Psychology Symposium: New Zealand Psychological Society & New Zealand College of Clinical Psychologists: Joint Conference, Wellington, New Zealand



MARK THORPE

AUT, DEPARTMENT OF PSYCHOLOGY

Thorpe, M. (2012). Qualitative research as an adjunct to the therapeutic training of counselling psychologists (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 92-100). Auckland, New Zealand: Auckland University of Technology.

During the past thirty years I have frequently thought that my Masters and PhD dissertations have significantly influenced my therapeutic practice as a psychologist. These ideas have recently begun to crystallise in my mind while assisting in the development of the AUT post-graduate counselling psychology programme, teaching therapeutically oriented papers, and supervising students' qualitative research and clinical work. This presentation, delivered at the annual New Zealand psychology conference, was my first attempt to articulate my hypothesis that the process of conducting qualitative research helps students develop specific skills and capacities which assist their therapeutic work as counselling psychologists.

I began the presentation by briefly reviewing how the process of conducting qualitative research has influenced my own clinical work.

The content of my Masters research, “Psycho-diagnostics in a Xhosa Church” (Thorpe, 1982), was built upon my interests in transcultural psychology and psychopathology. The knowledge I gained by doing the research significantly influenced my understanding of working with Xhosa and Zulu clients in the South African Eastern Cape. The research also provided me with a base with which to start understanding other first nation cultures including Pacifica and Māori clients in Aotearoa New Zealand. My PhD research, “A Phenomenological Investigation into the Psychotherapist’s Experience of Identifying, Containing and Processing the Patient’s Projective Identifications” (Thorpe, 1989), provided me with a sophisticated and in-depth understanding of the transference/countertransference interactions in the therapeutic relationship. To date I am still occasionally aware of how much my therapeutic understanding and technique is influenced by the knowledge I gained by doing the research. In comparison, engagement in my psychology quantitative honours research, The effect of a meal on the post-lunch dip in arousal (Thorpe, 1979), improved my knowledge of the electroencephalograph, brain function, quantitative research design and statistics. This type of knowledge has been useful, but it is qualitatively different from the type of skills needed when working intensively with a client in psychotherapy. Recent neuropsychological research on the default mode network (DMN) and the task-positive network (TPN) suggests that these two types of knowledge, or ways of being, are different and may even have negatively correlated components (Broyd, Demanuele, Helps, James, & Sonuga-Barke, 2009).

In order to discuss the process, skills and attitudes employed by researchers conducting qualitative research I divided the process of research, somewhat artificially, into six phases; reflexivity and the choice of topic, research interviews, initial data analysis/coding, abstract/symbolic analysis, theory construction, and presentation of results.

Reflexivity and the choice of research topic

By way of introduction I differentiated epistemological reflexivity from personal reflexivity and illustrated how personal reflexivity was the manner in which the researcher's own values, experiences, beliefs and social identity shape the research (Willing, 2001). I then coined the term 'psychological reflexivity' and urged psychologists to think about their research in a psychologically sophisticated and mindful manner. Ideally this consists of a curious, open and honest psychological reflection on why they want to investigate the specific topic and what their underlying biases and views are. If conducted in a safe supervisory setting, the student researcher is able to make the links between his or her personal dynamics, history and research interests. I also pointed out that there is an overlap between this process and the ongoing reflection, which therapeutically oriented clinicians ought to conduct, on the reasons why they entered the helping profession and what their strengths, trigger points, biases and blind spots are.

Referring to the literature, I went on to suggest that counselling psychologists are frequently drawn to researching topics which are personal, sensitive and emotionally charged experiences which are difficult to articulate meaningfully. Here the experiential parallels to conducting psychotherapy are clear. Optimally the topic chosen for research is directly and experientially related to the counselling psychologist's future therapeutic work. Therapeutic knowledge is amplified when the student interviews therapists or clients in their research.

The research interviews

When face-to-face interviews are used this phase of qualitative research is the most overtly congruent with the actual process of engaging in psychological therapy. Referring to the literature, I presented a sample of the types of skills developed and honed while conducting research interviews; the ability to listen intently, hear, feel and value the participants' stories (Gair, 2012), respect, genuineness, and a non-judgemental attitude (Grafanaki, 1996; McLeod, 1994;

Mearns & McLeod, 1984) developing a participant relationship, a shared narrative space (Watts, 2008) and an open trusting relationship, treating participants with high regard and respect (Morrow, 2007), engaging in empathic immersion (Wertz, 1986), and developing self-discipline to allow the interviewee to find his or her own way (Smythe, Ironside, Sims, Swenson, & Spence, 2008).

I concluded the discussion on this phase by recommending that aspiring counselling psychologists run the ethics approval gauntlet and gather their data with face-to-face interviews rather than the more removed style of analysing various forms of text.

Initial data analysis and coding

I briefly described this phase as the initial identification of meanings or themes (Braun & Clarke, 2006; Wertz, 1986) and added that it has been identified as one of the shared generic skills across different qualitative analyses (Boyatzis, 1988; Holloway & Todres, 2003). I then discussed the tendency of some students to objectify the codes or themes, thereby removing them from the lived experience and its specific context. I postulated three reasons that students remained trapped in the categorical and concrete phase of their research; a tendency to remain in the postpositivist/quantitative paradigm whilst doing qualitative research, time pressure to get the research completed while engaging in other Honours or Masters course demands, and the inability, or resistance, to thinking symbolically or hermeneutically.

Abstract/symbolic analysis

I advanced my view that this meta-analytic phase marks the transition to a more sophisticated, abstract, symbolic, and process-oriented style of research. This higher order process is the most complex, time consuming, frustrating, and anxiety producing part of qualitative research. This phase shares much in common with some of the specific therapeutic abilities employed by seasoned counselling psychologists. I then postulated that successful navigation of this

phase marks the difference between moderate and excellent research and therapy.

This is the phase in which student researchers most struggle to remain open, curious and resistant to the temptation of premature closure. In order to tolerate 'not knowing' and inhibit the pull towards that which is clear, easy and habitual, the researcher needs to be firmly grounded by the methodology, supervisor and university setting. I linked this research phase to the process described in depth therapy. Firstly I considered Keates' concept of 'negative capability', and then Bion's (1967) advice to focus on the material while eschewing memory, desire or understanding, Khan's (1977) lying fallow, Ogden's (1997) potential space and the reflective function, and Eisold's (2000) description of the ability to live with and tolerate ambiguity and paradox.

Theory construction

This phase consists of skilfully comparing and contrasting the findings from of the data analysis with the extant literature and then creating a new, or slightly altered, theory on the phenomenon under investigation. In other words the researcher needs to distinguish clearly between, a) what the research respondents said, b) the researcher's analysis of what the respondents said, and c) what the literature says. I pointed out that the researcher has continually to navigate the dialectical tension between reporting the concrete findings in an a-theoretical manner on the one hand, and on the other hand imposing an external theory and losing the lived experience of the respondents.

I went on to postulate that this process of theory construction has many parallels in psychotherapy. For example, a good psychological formulation combines the client's presenting problem with their context and history (optimally obtained from multiple sources), beliefs about his or her difficulties, manifest and latent meanings of the ongoing content discussed in the therapy room, style of relating to the therapist (behaviour, feelings, language), the therapist's way of relating to the client, and pertinent information from the diagnostic

and treatment literature. I further argued that as clients are all unique and continually changing, one of the therapist's basic tasks, with the assistance of the client, is continually to review the 'theory' of the client's world and problems. This is a vital therapeutic task regardless of whether the therapist follows a non-directive or manual based treatment approach.

Writing and presentation

In this final section I drew the audience's attention to the difference between writing in a qualitative and quantitative style and urged counselling psychologists to employ a mixed approach in their clinical reports. I encouraged them to move away from the purely formal, dispassionate and precise style recommended by quantitative research and mainstream psychology (O'Shea, Moss, & McKenzie, 2007) towards a qualitative stance which captures the lived experience of the client by producing emotionally engaging, authentic and empathic narratives that elicit the empathy and engagement of the audience (Gair, 2012; Smythe & Spence, 2012).

In order to illustrate this point, I mischievously suggested that AUT University change its numerous, convoluted and much reviled learning outcomes (for counselling psychology) to a single overarching category: The research report challenges, inspires and makes the reader-clinician reflect deeply upon aspects of their own experience of being with a client in the therapy room.

By way of summarising the presentation I constructed a lived narrative. The narrative was presented in a manner that could be applied equally to the process of qualitative research or the therapeutic process in counselling psychology. It was formulated through a combination of my reading of the qualitative research and psychotherapy literature, discussions with colleagues, conversations with clinical and research supervisees, and my personal experience of conducting research and therapy.

The qualitative researcher develops a reflexive and insightful understanding of the links between his or her own personality,

history, underlying motives, worldview and his or her choice of research topic. Firmly supported by a base of discipline, rigor, security, commitment and trust in the process, the researcher approaches the task with an attitude of curiosity, flexibility, compassion, empathy, respect, openness, non-judgement, self-awareness, and playfulness. Intellectually and emotionally, the researcher strives to remain deeply immersed in the material, while listening intently and remaining open to multiple perspectives and unexpected responses. By resisting the pull for premature closure, the researcher tolerates the experience of 'not knowing', uncertainty, ambiguity, chaos, restlessness, disappointment, being overwhelmed, surprise, and remains open to the emergence of new meaning. Maintaining an optimal distance the researcher lets go of the security of the already known, clarifies meanings, identifies links and patterns, and forges higher level abstractions. The research is presented in an emotionally engaging, detailed and in-depth manner which captures the lived experience of clinically related phenomena. The reader is emotionally and intellectually engaged and thinks deeply and reflectively about his or her life and psychology practice.

I concluded my presentation by restating my views that the process of conducting qualitative research augments the development of many of the fundamental psychotherapeutic skills needed by counselling psychology students.

The process of preparing and presenting this paper, combined with the subsequent discussions I have had with colleagues, has further sparked my interest in the area. Subsequently I submitted a journal article on the topic and supervised an honours student who interviewed four counselling psychologists on their research and therapy experiences. I also presented some related themes at a mindfulness conference and I delivered a paper to an audience consisting primarily of psychotherapy and health practitioners and researchers.

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ADOPTION DOESN'T MEAN DISORDERED: WHAT THERAPISTS NEED TO KNOW ABOUT ADOPTIVE CHILDREN AND THEIR FAMILIES

SYNOPSIS BASED ON TALK GIVEN 26 APRIL 2012
AUT, Psychotherapy Forum



RHODA SCHERMAN

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Scherman, R. (2012). Adoption does not mean disordered: What therapists need to know about adoptive children and families (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 101-102). Auckland, New Zealand: Auckland University of Technology.

Abstract

Adoption is a profound event with universal themes of abandonment, identity, attachment, belonging, sexuality and parenthood. It is a social arrangement with far-reaching legal, cultural, political, and psychological implications set at the intersection of three sets of lives—the birth or relinquishing parents, the adopting parents, and a child, around whose care the entire institution is built.

Despite our relatively small population, New Zealand has had a long history of domestic adoption placements, and a relatively recent but increasing international adoption practice. The result is a large percentage of the people whose lives have been touched by adoption. For the adopted person in particular, it is an event that will shape her or his entire life.

The therapeutic community has much to offer New Zealand families and their adopted children. Understanding some of the socio-historical and development aspects of adoption covered in this talk will aid practitioners in their efforts to support our large population of adoptees as they grow and mature within their New Zealand adoptive homes.

Reflection

Speaking to this audience was extremely fulfilling, as many of the people who came to the presentation were clinicians working with the different people whose lives are personally touched by adoption. It was a keen and attentive audience, which is extremely enjoyable as a presenter! I only wish there had been a bit more time to open the talk up to clinical questions so that I could hear from those professionals about the situations and people they are helping.

A positive consequence of this presentation was further conversations about other professional communities that also work with adopted persons and their families—people like nurses, occupational therapists, social workers, educators, etc. who would also benefit from a similar presentation. What grew was an idea to investigate this topic; to learn how much is already known about the field of adoption within these other health and social service sectors; and to investigate the ways in which people from different disciplines are already supporting the adoption community. A new study has begun to take shape as a result. It will involve an open forum discussion with representatives from these other disciplines at AUT, to discuss if, when and how they interact with adoptees, adoptive families and relinquishing birth families. An autoethnographic methodology is being considered, as it will allow each research participant to act as both subject and researcher. This emerged as a suitable methodology in light of the value of having each representative of the different disciplines describe her/his own experiences with adoptive populations, while simultaneously sharing in the analysis of shared elements from across disciplines. I hope to undertake this study late 2013 or early in 2014.

BEING JANUS FACED: REFLECTING BETWEEN FACING THE PATIENT WHILE SIMULTANEOUSLY FACING ONESELF AS A PSYCHOTHERAPIST IN PRACTICE

SYNOPSIS BASED ON TALK GIVEN 3 MAY 2012

AUT, School of Public Health and Psychosocial Studies, Monthly Seminar



MARGOT SOLOMON

AUT, DEPARTMENT OF PSYCHOTHERAPY

Solomon, M. (2012). Being Janus faced: Reflecting between facing the patient while simultaneously facing oneself as a psychotherapist in practice (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 103-107). Auckland, New Zealand: Auckland University of Technology.

Abstract

This paper considers facing both ways: subjectively being in one's own life while empathically immersing oneself in the experience of the other, and at the same time mediating the outside and the inside aspect of experience. How might we follow in the footsteps of Levinas and open ourselves to the unique otherness of the other, that which cannot be reduced or understood, and respond to that otherness from our own reflections on our intrapsychic and interpersonal experience in the moment? How might we use our training and our theory to support our task of helping another with their suffering?

Reflection on the talk

I began by saying that I was addressing a basic human issue; trying to get to the noumena of the helping relationship. The specificity is the relationship that the helper has with the other (or helped).

I used the ideas of Buber and Levinas to explore the nature of our responsibility in the therapeutic relationship. Levinas says we are responsible for the face of the other. This is quite a difficult thought for people who have spent their lives being there for others. I discussed the term pathological accommodation (Brandchaft, 2007). I was interested to note the energy in the mainly non-psychotherapist audience over my discussion of this role. It was as if this issue is problematic only for psychotherapists, whereas I would say that it is an issue for all those in the helping professions. Perhaps a term in more common usage would be “parentified child” which is a child who is required to conform to the needs of the parents at the cost of developing his own mind or his own self; individuality, creativity, and the capacity to differentiate is then compromised in the personality. Tam (2009) elegantly describes the role in which many helpers in the health profession become trapped.

Presenting this paper gave me the opportunity to gather together my attempts at integrating philosophical thinking with psychotherapy practice in an ethical way. One of the interesting features of presenting in the faculty was that people from other professions attended, including a couple of Levinas scholars. Listening to a Levinas scholar I realised we have got to know or created a very different Levinas. Levinas calls us to be ethical, to find our own character in our relation with others. Psychotherapy uses the relationship between therapist and client as a central tenet of our practice. 'My Levinas' is also relational; I see responsibility as for everybody and everything. It is a reflection of our connection to everything. We are born with the capacity to give of ourselves fully and yet as we interact with our environment with other, we are changed, we are created.

One of the audience asked about the use of love and how that juxtaposes with the responsibility for the other. Love begins with the experience of being loved by one's caregivers. 'Good enough

mothering' (Winnicott, 1971) is the first relationship with the other (mother) and it is here that the pattern is set for capacity to love and be loved. There is a direct correlation between the capacity to love and a capacity to be responsible for the other.

Another way of articulating this would be to say that in order to have an "I-thou" (Buber, 1999) relationship, one needs to be capable of subjectivity.

Essentially I am saying there are two experiences in dialectic relation to each other: one is the need to be a subject, to be capable of being oneself, to be in relation to oneself, and one's own creativity; while the second is the capacity to recognise that the other is not me, is not like me, and in some essential way cannot be understood in their otherness, and one therefore must relate to the other as truly other.

Finally, I discussed the implications of my thinking. Being Janus faced, finding a way to face the other while facing oneself in the role of a psychotherapist requires a particular set of skills both in the session and in-between sessions. Listening *with* rather than *for* (Wilberg, 2004), using the capacity for reflection and creating potential space, are key skills to be used in the session; while supervision, personal therapy and theory are the key components of this work between sessions.

Future directions for this work

There are three directions to explore further from this presentation. The first is to link back to a paper I gave at a conference in Wellington in February 2012 with a similar title (Solomon, 2012). The workshop was experiential and offered supervision in a group setting. This paper focuses more on the philosophical aspects while the workshop was a process utilising the thinking that this paper represents a part of. The process I use creates a space to reflect, to open and create space both in oneself and between self and other and I hope, a place in which to develop and build conscience (Symington, 1996). This is the in-between session work of building one's capacity to be Janus faced. How does a supervisor facilitate the building of conscience in a

supervisee? Is this the same as developing subjectivity? And how does this relate to creativity? How does one take responsibility for the face of the other in a useful and productive way free of pathological accommodation? Another aspect of this question is how does one find the authentic face of the other when both the helper and the helped are lost in the world of the false self (Winnicott, 1961), or in relating to others as objects?

The second direction is to explore in more depth the thinking about parentification and I am especially interested in linking to a dissertation I supervised by Oi Tam (2009), which explores the role of parentification in the behaviour of the therapist. Levinas is calling consciousness to make the move to encounter something other than itself:

if meaning is entirely given by the subject rather than found in the world then consciousness cannot experience perceive or learn anything it did not already contain. (Davis, 1996, p. 19)

I find this quote very useful as it represents the importance of facing both ways, of engaging both with oneself and with the other. The subtlety of what I am trying to communicate is embedded in the fact that most people are either focused on themselves (like in the above quote, or are focused on the other – the parentified child). Neither of these leaves the space for attending fully to the otherness of the other. I used the idea of Janus faced to represent the doorway, being for the other and with oneself at the same time. This is like standing in a doorway with one foot in each room.

The third direction is to make further links to the idea I presented in my paper about everything being connected. I was interested to hear Anne Salmond (2012) in her lecture honouring Sir Paul Reeves in August this year. She differentiates between two worldviews as the “order of things” and the “order of relations”. The latter speaks to me as saying the same thing as Donne and Buber did in earlier centuries. She describes the order of relations as being exemplified by the idea of a web, which in group analytic terms, could be described as a matrix (Foulkes, 1971; Kennard, Roberts, & Winter, 1993). Salmond describes the cosmos in terms of dynamic networks of relations,

generated by complementary pairings (rather than binary oppositions) between different elements, each necessary for survival. For “the order of things” on the other hand she quotes Foucault as saying that “the mind was split from matter, subject from object, self from the other, culture from nature, people from the environment.” This links directly to my paper which I would like to explore in more detail.

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TOOL BOX FOR THE TOY BOX: RESEARCHING CLINICAL CHILD PSYCHOTHERAPY TRAINING

SYNOPSIS BASED ON TALK GIVEN 2 AUGUST 2012

The International Psychoanalytic Association 18th Research Training Programme,
Berlin, Germany



JENNIFER RE

AUT, DEPARTMENT OF PSYCHOTHERAPY

Re, J. (2012). Tool box for the toy box: Researching clinical child psychotherapy training (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 108-109). Auckland, New Zealand: Auckland University of Technology.

It has long been thought that infant observation is a crucial part of the training to become a child & adolescent psychotherapist. Training psychotherapists undertake direct infant observations in a naturalistic setting, usually at home. Observations of the infant and parent occur weekly over the first year of life. Each observation is written up by the observer and brought to an infant observation seminar group for discussion. Sternberg's (2005) research identified the core capacities needed by psychotherapists. She then determined whether the infant observation and its seminar group contributed towards developing these capacities. Sternberg found that the infant observation and its seminar group contributed a number of core capacities that are not easily developed through the classical model of pedagogical teaching and learning. Some of the special functions of the group were to

develop 'the apparatus for thinking difficult thoughts', to tolerate uncertainty, contain emotional experiences evoked in participants and to develop a self-reflective function. Researching this aspect of the training presents a number of research dilemmas, including the problem of describing infantile states and how to elicit codable or measurable data. I used the International Psychoanalytic Association's Research Training Programme to present a research plan to the diverse and learned Faculty and Fellows for their consultation and feedback. The audience comprised 7 Faculty members (Professor John Clarkin, Professor Horst Kaechele, Dr Anna Buccheim, Dr Martin Debbane, Professor Juan Pablo Jimenez, Professor Marianne Leuzinger-Bohleber, and Professor Rolf Sandell) and 21 Fellows. Faculty members are eminent psychoanalysts and psychologists who have published widely and achieved international recognition in the field.

MOBILISING TO TRANSFORM INSTITUTIONAL RACISM

SYNOPSIS BASED ON TALK GIVEN 4 SEPTEMBER 2012

Public Health Association Conference, Wellington, New Zealand



HEATHER CAME

AUT, DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Came, H. (2012). Mobilising to transform institutional racism (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 110-113). Auckland, New Zealand: Auckland University of Technology.

Abstract

This talk/interactive workshop was advertised as a practitioner-led forum to strategise around addressing the implications of the findings from my doctoral research which focussed on how institutional racism and privilege manifests within public health funding and policy making in Aotearoa. The formal presentation focussed on a high-level overview of my doctoral findings (Came, 2012). The subsequent facilitated discussion explored what actions the Public Health Association (PHA) as a key national body and more generally what the wider public health sector wanted to do to address institutional racism within the public health sector.

Reflection on the talk

The PHA conference is the key New Zealand-based public health conference of the year. There is always a strong turnout of practitioners, managers, Crown officials and academics from around the country and some overseas guests. Public health folk usually come ready to debate the issues, renew friendships and networks and are open to revitalise our passion for making a difference in the communities we serve. The theme for this year's conference was focussed around addressing child poverty and many of the keynote speakers presented critical assessments of our collective failure to lift, particularly indigenous children, out of poverty.

The full session attracted both experienced and new practitioners and a number of senior Māori practitioners came to both monitor and tautoko (support) the session. Among the attendees were a number of direct and indirect contributors to the research. For me the session was in the first instance an opportunity to report back to my longstanding professional peers about the racism embedded in the Crown's administration of our sector and secondly an attempt to strategise how to address this systemic problem.

Sharing specific stories of racism and privilege from my research is always emotional and uncomfortable at some level. On this day within this setting it was complicated in that there were people present that were part of organisations that were currently experiencing racism and disadvantage in the room and others who were experiencing privilege and advantage and still others were working for the Crown (consciously or unconsciously) enacting systemic racism. All of these people are well-meaning public health people who subscribe to the same set of public health values that affirm the importance of Te Tiriti o Waitangi and abhor racism (Public Health Association, 2012).

The post-presentation discussion was dominated by Pākehā practitioners many of whom appeared to be attempting to, at haste, process what it meant to them professionally and personally to be presented with overwhelming evidence that they were beneficiaries of racism; while Māori colleagues were being disadvantaged. Rather than position myself as the expert and solution finder I tried with some

success to reflect questions back to the group to deepen the discussion and enable people to find their own solutions. Māori present were conspicuously quiet during question time and keenly observing their colleagues' reactions to what from their earlier nodding heads was familiar material.

I concluded by presenting a broad-brush overview about some of the anti-racism options open to us. I called for those present to take action within their respective spheres of influence and advocated for the necessity of collective action. I gave participants the link to the full research, promoted the Treaty Resource Centre website (<http://www.trc.org.nz/>) and promoting upcoming anti-racism master classes. Many shared their email addresses to be kept up to date with further developments and to maintain connection.

I was swamped with people after the session and was touched by the warm response of those present. There were unexpected hugs and kind and encouraging words particularly from Māori about the importance and care taken in the work done to date. I hold that feedback close and hope to stay on track with the kaupapa (vision) of this work.

Future direction for the work

The limited time prevented us reaching a definitive blueprint for action but many from the session went on to attend the PHA annual general meeting that followed. At this meeting the PHA unanimously voted to endorse a remit put forward by the Auckland branch of the PHA requesting urgent action to address institutional racism within our sector. The most recent correspondence from the PHA head office has sanctioned the establishment of a special interest group on institutional racism, so watch this space.

Inspired by the words of Robson and Reid (2007), in the foreword of "Hauora: Māori standards of health 4" and the kōrero (talk) at the session I have committed repeat parts of my research to regularly monitor the Crown's treatment of different types of public health providers. After discussion with public health managers, I am also

finalising a guide for public health providers about negotiating contracts and funding with the Crown in an attempt to level the playing field.

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PSYCHOLOGISTS' EXPERIENCE OF THE THERAPEUTIC BREATHING SPACE WHEN WORKING MINDFULLY WITH CLIENTS

SYNOPSIS BASED ON TALK GIVEN 17 SEPTEMBER 2012
AUT, Annual Psychology Postgraduate Presentations



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Gabites, J. (2012). Psychologists' experience of the therapeutic breathing space when working mindfully with clients (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 114-119). Auckland, New Zealand: Auckland University of Technology.

Background

In 2011, I conducted Honours research, interviewing three psychologists and one psychotherapist ("therapists") who used mindfulness as a stress-reduction tool in their work with clients. One of the main findings of this research was that the therapists expressed the idea of gaining breathing space in their work with clients when they used mindfulness. The breathing space was seen as a moment in the therapy session where the therapists felt like they gained extra time to gather their thoughts, refocus and fully attend to helping the client.

Mindfulness defined

To practice mindfulness means to maintain a full awareness of each moment of one's life, without being absorbed in thoughts, worries or fears of the past or the future (Hanh, 1989). The focus of mindfulness is on the non-judgmental awareness of experiences in the present moment (Holzel et al., 2011). Paying attention is an important aspect of this. In fact, mindfulness is the reverse of being on autopilot or daydreaming. It involves paying attention to all of one's experiences in the present moment (Germer, 2005). Remembering is also an important aspect of mindfulness. It involves remembering to refocus both our attention and awareness to our present experience in a sincere and non-judgmental manner. It requires our intention to extricate ourselves from our worries and problems and completely experience the present moment (Germer, 2005). When mindfulness is practiced frequently, for example, through meditation or yoga, we learn to gain control of our drifting minds, and gain a calm understanding of our lives (Kabat-Zinn, 2009).

Why this research?

Little is known about the processes involved that bring breathing space about for psychologists. It is potentially however a very important area for psychologists (McCollum & Gehart, 2010; Turner, 2009). Research is clear that the use of mindfulness has the potential to improve client outcomes (Grepmaier et al., 2007), as well as increase both work and life satisfaction for psychologists (Christopher et al., 2011; Gabites, 2011).

Recent research in this area

There has been some recent qualitative research specifically examining aspects of mindful therapeutic presence and its attendant benefits. However, the researchers noted several limitations (McCollum & Gehart, 2010). Their research involved teaching

mindfulness meditation to 13 university Masters students to help them develop therapeutic presence.

As well as conducting the actual research, McCollum and Gehart were also the students' mindfulness instructors. The authors accepted that as a consequence of their closeness to the participants, there was a risk the students simply told the researchers what they wanted to hear. With the proposed research, however, there is much less risk of this occurring because the researcher will have no such connection with the participants.

Another limitation of existing research

Another limitation noted by McCollum and Gehart (2010) was the risk students were simply repeating what they had recently learned in class, rather than what they actually experienced.

With the present research, the participants will have been practising mindfulness for at least five years therefore this should be much less of a risk, and should potentially elicit some important insights and experiences that have been built up over those years. Additionally participants will have at least six years' experience of practicing as psychologists.

Theoretical frameworks

Qualitative research is considered an appropriate way of conducting the present research. Such an approach will allow me to examine experienced psychologists' actual insights, experiences and feelings of breathing space in depth (Munhall, 2012). Moreover, a qualitative approach is far more suited to gathering this type of information because it will allow me to understand the participants' experiences while preserving the depth and richness of their stories (Denzin & Lincoln, 2003; Michell, 2004). Furthermore, research into breathing space (or therapeutic presence) is a relatively recent phenomenon (Christopher et al., 2011; Geller et al., 2010; McCollum & Gehart, 2010). Smith (2008) argues that qualitative research is particularly

useful for exploring recent and novel phenomena because by its very nature it allows specific statements from participants of their perceptions, insights and experiences.

Thematic analysis

Thematic analysis will be used to determine common themes and issues, employing Braun and Clarke's (2006) six-step process. Braun and Clarke warn there are several pitfalls in their six stages, such as incorrectly identifying something as a theme when it is not actually a theme. Another common pitfall concerns a mismatch between the data and analytic claims. During my presentation, I asked to hear examples from others to ensure steps one to six are carried out correctly. It seems to me one of Braun and Clarke's most important recommendations is to methodically and carefully work through the data – without being in a hurry.

Research completed at time of presentation

At the time of the presentation, all four participants had been interviewed and transcription had been completed. The literature review was also nearly completed and the methodology section was also well on its way.

Feedback from audience

One of the most useful pieces of feedback I received from the audience was to type my research question in large letters and have it in front of me at all times while I was writing up my research. That way, I could constantly refer back to it and ensure, as much as possible, that I was answering the research question. This has also helped me ensure that not only did my claims match my data, but they also answered the research question!

Another useful piece of advice concerned the length of the practice research project. I was advised by several lecturers to produce quality rather than quantity. I was reminded that I should produce a piece of work that was as concise and clear as possible, with a logical flow to it.

Personal reflections

I believe the presentation process is really useful for ironing out any issues researchers have with their projects. Sometimes it is the small things that can make all the difference. For example, it is pretty obvious that the people marking our work want quality papers, yet they do not necessarily want to read screeds and screeds of irrelevant research! So, having this simple piece of advice reinforced to me was very useful. Also, by presenting in front of my peers and several lecturers, I was able to hone my ideas about my research, clarify my goals, and gain the confidence I needed to push on and finish my project on time.

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HOW THE STATE (PUBLIC HEALTH FUNDERS AND POLICY MAKERS) SYSTEMATICALLY DISCRIMINATE AGAINST MĀORI

SYNOPSIS BASED ON TALK GIVEN 4 OCTOBER 2012
School of Public Health and Psychosocial Seminar Series, AUT University



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Came, H. (2012). How the state (public health funders and policy makers) systematically discriminate against Māori (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 120-124). Auckland, New Zealand: Auckland University of Technology.

Abstract

Public health ethical guidelines and competency documents espouse the importance of Te Tiriti o Waitangi and reducing health inequities between Māori and non-Māori. Within the public health sector racism has been recognised as a determinant of health. Health based-research on racism has however focussed on a) the health effects of racism b) personally-mediated racism as enacted by health professionals. Institutional racism as enacted by the Crown against Māori in the context of health has not been widely scrutinised in Aotearoa.

In this presentation activist scholar, Heather Came will present an overview of her doctoral findings into how institutional racism manifests within public health policy making and funding practices. Her work echoes the findings of Puao te ata tu (Ministerial Advisory

Committee, 1988) and other key reports from the 1980s, and affirms elements of many of the 89 health-related Waitangi Tribunal claims against the Crown in relation to their administration of the health sector

Reflection on the talk

As a new academic 2012 was always going to be a steep learning curve and something of a blur. Having recently completed my doctorate via extramural study, upon joining AUT I had great intentions of taking up opportunities to attend seminars often; but my significant workload prohibited most excursions. The only talk I made it to in the school series ended up being a compelling address by Dr Shoba Nayar where she used her own story as vehicle for talking about the experiences of refugee and new migrant communities in Aotearoa. Her polished and engaging performance set the bar high for those of us that had the nerve to follow.

In selecting my topic for this seminar series I canvassed some colleagues about what they would find interesting. I ended up accepting the challenge of Adjunct Professor John Raeburn to summarise all the key findings from my doctoral research (Came, 2012) in the one talk, as busy academics would be unlikely to attend more than one presentation. Given the timeframe, my propensity for story-telling at the slightest encouragement and the complexity of the topic, state discrimination in public health, this was always going to be an ambitious undertaking. Indeed my talk ended up going considerably over time.

As an activist scholar I circulated the pānui about the seminar amongst my community networks so some of those that have supported my research and have an interest in my findings external to AUT could attend. Having experienced Te Tiriti workers in attendance, provided a valuable pool of resource people among the crowd to extend the conversation and translate during the question-and-answer period and the subsequent debrief. The response internally and externally to the topic was extremely positive with standing room only on the day.

As is my practice, I opened my talk with a karakia from Taranaki and I also dedicated the talk to my friend Ange's dad Rirowhakarau Reihana. Rirowhakarau is one of many Māori in Te Tai Tokerau who passed away from a preventable illness during the writing of my thesis. This opening set the tone for my talk illustrating the human costs of ongoing racism within the administration of the health system for Māori.

I then explained something of the whakapapa of my research and how it emerged from decades of anti-racism work and the intense experiences of working in Māori public health. Under the guidance of a research whānau of senior Māori health leaders and a Pākehā crone from Te Tai Tokerau, the research journey was one of weaving together and extending the overwhelming historic and contemporary evidence of institutional racism by the state against Māori.

As an activist scholar I expected and have consistently received accusations of bias in my work, so devoted time within the talk to specifically explain both my methodological influences (activist scholarship, feminism, kaupapa Māori and critical theory) and my method. Beyond triangulation, I sourced data from eight different sources to confirm my findings about how institutional racism operates within the public health sector. Underpinning this analysis was the use of the Te Ara Tika ethical framework (Hudson, Milne, Reynolds, Russell, & Smith, 2010) which I recommend for all researchers practicing in Aotearoa.

As with previous talks I have done on my thesis findings, I showed napkin-sized diagrams that summarise the sites of racism I identified through my analysis of policy making and funding and planning practices. In relation to policy I shared quotes from Māori CEOs of their experiences and in relation to funding practices I showed bar graphs that showed differential treatment of Māori health providers. These illustrations of racism are stark and incontrovertible.

The story of institutional racism within public health is a BIG story to hear. Māori and other indigenous people that attended the talk indicated the story was familiar and echoed their own experience of state policy making and health funding. Non-Māori seemed more

interested in the final section of the talk on anti-racism praxis. During question-and-answer section I made an off-hand comment that I didn't care why Crown officials were supporting a racist system but would just like them to stop – like the Nike logo “just do it”. This led to some passionate debate about the complexities of well-meaning officials enabling racism through their practice which was incongruent with their stated value bases.

I closed the session with a Tiriti song and affirmed there are many ways of doing anti-racism praxis and the challenge is work within and extending our spheres of influence.

I received lots of positive feedback about the talk in the weeks that followed and have had a range of ongoing conversations about racism, Te Tiriti and doing activist scholarship. I think some hearts and minds were moved by the talk and people have individually committed to getting involved in the fight against racism – nau mai, haere mai.

Thanks to Rhoda for the forum and bravo to the handful of undergraduate students who took the opportunity to tautoko the kaupapa and learn more – that is what getting an education is all about.

Future direction for the work

As an activist scholar my purpose is always two-fold to gather evidence and mobilise people to get involved. This year my focus as a new academic by necessity has been on my students and revitalising our undergraduate health promotion major. In terms of my research I have focussed on being an activist running master classes, symposium, workshops, writing submissions and remits and doing oral presentations rather than developing my research further, writing and publishing.

I am fortunate in that people are reading my full thesis (over 300 downloads since June). Rather than extending this work my immediate challenge is to get the discrete components of my doctoral findings packaged into a form suitable for peer-reviewed journal articles. It seems in 2013 I will officially be out of excuses and it is

time to step up – watch this space.

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BUILDING POLITICAL COMPETENCIES FOR THE TRANSFORMATION OF RACISM

SYNOPSIS BASED ON TALK GIVEN 26 OCTOBER 2012
 Australian Association of Social Workers and Welfare Educators Symposium
 University of South Australia, Adelaide, Australia



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Da Silva, S., & Came, H. (2012). Building political competencies for the transformation of racism (abstract). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 125-129). Auckland, New Zealand: Auckland University of Technology.

Abstract

In Aotearoa systemic racial disparities between Māori and non-Māori continue despite years of professional development work around the implications of Te Tiriti o Waitangi. This paper examines how the settlers' descendants became beneficiaries of racism and how libertarian discourses are used to distract attention away from the associated privileges. It encourages social workers to review their ethical conduct and to enhance their political competencies to consolidate efforts to transform racism. Based on extensive experience in the anti-racist movement; the authors' advocate for the grounding of practitioners in a deeper understanding of colonial history. They invite closer attention to structural analysis as a means to gain the historic and systems understanding needed to strengthen

political competence to avoid collusion in institutional racism. A case is made to develop co-intentional relationships with indigenous people through relationship building and the applications of the teachings of Paulo Freire as pathways for strengthened anti-racism praxis.

Reflection on the talk

This talk was based on paper developed by Came and da Silva (2011) for Kotuitui. The original paper challenged Pākehā professionals to enhance their political competencies to transform institutional racism against Māori and has been well read since its release. The challenge in presenting the work to an Australian audience was to determine whether the ideas presented had resonance within a different political and cultural context and to develop our ideas further for a yet to be completed follow-up paper. Susan presented on our behalf in Australia.

She opened by acknowledging the land and the people that are the land and the history of the place, those that have gone before, and those yet to come. In contrast to many of the Australian presenters, as an experienced teacher, Susan facilitated a discussion based on the material provided. Firstly she provided a synopsis and copies of our paper and animated discussion ensued. The New Zealanders present mainly Māori, were quick to comprehend and expand the points made. There was broad agreement with the main themes of the argument, although participants were generally of the opinion that cultural, rather than political, competence was still the focus within the Australian context.

One of the key questions from the floor was how were indigenous languages utilised within the course of social workers daily practice? The majority response from the Australians was which indigenous language would we use? This response discomfited Susan as it seemed an excuse for not trying due to the complexity of indigenous experience in Australia. It seemed indigenous issues were clearly in the too hard basket and New Zealanders were lucky to have a Treaty

and a well organised Māori community. Multi-cultural issues in contrast were seen as more important to address and ironically easier.

The keynote speaker, Professor Charlotte Williams (2012, September), a black Welsh academic from Royal Melbourne Institute of Technology (RMIT) University, attended our session and Susan directed the discussion back to her address. Within her address she stated that addressing discrimination and oppression was fundamental to social worker practice (see figure 1). Williams named four actions on an axis as essential to addressing racism. These were critical interrogation, rights-based advocacy, co-production and responsiveness.

- Critical interrogation is about self and group awareness: understanding the overwhelming power of 'white' to enable practitioners to address the prevailing hegemony of neo-liberalism, learning about post-colonial studies and critical race theory.
- Rights-based advocacy is about ensuring fair treatment factoring in historical injustices.
- Co-production is about the dominant culture working with indigenous people in a collaborative or collegial way; also known as Freire's co-intentional relationships.
- Responsiveness is about developing the skills necessarily to work with a culture not one's own.

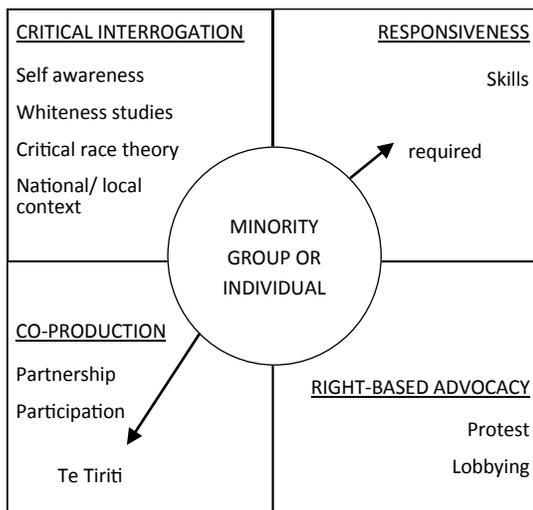


Figure One: Addressing racism adapted by da Silva based on original work by Williams (2012, September). Used with permission.

Susan with William's permission amended this analysis. We maintain the missing axis within the New Zealand context is the political drive named by Williams as critical interrogation and rights-based advocacy. Critical interrogation is often dismissed by the view that, because we have the rhetoric of Te Tiriti partnership, nothing else is needed. Power-sharing is seen as token endorsement of the Waitangi Tribunal settlement (concerning recompense) process rather than accepting the responsibilities of legitimate [collective] human rights claims. There is both active Māori and boutique Pākehā dissent in relation to this viewpoint.

Although people were eager to continue the discussion it was curtailed by the need to move on to the next workshop. Susan ended with a rousing version of 'Ko Te Tiriti' supported by the Māori participants.

Future direction for the work

It is often affirming for New Zealanders to speak about race relations in Australia. It enables us to measure the progress which has been made by virtue of decades of advocacy by Māori and allies and the ongoing possibilities enabled by Te Tiriti o Waitangi. What is minimal expected practice in Aotearoa can be revolutionary within an Australian context.

The challenge from this conference for us is understanding and unpacking the implications of Williams' work for anti-racism praxis in New Zealand. New Zealand has led the world in cultural safety and cultural competency work. Our political competencies however are underdeveloped because of the mudding water effect of variable Te Tiriti rhetoric. Irihapeti Ramsden might argue it would be remise of us not to push through to enact the power sharing she always aspired to within her cultural safety work and within any substantive application of Te Tiriti o Waitangi. It seems our follow up paper needs to more clearly define what political competencies are as a platform for curriculum development and workforce development.

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PERSONALITY DISORDERS AND THE THERAPEUTIC RELATIONSHIP

SYNOPSIS BASED ON TALK GIVEN 12 NOVEMBER 2012

A One Day Workshop delivered to BOPDHB Mental Health and Addiction Services



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Thorpe, M. (2012). Personality disorders and the therapeutic relationship (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 130-138). Auckland, New Zealand: Auckland University of Technology.

Introduction

This one day workshop, limited to 10 participants, was designed for experienced mental health clinicians (psychologists, psychiatrists, psychiatric nurses and social workers), working for the District Health Board, who had previously attended my two day workshop (The Assessment and Treatment Personality Disorders; Thorpe, 2012). The aim of this workshop was to provide clinicians with a deeper theoretical and practical understanding of the types of problematic relationships that occur between themselves and their clients. The therapeutic alliance was compared and contrasted to the transference/countertransference relationship, and to the real relationship that occurs between clients and clinicians. A visual interactive model that I had developed sometime earlier was introduced. The model was applied to the participants' case

presentations in an effort to facilitate a greater depth of understanding of the types of relationships that form during therapy, and how this knowledge may improve treatment outcomes. Participants were encouraged to try and understand their own contribution to the relationship and ways in which problematic interactions in the transference/countertransference could gradually be shifted towards a healthier and more effective helping alliance.

One of my other aims of the workshop was to undermine the tendency of DHB clinicians to accept uncritically the DSMIV's mechanistic and dualistic style of portraying clients as encapsulated entities bearing medical symptom clusters. I strongly encouraged the participants to see their clients as people with specific personalities, histories and attachment styles, who relate to other people, including therapists, with their own vulnerabilities and strengths.

Mindfulness

The workshop began with a 10 minute mindfulness exercise. With their eyes closed, the participants focussed their attention on their incoming and outgoing breath. When they became aware that their attention had drifted away, they compassionately and non-critically refocused on the sensation of their breathing. The participants were reminded of the definition, importance and effectiveness of mindfulness in their everyday clinical work and particularly in complex relationships with clients diagnosed with personality disorders. A variety of mindfulness exercises, previously learned in the two day introductory workshop, were practiced throughout the day.

Review of personality disorders

I briefly reviewed some of the core concepts discussed in the previous two day workshop. These included the strengths and weaknesses of diagnosis, the DSMIV, DSMV and PDM diagnostic systems, the centrality of relationships in treatment, and the major therapeutic approaches used in Aotearoa New Zealand to assist people diagnosed

with personality disorders. Participants then discussed their retrospective impressions of the two day workshop, how it had influenced their clinical work in the intervening period, and what they wanted to discuss and learn from the workshop. I was pleased to hear that the two day workshop had significantly and positively influenced some of the clinicians' therapeutic work.

Therapeutic alliance, transference/countertransference and the real relationship

The therapeutic alliance was defined and discussed. I reviewed the research indicating that the therapeutic alliance, irrespective of therapeutic approach, counts for 30% of the therapeutic effect. I discussed how the therapeutic alliance is dependent on the strength of the bond between the clinician and client as well as their mutual agreement on the goals and tasks of the therapy. I went on to discuss alliance ruptures which are the impairment or fluctuation in the quality of the alliance between the therapist and the client. The criteria for identifying ruptures in terms of client and therapist markers was then presented and discussed. I reinforced the fact that ruptures may be triggered both the client or the therapist and that both need support and containing during the process of therapy. At this point in the workshop the participants broke into small groups and discussed their personal and professional sources of support and resilience.

I went on to compare and contrast the therapeutic alliance with the actual or transference/countertransference relationship. I reviewed the theory behind the concepts of transference and countertransference and gave a few examples of how they manifest in therapy with clients diagnosed with personality disorders. I further explained the transference/countertransference relationship by comparing it to similar theoretical concepts such as role responsiveness (Sandler, 1976), internal working models (Bowlby, 1958), reciprocal roles (Ryle, 1995), interpersonal schemas (Ryle, 1995), core schemas (Beck, 1987) and archetypes (Jung, 1968).

Projective identification, arguably the most important analytic

concept in the field of personality disorders, was discussed in some depth. Combining the work of Wilfred Bion (1989) and Thomas Ogden (1983; 1985), I defined projective identification as consisting of four sequential phases; 1) the clients phantasy (the “ph” indicating an unconscious fantasy) of projecting painful or unwanted parts of their self into the other person, 2) the interpersonal pressure (Sandler’s role suction and Racker’s gravitational pull (1957)) for the therapist to take on the role disowned and projected by the client, 3) the containing, processing and metabolising of the projection by the therapist, and 4) the re-introjection (taking back) of the modified projection by the client. I then read and discussed a phenomenological description of the sequential processing of a projective identification that was based on my PhD (M.R Thorpe, 1989)

Discomfort prompts the therapist to bring their experience to conscious awareness and verbalise it. Initial attempts at understanding focus on environmental and personal causes. However, once the therapist realises the interactional nature of the experience, he/she includes the influence of the patient in their explanatory attempts. The therapist alternates between: a) avoiding the experience which conflicts with the patient’s view and the therapeutic ideals, and, b) appropriating the experience which feels inauthentic.

The therapist then gives over to the experience without feeling drawn to disowning or appropriating it, treating it as a transitional phenomenon, not questioning the truth or ownership. During this time the therapist learns from the experience and consolidates their theoretical understanding. The patient is later able to appropriate the disowned aspects of a world that had temporarily been embodied and later interpreted by the therapist.

Following on from the somewhat dense discussion of theory I introduced a simple model which I had developed over the past few years to further explain and work with the concepts presented earlier (Thorpe, 2011). The model conceptualises relationships as consisting of two sides, or magnetic poles, with different vibrating frequencies at

each end. Each participant in the relationship has their unique understanding, beliefs, thoughts, feelings and behaviours about the other person and the relationship. To present visually and make use of this model I used a 1.5 metre long plastic rod the width of a broom stick. Each end is wrapped in a different colour of masking tape. I have found that holding the stick, pointing to the different coloured ends, and twirling it around, provides an excellent learning tool. For the rest of the workshop the 'relationship stick' remained in my hands or the hands of the participant describing a complicated therapeutic relationship. Over time I have come to jokingly refer to it as the 'relationship stick model' or simply the 'stick model'. The name has stuck.

In the workshop I then applied the stick model to a few common personality disorders. Below is my summarised formulation of the core relationships that commonly occur. The descriptions are presented phenomenologically, i.e. the lived experience of each participant in the relationship. The client's experience from their side of the relationship is presented first, followed by that of the other, or therapist. The workshop participants were reminded that the descriptions presented are simple, schematic versions of what are considerably more varied, complex and multi-layered manifestations in real life and clinical practice.

Histrionic

Client: I feel impressive and glamorous and enjoy seductively getting the attention of my admirer. Therapist: I feel bland and I am drawn to admiring and being seduced by that impressive glamorous person.

Dependent

Client: I feel weak, helpless and incompetent, so I cling and submit to that strong competent person in the hope they will support and nurture me. Therapist: I feel strong and competent and I need to look after a weak, helpless and incompetent person.

Avoidant

Client: I feel socially inept, inferior and hypersensitive, so I fear and avoid that critical, demeaning and superior person. Therapist: I feel superior and critical and I demean and ignore that inept and inferior person.

Narcissistic

Client: I feel special and superior and I am entitled to admiration from that unworthy and inferior admirer. Therapist: I feel unworthy and inferior and admire that person who is special and superior.

Borderline

Client: I feel empty, traumatised and unstable and I hate and desperately cling to the person I idealise and devalue. Therapist: I feel strong and independent, but I either walk on egg shells or feel that I abandon that clingy, needy and unpredictable person.

Obsessive-compulsive

Client: I feel competent, fastidious and I control my dangerous feelings and avoid close emotional contact with that irresponsible, casual and incompetent person. Therapist: I feel laid back and spontaneous and I try unsuccessfully to make close emotional contact with that uptight, controlling and fastidious person.

Paranoid

Client: I feel innocent and righteous and I am vulnerable to the malicious, discriminatory interference from that person. Therapist: I feel malicious and discriminatory and I am out to get that weak vulnerable person.

Schizoid

Client: I am a self-sufficient loner and I withdraw because I am afraid of that person intruding. Therapist: I feel intrusive and like to move closer to and get to know that self-sufficient, withdrawing loner.

Schizotypal

Client: I am isolated and estranged from that dangerous, strange and perplexing person. Therapist: I feel distant from that person and I don't understand them.

Antisocial

Client: I am a strong, autonomous loner and prey on, and exploit that vulnerable person without remorse. Therapist: I feel naive and vulnerable and I am surprised and hurt when that person exploits me like a predator.

The group then discussed and 'played with' the different roles on each side of the relationship stick. Participants spontaneously presented clinical vignettes which illustrated the different role relationships in greater depth. The point emerged that these types of relationships are considerably more complex than they first appear.

Group supervision

In order to link theory with practice, the rest of the day consisted of clinical cases presented by the participants. Initially three cases were individually presented to the group and I facilitated the discussion. Then the participants split into three working groups and took turns to present cases. In this way all participants had the opportunity to present their difficult cases.

Participants presented their cases from pre-prepared notes. As the clinician spoke I made notes, structured as a genogram, on the whiteboard. This is my favoured teaching style for group supervision as it provides a graphic representation of the client's family tree with

links to the presenting problem and its predisposing, precipitating, perpetuating, and protective factors. I systematically focussed on each relationship appearing on the genogram. The group then worked together to describe the two sides of each relationship. I held the relationship stick next to the relationship on the board to continually remind them of the two sided nature of the relationship. The group also attempted to determine which of the relationships were most closely linked to the client's presenting problem. Finally the relationship between the therapist and client was discussed. Those presenters who were transparent and forthcoming about their feelings, thoughts and fantasies in relation to their clients, made it easier to formulate the structure of the transference/countertransference relationship. Following this, the group identified common themes or patterns in all the relationships, from the grandparents to the client's own children and the relationship in the therapy room. These patterns were reviewed to ascertain any additional insights into the client's life and problems. This often gave rise to fresh insights about the historical, contextual or intra-psychic factors.

Most therapists were initially surprised and shocked when they realised what sort of relationship they had become sucked into with the client. However, when they were able to see the transference/countertransference relationship as a form of repetition of the client's other relationships they were more able to understand the client's relationship history and the connections to their problems in living. Therapists became more accepting of their own feelings and thoughts, which they had previously tried to deny or avoid. By owning and accepting some of their own embarrassing, painful or conflicting feelings in the relationship with the client in the group supervision, therapists gained greater insight into the client's lived world and were able to become more accepting, empathic and hopefully more effective as therapists.

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THE ASSESSMENT AND TREATMENT OF SUICIDALITY

SYNOPSIS BASED ON TALK GIVEN 21 NOVEMBER 2012

A workshop presented to the staff of the AUT Counselling Services



MARK THORPE

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Thorpe, M. (2012). The assessment and treatment of suicidality (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 139-143). Auckland, New Zealand: Auckland University of Technology.

This workshop was designed to assist experienced counsellors, working in a university counselling setting, to improve their skills in the assessment and treatment of suicidal clients. It was adapted from training I have previously delivered to groups of psychologists, psychiatrists and psychiatric nurses working with high risk patients in New Zealand mental health services. The content was based upon my 25 years of experience working with suicidal clients and their families, the facilitation of debriefs for families and counsellors following successful suicides, conducting personal therapy with clinicians who have lost clients to suicide, and an ongoing reading of the relevant research.

The presentation began with a review of the risk factors for suicide. The long-term risk factors discussed included the family history of suicide, women attempting more frequently but men succeeding at

three times the rate, loss of a loved one, the anniversary of significant events, alcohol abuse, chronic medical illness, and being unmarried, living alone or lacking in social support. Some of the short term-term risk factors discussed were severe psychic anxiety, anxious ruminations, global insomnia, and depression with delusions of doom or gloom, recent purchase of a firearm, and recent alcohol use.

Counsellors were encouraged to assess for risk of self-harm and suicidality in a sensitive, compassionate, and empathic manner while at the same time being firm, direct and non-flinching during the process. I discussed and debunked the myth that talking to a vulnerable person about suicide “puts ideas in their head”. Resistance to conducting a comprehensive assessment was considered in terms of the counsellor’s inexperience, lack of training, and emotional resistance to discussing disturbing and emotive content. Counsellors were sensitively encouraged to consider how past suicidal events amongst their clients, colleagues, friends and family may influence their ability to comprehensively assess for suicidality. Most importantly, the counsellors were urged to reflect on how their personal and family history has shaped their beliefs, assumptions and reactions to suicide.

The practical aspects of conducting the assessment were discussed in some detail. Counsellors were advised not to take notes while asking about suicide but rather to maintain eye contact in order to maximise rapport and gauge the client’s reactions and level of sincerity. The concept of a ‘suicide ladder’ was then introduced. The concept was used to explain how people progress from wishing they were not around, to developing suicidal thoughts, making plans, unsuccessful attempts and finally to killing themselves. The rationale and sequence of assessment questions, based upon the suicide ladder, was then discussed.

The importance of evaluating deterrents, or protective factors, to suicide was then illustrated. Some of the important deterrents I discussed were a sense of responsibility to family (especially custodian children), fear of the act itself, fear of the unknown, fear of social disapproval and religious beliefs. Direct and indirect methods of

increasing the deterrents and their effectiveness were discussed and debated with the counsellors. One example I gave was that recently separated father's, who are depressed and living alone, ought to be directly encouraged to maintain contact and responsibility for their children. Counsellors may also encourage their client to talk about their children in each session, as an indirect way of maintaining the emotional links with their children, thereby reducing their risk.

The assessment of the client's suicidal plans, including the specificity, availability of a lethal method and the actual preparation was discussed in depth. This was then linked to the tendency amongst some counsellors to avoid robustly assessing the client's suicide plans and to the observation that clients characteristically have more than one suicidal plan in mind. The importance of analysing the client's history and patterns of suicidality were highlighted. I explained how these patterns may be used to assist in the prediction and prevention of suicide. I also discussed a variety of techniques to assess the meaning of death and suicide for clients. This included eliciting the client's thoughts about how significant people in their lives would be affected by their death.

The importance of a thorough in-depth assessment of any unsuccessful suicidal attempt, or incident of serious self-harm, was emphasised. The client's intentions, subjective expectations, feelings and beliefs about still being alive after an attempt were discussed. Particular focus was given to the importance of analysing available suicide notes. These notes often reveal the client's true motivations as they expect to be dead when anyone reads them.

The presentation then moved to discussing the observation that client's frequently change their relationship with the counsellor when they have clearly made up their mind to commit suicide. The client tends to perceive the counsellor as an ally when they are ambivalent about death. However, from the moment they clearly decide to die the counsellor becomes an adversary who is trying to sabotage their plans. From this point on, clients may behave in ways designed to mislead family and the counsellor. Ways of identifying the signs of such a switch in the relationship were discussed. Concurrently, the

importance of involving the family and directly asking them about the client's recent behaviour was emphasised.

The related phenomenon of improvement from severe depression occasionally leading to an increase risk of suicide was then discussed. Some of the reasons postulated for the increased risk include the client's clearer perception and acknowledgement of their disturbance, hopelessness, vulnerability and unbearable persecuting guilt, the surge of energy with which to make and carry out plans, and a form of manic triumph against health, life and their counsellor.

Seppuku or *Harakiri*, Japanese ritual suicide was used to discuss some of these difficult-to-understand dynamics of suicide. *Seppuku* is believed to assist the person to exorcise shame, regain face, become purified and worthy of the love of important others. The preparations for *seppuku* are reportedly associated with euphoria, heightened self-esteem and even sexual arousal. Parallels were forged to suicide in Western societies.

The counsellor's countertransference reactions in relation to suicidal clients were discussed. Counsellors were advised on how to identify, contain and make good therapeutic use of the most commonly felt, yet denied, feelings of hopelessness, murder, rage and rejection. The adverse effects of the counsellor's unawareness, denial or rejection of their own processes and feelings was discussed and linked to the ongoing therapy and risk assessment. Counsellors were once again encouraged to consider these processes in terms of their own personality, history and vulnerabilities. These were linked to the three most common narcissistic snares held by mental health professionals, namely the belief that they can know, understand, and heal everyone.

Post-suicide clinical reviews were explained. Recommendations included a meeting/debrief for the counsellors involved, meetings with the family, assigning an administrator and attorney for the organisation, meeting/debrief with other clients affected by the suicide, attending the funeral with permission, and sending flowers and cards to the family, conducting a psychological review, increased individual supervision and personal psychotherapy for the counsellor.

The relationship between the counsellor, their organisation and the coroner was discussed in the light of the increasingly risk-averse and blaming environment in Aotearoa New Zealand. This was compared to the private human feelings triggered by the tragic loss of one of the counsellor's clients. I discussed the painful conflict many clinicians report when they sincerely and compassionately 'bend over backwards' and walk the extra mile' only to then be blamed and held responsible for the client's decision to commit suicide. Similarly, psychiatrists find it confusing and painful when their client's kill themselves with the very medication they have prescribed to help them.

The confusing and overwhelming phenomenon of suicide was discussed from different perspectives. Four stories with different backgrounds, motivations and causes but with the same end result, death, were presented. Briefly the stories were; person one accidentally falls out of a tree and breaks his neck, person two is hung at the end of a rope after being found guilty of a gruesome murder, person three is dragged from their bed and brutally hung from the shower rail, and person four walks, under their own volition, to the shower and hangs himself. The workshop participants were asked to write down their anticipated reactions, feelings and thoughts about the four vignettes. I then facilitated a discussion to link the four stories to the confusing, often latent, meanings and intentions of suicide. I pointed out how some suicidal clients play out a confusing mixture of the roles of executioner, murderer and victim. This analogy was extended to the relationships between the suicidal individual and their friends, partner, family and counsellor.

I closed the workshop with a statement that the work of the counsellors is vitally important, exciting, rewarding, complex, difficult, and emotionally taxing. I reminded them of the dynamics of the helping professional syndrome, compassion fatigue and burnout, and encouraged them to nurture and care for themselves.

AN EXPLORATION OF THE WAYS IN WHICH PSYCHOTHERAPISTS DESCRIBE THEIR ONGOING DEVELOPMENT IN THEIR PRACTICE

SYNOPSIS BASED ON TALK GIVEN 27 NOVEMBER 2012

AUT, The School of Public Health and Psychosocial Studies Inaugural Doctoral
Conference



KERRY THOMAS-ANTILLA

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Thomas-Antilla, K. (2012). An exploration of the ways in which psychotherapists describe their ongoing development in their practice (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 144-150). Auckland, New Zealand: Auckland University of Technology.

In this presentation I introduced my proposal to research how we might understand practising psychotherapists' experience of their ongoing learning.

Introduction to the problem

My interest in this topic came about in considering the tension between the clinical case-based history of psychotherapy and the evidence-based practice environment in which we find ourselves. Psychotherapy's case-based history began with Sigmund Freud and his writing of case histories to convey his learning. The first of these case histories appeared in 1893 (Freud & Breuer, 1893/1953). In this case history, and in those following, he described his treatment of his

patients and his discoveries. Theories began to emerge from his reflections on these cases. Since Freud, these theories have changed and at times have been completely replaced (for example, attachment theory has largely replaced drive theory). Many different schools of psychotherapy have been established. However, psychotherapy has in the main retained a knowledge base that is founded on clinical work.

Problem

If psychotherapy's knowledge base is founded on clinical work and individual cases, where does that place psychotherapy and psychotherapists in our current evidence-based practice research environment? I posit that in this current research environment psychotherapy and psychotherapists may be pushed into a direction which only partially serves the discipline and psychotherapists themselves, in the interests of showing that the discipline is "scientific". At the same time, it is necessary for psychotherapy to be able to articulate its knowledge base and for psychotherapists to be inquiring into the ways in which they continuously learn and develop, and to be cognisant of developments in their field.

Some pertinent literature

As my focus in this study is on psychoanalytic psychotherapy and research, literature pertaining to this topic is mainly sourced from psychoanalytic publications. Wallerstein (2009) noted that the kind of science that psychoanalysis is and the kind of research that is appropriate to it, have been divisive issues from the earliest beginnings of the discipline. Current debate centres largely on the future of psychoanalysis as a science and a therapy in our age of evidence-based medicine.

Blatt, Corvelyn and Luyten (2006) describe how criticisms concerning the scientific status of psychoanalysis are increasingly being responded to by empirical research (for example Shedler, 2010), which has then contributed to a growing recognition within the scientific community of the credibility and effectiveness of

psychodynamic theory and treatment. This research is important, and on the other hand there are those within the psychoanalytic community who are concerned about an “empirical one-sidedness” (Blatt, Corvelyn & Luyten, 2006, p. 571), and therefore presumably a loss or devaluation of the traditional case-based research method. Two different cultures in the field are thus described; one more clinical in orientation, “more focused on meaning and interpretation, and relying primarily on the traditional case study method” (p. 571) and the other more “research-oriented, focused on cause-and-effect relationships, and relying primarily on methods borrowed from the natural and social sciences” (ibid.). Immediately we see here that the term “research” is applied to empirical research, although the authors go on to make a case for methodological pluralism as a way of bridging the gap.

Leuzinger-Bohleber (2006) makes a distinction between four different methods of research in psychotherapy:

- i) Clinical research (informed by the case study method)
- ii) Conceptual research (the systematic investigation of the meanings and uses of psychoanalytic concepts, including their changes in relation to both clinical and extra-clinical contexts)
- iii) Empirical and experimental research (quantitative and qualitative)
- iv) Interdisciplinary research (the exchange of psychoanalytic knowledge with the non-psychoanalytic world).

Research Question

As a way of addressing the identified problem I propose the following topic: *Understanding Psychotherapists' Experience of Ongoing Learning*. The aim is to create a practitioner-informed piece of research to contribute to the current debate. It is perhaps contentious to suggest that a discipline itself develops over time the research methods best suited

to it; on the other hand Castonguay (2011) uses the term “empirical imperialism” (p. 134) to describe scientists (often treating few or no patients) who decide what should be studied and how it should be studied.

I would like to find out from the practitioners themselves how new knowledge is added, how psychotherapists evolve in their understandings of their clients and ultimately are engaged in their own formulation of theory and practice, which eventually contributes to the common and ongoing knowledge base.

Methodology

To conduct this research I will be using interpretive phenomenological analysis, which has its origins in hermeneutic phenomenology, and which is an approach to qualitative analysis with a particular interest in how people make sense of their experience; it is concerned with meaning and processes rather than with events and their causes (Larkin & Thompson, 2012). Phenomenology is concerned with lived experience and is therefore ideal for investigating personal learning journeys. Hermeneutics adds an interpretive element, whereby the researcher “explicates meanings and assumptions in the participants’ texts that participants themselves may have difficulty in articulating” (Ajjawi & Higgs, 2007, p. 616). Thus, hermeneutic inquiry aims to uncover meanings and intentions that are hidden in the text (Crotty, 1998). In the context of this research the “text” is the interviews with the research participants. Subjectivity is valued and findings emerge from the interactions between the researcher and participants as the research progresses (Creswell, 2007). An important aspect of this approach is the Gadamerian assumption that our pre-understandings always go before us in interpreting any text, and that therefore the researcher needs to be able to identify and reflect on his or her own experiences and assumptions. This differs from Husserl’s stance, that it is possible to “bracket” our understandings so that they do not influence our research.

Methods

It is proposed to undertake face-to-face semi-structured interviews of approximately 60 to 90 minutes duration, with between 10 and 15 participants, and where there is a range of clinical experience from between one to 10 or more years of experience. In accordance with hermeneutic phenomenology, questions will be grounded in stories of events, eg, “tell me about a recent experience which has led you to think about your practice in a different way”. I will also include questions designed to explore the participants’ understandings of their “story”.

Data analysis

van Manen (1997) describes hermeneutic phenomenology as a way of exploring the structure of the “human lifeworld” (p. 101), and that the purpose of phenomenological reflection is to try to grasp the essential meaning of something. In the analysis of the data, structures of meanings (themes) are described and interpreted. van Manen describes this as a process whereby something telling, meaningful and thematic is being unearthed in the various experiential accounts. He stresses that this is not a rule-bound process but rather a process of “insightful inventing, discovery or disclosure” (p. 79); a free act of “seeing meaning” (ibid.).

Various approaches are recommended, which are not mutually exclusive and which may be used in collaboration with each other. Once themes have been identified they then become objects of reflection in follow-up interviews, whereby both interviewer and interviewee are together interpreting the significance of the preliminary themes in the light of the research question. Eventually the researcher creates a text, although this method does not view writing and researching as separate but rather as closely interrelated activities. Thus, writing occurs throughout the process and becomes a part of the method of analysis because it is in the writing that thoughts can be thought, formed and expressed. Smyth, Ironside, Sims, Swenson, and Spence (2008), in considering how to work with the data, focus on the circularity of the process of thinking, of reading,

writing, talking, mulling, re-reading, re-writing and keeping new insights in play, and in all of this trusting that understanding will come. Analysis of the data becomes not so much about pinning down findings but of engaging in a “journey of thinking” (p. 1390).

An additional element peculiar to the theory and practice of psychoanalytic psychotherapy is an emphasis on unconscious processes, which is not made explicit in hermeneutic phenomenology, although the centrality of meaning-making and dwelling with the data does not seem to exclude it. With a view to keeping unconscious processes to the fore in the data analysis process I will be guided by the concept of “holding the person in mind”. This is both a psychoanalytical concept, and more recently, as Hollway and Jefferson (2000) point out, a neuropsychology concept. Holding the person in mind in the psychoanalytical sense implies a willingness to be inhabited by that person in the service of empathic understanding, whilst at the same time still being able to think. The importance of this way of analysing data lies in the researcher having sufficient distance in order to be able to think, while at the same time engaging in an indwelling process which goes beyond conscious understandings, thereby gaining the potential for a deeper understanding of the material, and an exploration of the meanings that are made from the material.

Feedback from the presentation

The presentation of this proposal has assisted me in formulating a formal PhD proposal, both by way of beginning to focus my thoughts in relation to this topic, and also by engaging with the audience feedback, which was considered and helpful. The main discussion points centred on the tension between evidence-based practice and practice-based evidence, and recommendations were also made in relation to methodological issues, particularly as they relate to hermeneutic phenomenology and the unconscious.

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LOCATING YOUTH, GENDER, AND VOICE IN INTEGRATED APPROACHES TO HIV/AIDS RESEARCH, POLICY AND PRACTICE

SYNOPSIS BASED ON TALK GIVEN 3 DECEMBER 2012
International Development Conference, Auckland



CATH CONN & SHOBA NAYAR

AUT, DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Conn, C., & Nayar, S. (2012). Locating youth, gender, and voice in integrated approaches to HIV/AIDS research, policy and practice (synopsis). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 151-153). Auckland, New Zealand: Auckland University of Technology.

Globally, much has been achieved in tackling HIV/AIDS; yet, an urgent agenda still to be addressed concerns 'most at risk populations' including vulnerable youth, at risk men, and sex workers. These populations are the subject of this panel discussion which presents key issues of marginalization and voicelessness relating to gender, youth, male sexuality and occupation in current HIV approaches and suggests alternative ways forward.

In the context of HIV, marginalization and voicelessness underpins gender, youth, sexuality, and occupation. Yet, HIV research, policy and practice largely neglects such issues, adopting biomedical and standardised models that do not account for the diverse social contexts of inequality, and the needs and concerns of heterogeneous marginalized populations. Some of the voices of the marginalized are emerging through innovative programmes boldly designed around

activism to tackle social change, and these experiences can inform HIV paradigms more widely.

Attention to HIV needs to actively shift to the most at risk populations. Different paradigms need to emerge that are more appropriate and heterogeneous in relation to such populations, taking into consideration issues of agency, stigma and social context. It is the panellists' contention that incorporating voice, in a range of ways, will be essential to move beyond current norms of tokenism to fuller participation and activism, more likely to provide the basis for alternative approaches.

Key words: HIV; youth; gender; voice

This theme will be explored first in a short introduction and global overview, to be presented by Dr Cath Conn, Senior Lecturer in Public Health at AUT, who has a background in research on HIV and young women in Africa. This presentation will be followed by three case studies presented from the diverse contexts of Jamaica, Zimbabwe and Thailand; by Shakeisha Wilson, AUT doctoral student and lecturer from Jamaica; Carol Maibvisira, AUT doctoral student and Zimbabwean development practitioner; and Kristel Modderman, Master's student and public health practitioner from Auckland. Panellists will present their work so as to allow enough time for an interactive and lively discussion with the audience inviting them to explore issues and strategies within the theme for themselves.

Our publication strategy is to target the foremost journals in international public health, where they have a focus on developing countries, as a means to influencing policy makers and practitioners. Examples are: the work on Jamaican masculinities will be submitted to a special issue on sexual health in the Caribbean in the *Journal of Sexual Health and Social Policy Research*, 2013; the paper on life skills education in Zimbabwe will be submitted to a special issue – Young people, sex and relationships: what's happening in sex education in the real world? – in the journal *Reproductive Health Matters*, May 2013; and the research on young women sex workers' voices in

Thailand will be disseminated as part of the larger research project, 'National HIV Prevention Program among Most At Risk Populations, Prisoners and Migrant workers', undertaken by Mahidol University, Bangkok to inform policy makers.

A FAIR GO FOR ALL: A PROBLEMATIC CONTRIBUTION TO ANTI-RACISM PRAXIS IN AOTEAROA

WORKING PAPER BASED ON THE TALK GIVEN ON 6 OCTOBER 2012

Kotare Centre for Social Change at Master Class: Bicultural praxis: Enabling tino rangatiratanga



HEATHER CAME

AUT,
DEPARTMENT OF COMMUNITY HEALTH DEVELOPMENT

Came, H. (2012). A fair go for all: A problematic contribution to anti-racism praxis in Aotearoa (working paper). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 154-175). Auckland, New Zealand: Auckland University of Technology.

Abstract

In New Zealand, the Human Rights Commission is the lead agency in countering institutional racism. They have recently undertaken a major research project, *A Fair Go For All* (Human Rights Commission 2011), to inform the development of a national strategy/approach to counter structural discrimination. This paper, from an activist scholarship standpoint, argues their chosen approach has ignored the power relations inherent in researching racism.

Furthermore their approach has minimised both the historic element of racism against Māori and the significance of *Te Tiriti o Waitangi*¹ to anti-racism praxis in Aotearoa. Rather than endorse an ad hoc approach with a focus on practitioner bias (personally-mediated racism), and addressing ethnic inequalities (the outcome of institutional racism) this paper advocates for a Tiriti based systems change approach to transform institutional racism as it manifests in the neo-colonial context of Aotearoa.

Key words: Institutional racism, anti-racism praxis, activist scholarship, Te Tiriti o Waitangi

Background

Racism is the product of particular socio-historical contexts. Emerging evidence from Dunn and Geeraert (2003) provides compelling evidence that racism has a geographic specificity. Expressions of racism can also be affected by particular events. Bakalian and Bozorgmehr (2009) argue, for instance, that the 11 September 2001 twin-tower bombings profoundly intensified racism against Muslims and people of Middle Eastern descent in the United States. In New Zealand, Don Brash's (2004, January) *Nationhood* speech has been widely recognised as negatively impacting the racial climate (see Barber, 2008; Callister, 2007; Johansson, 2004). Jones (2003) describes these fluctuations of racism as racial climate, a phenomenon that can be either quantitatively or qualitatively measured. A key challenge in developing an enduring national strategy to counter structural discrimination is to make it robust enough to endure changes in racial climate.

¹ By Te Tiriti o Waitangi I am referring to the Māori text of the Treaty of Waitangi as signed by Hobson and the majority of Māori rangatira (chiefs) on behalf of hapū (sub-tribes) on 6th February 1840 at Waitangi - not the later developed English version (Huygens, Murphy, & Healy, 2012).

In their annual race relations report the Human Rights Commission (2010, 2011b, 2011c) continues to track widespread racism within Aotearoa; including entrenched racism targeting Māori. In critiquing the Human Rights Commission work in this area; this paper focusses on addressing systemic racism against Māori, the indigenous people of New Zealand. This focus was chosen, in the first instance, to highlight the New Zealand government's obligations to protect the interests of Māori as treaty partners as outlined within *Te Tiriti o Waitangi*. Secondly, to affirm the collective indigenous rights as defined in the *Declarations on the Rights of Indigenous Peoples* (United Nations, 2007). Thirdly, as a public health practitioner, I suggest addressing institutional racism as enacted by the action and inaction of government entities against indigenous people (given the significant life expectancy gaps worldwide) has become a matter of life and death (Gracey & King, 2009; King, Smith, & Gracey, 2009).

Analysis of institutional or structural racism entered public policy discourse in Aotearoa in the 1980s as a result of the release of a series of key reports (see Berridge et al., 1984; Herewini, Wilson, & Peri, 1985; M. Jackson, 1988), including the landmark *Puao Te Ata Tu* (Ministerial Advisory Committee, 1988). These reports challenged the proposition of the neutrality of the public service by suggesting mono-cultural practice was widespread and the New Zealand government's obligations to *Te Tiriti o Waitangi* were not being adequately fulfilled. Thirty years on, much has happened within the public sector. Neoliberal imperatives of cost-effectiveness, down-sizing bureaucracies and the growth of the mantra of individual responsibility have been the driver of radical reform (Asp, 2001; Kelsey, 1995).

Through these turbulent decades, challenging institutional racism quietly fell from the public policy agenda in favour of pathways that are more consistent with a neoliberal point of view purporting to address persistent inequalities between Māori and Taiwi (non-Māori). In 2010, in a move welcomed by anti-racism activists, the New Zealand Human Rights Commission courageously identified structural or institutional racism as a priority area for attention. To advance work in this area they undertook a research project, *A Fair Go*

For All (Human Rights Commission, 2011a) looking into structural discrimination and systemic barriers to ethnic equality.

This paper is an exploration of the methodology of this research project and reflection on its contributions to anti-racism praxis. As a piece of activist scholarship, this paper sits alongside the ongoing efforts of anti-racism activists to effectively collaborate with the Human Rights Commission around our joint aspirations to transform institutional racism.

Research standpoint

As a Pākehā Tiriti worker I am committed to honouring *Te Tiriti o Waitangi* and transforming institutional racism and strongly support, in principle, the work of the Human Rights Commission. My standpoint is informed by activist scholarship (see Hale, 2008; Sudbury & Okazawa-Rey, 2009) and critical race theory (see Crenshaw, Gotanda, Peller, & Thomas, 1995). Both approaches are founded on the traditions of action and participatory research; and argue for the mutual intersection of research and political action to challenge existing power relations.

This paper has been generated from horizontal dialogue with anti-racism activists and has been peer reviewed by activist colleagues. This work builds on a submission generated by Network Waitangi Whangarei (Came, 2011) in response to the release of the Human Rights Commission's preliminary discussion document on their research. It also draws on my doctoral research (Came, 2012) into institutional racism and is informed by decades of anti-racism activism².

² I acknowledge the direct and indirect input of the community of Tiriti workers whom have contributed to the development of this critical analysis.

Synopsis of *A Fair Go For All*

Within *A Fair Go For All*, the Human Rights Commission utilises the State Services Commission's (1997, p. 22) definition of structural discrimination: discrimination "...that occurs when an entire network of rules and practices disadvantage less empowered groups while serving to advantage the dominant group". Rejecting cultural deficit theory (Valencia, 1997), the Human Rights Commission study attempts to isolate the structural barriers that have led to systemic inequalities within New Zealand. The project's (Human Rights Commission, 2011a, p. 6) stated parameters were to; "...examine ethnic inequalities through a structural lens by focusing on five key sectors: the justice system; the education system; the health system; the economic system and the public service system".

The project aimed to identify levers and value-systems operating within each sector to review 'whether the government is doing enough to address inequalities'. They were also interested in promoting discussion around best practice interventions to achieve systemic change, assuming that a consistent approach is likely to be the most effective to address inequalities within and across the public sector. As outlined in the *Tūi Tūi Tuitiā Race Relations Report* (Human Rights Commission, 2011b, p. 5) the Commission is interested in "...identifying and working to remove any structural or institutional barriers to racial equality in the enjoyment of civil, political, social and economic rights".

The project's methodology contains five phases: i) review of academic literature, ii) primary research via interviews and meetings, iii) presentation of a discussion paper at the annual Diversity Forum³, iv) further feedback and discussion, and v) a final report.

³ The Diversity Forum is an annual national convention focusing on race relations, human rights and cultural diversity focused on sharing ideas and best practice.

The project team met with 35 individuals from a range of government departments and agencies and 2 universities⁴. Their semi-structured interviews (Human Rights Commission, 2011a, p. 7) centred around the questions:

- What are the structural barriers that may contribute to ethnic inequalities in your area of work?
- What interventions have your agency developed that seek to address these structural barriers?
- How effective have these interventions been so far?

Informants were given the opportunity to comment on a draft of the discussion paper and a series of interagency workshops were held with Crown agencies to generate dialogue and encourage collaborative action to address structural barriers. Input was also sought from community members and non-governmental organisations during the Diversity Forum and through a submission process.

Methodological flaws

Racism is a powerful term within our society whether a person is accused of it or whether a person is targeted by it. Researching racism is, in many ways, a specialist area of enquiry, given the complex political issues surrounding naming and challenging racism (Back & Solomos, 1993). Came and da Silva (2011) maintain that those undertaking work in this area require a base level of political competencies to successfully navigate the complexities of the 'smoke and mirrors' that often serve to mask the workings of institutional racism.

⁴ They met with The Ministry of Education, Ministry of Justice, Department of Corrections, New Zealand Police, Te Puni Kōkiri, Ministry of Pacific Island Affairs, Ministry of Health, Treasury, Department of Labour, State Services Commission, New Zealand Qualifications Authority, Pharmac, Auckland University of Technology and Waikato University.

As with all research what questions are asked, who is asked, where data is sourced and how the questions are asked, all determine the outcome of a research process. On the surface the Human Rights Commission's research design seems reasonable and a relatively standard approach. However from the viewpoint of an activist scholar this approach raises a range of methodological concerns in the context of researching racism. Firstly, the design does not include adequate historical analysis to contextualise institutional racism. Secondly, the research design ignores the inequitable power relations and violence inherent in racism that need to be considered within data collection design and analysis. Thirdly, the project's focus on structural or institutional racism has morphed into how to address ethnic inequalities; an outcome of, rather than a driver of, institutional racism.

Lack of historical analysis

The primary focus of critical race theory (see Crenshaw et al., 1995) as a methodological approach is on studying racism; how it has been created and maintained and ultimately how to reshape, challenge and disrupt power relations. Central to this tradition is placing racism within both historical and contemporary contexts (see Solorzano & Yosso, 2002) in an attempt to disrupt libertarian discourses of 'colour-blindness' and 'meritocracy' which mask the power differentials that drive racism. The Human Rights Commission project only addresses institutional racism from the launch of the *Puao te Ata Tu* (Ministerial Advisory Committee, 1988).

Institutional racism has not always existed in Aotearoa; rather I suggest it was a phenomenon that was introduced through the colonial processes of colonisation and assimilation. Primary research in the 1980s (see Berridge et al., 1984; Herewini et al., 1985; M. Jackson, 1988; Ministerial Advisory Committee, 1988) and more recently in the 2010s (see Came, 2012; Just Speak, 2012) demonstrates that the State's active involvement in perpetuating institutional racism is ongoing. This position is reinforced by a

plethora of Waitangi Tribunal reports (Waitangi Tribunal, 1986, 1996, 1998, 2004, 2011), which have relentlessly documented the role of the New Zealand Government in perpetuating racism against Māori.

I suggest the state has not been, and is not, neutral or even a well-intentioned benevolent force to Māori, as assumed by the Human Rights Commission. Given this history, any response to structural racism needs to present a critical assessment of how Crown agencies are continuing to perpetuate institutional racism. Indeed, as respected Māori academic, Jackson (2000, pp. 6-7) maintains: “...it is an unwise person who attempts to discount the continuity between past and present and in the Māori context it would be culturally impossible and intellectually incomprehensible to do so”.

Racism as violence

Institutional racism is a pattern of differential access to material resources and power determined by race, which advantages one sector of the population while disadvantaging another (Came, 2012). This pattern of behaviour, I suggest, enables a violent system to survive, thrive and produce inequitable racist outcomes.

In the 1980s Pākehā Tiriti workers adapted the Duluth power and control model (www.theduluthmodel.org) (Figure 1) to illustrate the violence inherent in structural racism. These experienced anti-racism practitioners asserted that the same power and control dynamics present in domestic violence were also visible in cultural violence. In this context these forces escalate to a societal level and are embedded within the routine operations of government.

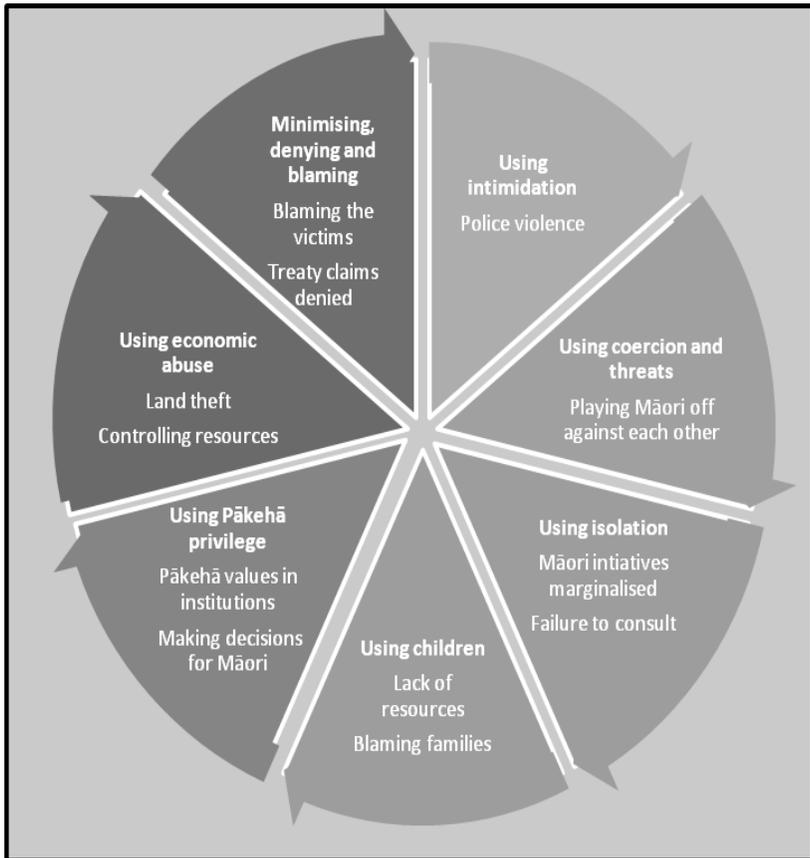


Figure 1: Racism and Cultural Violence Wheel. The author of this adaptation of the Duluth power and control wheel is unknown. This figure is based on a document retrieved from the archives of Network Waitangi Whangarei. If and when the creator is identified, future publications will include this information and relevant permissions will be sought.

If one accepts the arguments of Awatere (1984), Sherwood and Edwards (2006), that racism is a form of violence, then a logical extension of that idea is that within the power and control dynamic there are those that perpetuate racism and those that are targeted by it. In critical race theory this is echoed in the distinction between master narratives (i.e., the discourses of the powerful dominant group) and counter narratives (i.e., the less often heard perspectives of minorities). The Human Rights Commission in their stated research

design primarily relied on the master narratives of Crown agencies about how they are addressing structural racism and ethnic inequalities. Their design was not inclusive of counter narratives from both those targeted by racism and those engaged in anti-racism activism from outside government agencies.

From a research design perspective privileging the viewpoints of master narratives is problematic and I assert goes some way to compromising the research findings. Additionally, the data collected from Crown agencies as presented in *A Fair Go For All* appears to have been accepted without critical assessment or commentary. Given the overwhelming evidence of Crown involvement in perpetuating structural racism, this seems an unlikely choice of method.

Exclusive focus on ethnic inequalities

Through *Te Tiriti o Waitangi* and commitments made under both the *International Convention on the Elimination of All Forms of Racism* (United Nations, 1966) and the *Declaration on the Rights of Indigenous Peoples* (United Nations, 2007) there are profound imperatives for the New Zealand government to address ethnic inequalities. Within the health sector this is also embedded within the New Zealand Public Health and Disability Act 2000. I suggest addressing ethnic disparities in health, education and justice outcomes is critical and important work, but is not the same as addressing institutional racism.

Within the public health community, there is a much shared parable about a village where, over time, babies came floating down the river. As the babies arrived, the village rallied and took care of the babies - feeding them, clothing them and finding families to care for them. After some months of the babies coming, the villagers called a public meeting to strategise how to deal with the relentless flow of babies. The solution for that village was to send someone up the river to find out where they were coming from. I suggest the Human Rights Commission, in the face of systemic ethnic inequalities, have overlooked the critical question of what are the causes of these ethnic inequalities?

The dynamics of institutional racism are complex and multi-layered. I maintain, at least in part, that Crown policy and practice fine-tuned over a 170 years remains a key driver of institutional racism in Aotearoa. This pattern of Crown-led racism is documented in Waitangi Tribunal reports and has remained constant across the race relations policy platforms of colonisation, assimilation, biculturalism and more recently neoliberalism (Came, 2010).

Problematic contributions to anti-racism praxis

Racism impacts on the lives of those that it targets and the lives of those that it privileges. Globally, for hundreds of years, there has been formal and informal movements of people mobilised to resist structural racism. This anti-racism praxis can take the form of contributing to either peaceful or violent revolution, the development of international and domestic legislative protections, grass-roots and board-room based education programs and direct action campaigning within and outside the law. Over time a body of anti-racism literature has been built (see Fanon, 2004/1961; S. Jackson, 1989; Kirton, 1997; Lorde, 1984; Mandela, 1994; Martin & DiRienzo, 2012; McIntosh, 1988; Mikaere, 2001; Nakata, 2001; Paradies, 2005). A wealth of practical expertise and additional knowledge about how to transform racism is also held within communities targeted by racism and within activist communities.

Within the context of Aotearoa, Māori have an unbroken record of resistance to state racism and engagement in decolonisation processes and actions (Walker, 1990). Historically Tauwiwi have had ad hoc individuals and groups from a variety of standpoints attempting to transform racism against Māori alongside the work of agencies such as the Human Rights Commission. Since the 1980s these informal groupings have formed an increasingly organised movement of Tauwiwi Tiriti workers across Aotearoa (Huygens, 2007). Often working in what Freire (2000/1970) calls co-intentional relationships with Māori, Tiriti workers have worked as allies (see Margaret, 2010; Nairn, 2009) to support Māori aspirations of tino rangatiratanga (sovereignty) (see Cook, 1984; Kelsey, 1987), to prevent breaches of

Te Tiriti o Waitangi and to promote Tiriti based constitutional change (see Kāwanatanga Network, 1996). Significant work has been invested in educating and mobilising Tauwi to politically engage in processes of decolonisation (Kelsey, 2004; McCreanor, 2009). Central to these efforts are attempts at power-sharing (Huygens, 2001). A range of informal and formalised accountability structures are also often in place between Tiriti workers and Māori. It is unusual for Tiriti workers to operate independently of a dual accountability system; to Māori and other Tauwi Tiriti workers⁵.

Beyond methodological concerns, the Human Rights Commission project also makes a problematic contribution to anti-racism praxis in relation to three other matters. Firstly, they omit from their analysis the widely advocated option of the New Zealand government honouring its *Te Tiriti o Waitangi* obligations as a means of addressing structural discrimination against Māori. Secondly, they over emphasise personally-mediated racism in the form of practitioner bias as the focus of their proposed interventions. Thirdly, despite advocating for a consistent systems-based approach to addressing structural racism within their report, the Human Rights Commission have outlined an ad hoc project based solution.

Minimising the role of *Te Tiriti o Waitangi*

The Treaty then was not just a political and legal covenant but also a spiritual one... Because of the Treaty, Māori believe right to this day that they are equal partners and yet they know from experience that is not so. (Henare, 1987, p. 7)

In 1840, many Māori rangatira (chiefs) signed *Te Tiriti o Waitangi* with a representative of the English Crown to outline the terms and conditions of English settlement of Aotearoa and to define this emerging new relationship (Orange, 1987).

⁵ Voluntary ethical guidelines (see Network Waitangi Otautahi, 2002) have been adopted within this movement: emphasizing the importance of relationships; accountability; indigenous control and leadership.

The Māori text guaranteed the continuance of Māori tino rangatiratanga, granted the English kāwanatanga (governorship) and promised Māori ōritetanga (equity) with British subjects.

Many Māori and Tauwiwi alike steadfastly affirm the importance of *Te Tiriti o Waitangi* as the founding document of New Zealand. It is embedded in legislation within a plethora of government policies, it is taught in New Zealand secondary schools and universities across a range of disciplines, it is written into community groups' vision statements and is debated regularly in parliament. Research commissioned by the State Services Commission (UMR Research, 2004) suggests approximately 50% of New Zealanders know a lot or a fair amount about the Treaty of Waitangi. Breaches of *Te Tiriti o Waitangi* commitments made to Māori remain contested political ground within Aotearoa and the source of considerable frustration for many (Humpage & Fleras, 2001; Stokes, 1992).

In short, *Te Tiriti* is a living document that consistently frames debate about race relations in Aotearoa. If the New Zealand Government honored its *Te Tiriti* commitments, particularly its article three obligations in relation to ōritetanga, structural racism against Māori potentially could be eliminated. To enable this transformative power-sharing there are a significant pool of New Zealanders that have experience working with *Te Tiriti* and a range of tools and resources have been developed to expedite this process (see E. Durie, 1989; M. Durie, 1989; Hayward, 1997; Health Promotion Forum, 2000; M. Jackson, 2009; Kelsey, 1987). Indeed, the Committee for the Elimination of All Forms of Racism (2007) in their most recent feedback to New Zealand (on New Zealand's performance in addressing racism) recommended further action to embed *Te Tiriti*. I maintain the Human Rights Commission need to reconsider what part *Te Tiriti* plays in the transformation of structural racism against Māori.

Focus on practitioner bias

Much research on racism focuses on linking ethnic inequalities to the attributable actions of practitioners in their provision of goods and

services to the public (Harris et al., 2006; Howell & Hackwell, 2003). This tracking of racism is a valuable contribution to understandings of how racism manifests. Practitioner bias, however, only paints part of the complex picture of where systemic racism resides.

Different groupings of practitioners wield different levels of influence over how society is organised and who gains access to what level of resources. Teachers, for instance, have control over what happens in their respective classrooms, but have less control over curriculum, class sizes, textbooks and what professional development opportunities are available to them. Policy makers and senior managers have considerably more influence within the sector. A teacher can have significant negative impact on a student and/or a group of students' experiences of school. A policy maker who develops a mono-cultural curriculum and/or legislation that bans the use of Te Reo Māori⁶ (Māori language) for instance has a larger and more far-reaching impact on students and their families.

The Human Rights Commission project highlights work on cultural competency and cultural safety as a means to address structural racism. Certainly the inclusion of cultural competency within the Health Practitioners Competency Assurance Act 2003 was welcomed by anti-racism activists. Evidence is also building that cultural competency programs improve levels of service delivery to minority and/or indigenous communities (see Bennett, 2006; Chipps & Simpson, 2008). However, experienced Tiriti trainer Susan da Silva (cited in Came, 2012) anecdotally maintains that policy makers and senior managers rarely attend *Te Tiriti o Waitangi* or cultural competency training; rather, such courses are populated by front-line staff with client contact. Within the health sector most health professionals are bound by legislative requirements to be culturally competent, while those same standards are not applied to policy makers and senior managers. This lack of accountability poses significant risks in terms of enabling environments where structural racism can thrive.

⁶ The Native Education Act 1847 established English as the only official language and as the medium of instruction in schools (Pihama, 2001).

Just as ethnic inequalities are the outcomes of institutional racism, the absence of robust quality assurance systems and management processes that can detect and prevent structural racism creates an environment where personally mediated racism and practitioner bias thrives. As with the parable of the babies coming down the river, the Human Rights Commission needs to ask the critical question, “what is enabling personally-mediated racism to thrive within the systems they are examining?”.

Systems change theory versus ad hoc programs

Systems change theory is applicable to a situation when one is dealing with a complex problem that requires sweeping and sustained transformative impact. This approach is recommended when organisations and institutions face complex problems such as those that require systematic, multi-level change (Midgley, 2006). Griffith, Mason and Jonas et al (2007) maintain when systems theory is applied to institutional racism a multi-pronged approach is required. A sole emphasis on a particular element of a system is usually insufficient for sustained transformation.

The Human Rights Commission project has uncovered a range of best practice examples of programs they maintain are addressing structural discrimination and/or ethnic inequalities. These projects include, amongst others, the well-established Te Kotahitanga programme (Bishop, Berryman, Cavanagh, & Teddy, 2009) which is running in the education sector, a neighbourhood policing program in Counties-Manukau, Rangatahi⁷ and Pasifika youth courts and Māori focus units in prisons (Department of Corrections & Kahui Tautoko Consultancy, 2009). Some of this work has been subject to the rigor of evaluation processes to measure the reach and impact of this work; for others this information is not yet available.

The commonality across these best practice programs is that they are discrete and clearly defined programs of work, not a system-wide approach to addressing racism. They are also frequently initiatives

⁷ Rangatahi is the Māori word for adolescent.

developed by Māori for Māori. In the case of the policing, courts, and prison projects, these interventions are occurring at a point when these traditionally mono-cultural systems have already failed Māori (Reid, 2002). Initiatives such as the promising Whānau Ora program (Whānau Ora Taskforce, 2010) are changing the way services are purchased by some government departments, but as this work is still in its infancy it is premature to assess its effectiveness as a response to structural racism. To deal with something as complex as institutional racism I maintain the Human Rights Commission need to utilise a systems approach.

Conclusion

The Human Rights Commission are a lead agency in the fight against structural racism in New Zealand. They are independent of government and have access to considerable resources and expertise through the community of activists, academics and community members that value and variously support their work. Within the research project *A Fair Go For All*, the Human Rights Commission has made some problematic decisions in regards to their methodological approach which has compromised their findings. Racism is a violent system and using Crown agencies that continue to perpetuate structural racism as the primary source of information in a research project about how to eliminate racism seems a key methodological flaw.

Ethnic inequalities are not the drivers of racism; rather they are the outcome of a systemically racist system. Dealing with racism against indigenous peoples within the New Zealand context requires honouring *Te Tiriti o Waitangi* and the entering into a power-sharing relationship with Māori. Unravelling the complexity of structural racism requires more than a focus on practitioner bias and personally-mediated racism. Disrupting and transforming racism needs the mobilisation of a well-resourced systems level approach, rather than tinkering with projects that attempt to mop up the devastating impacts of institutional racism on indigenous New Zealanders.

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REFLECTIONS ON THE CHALLENGES OF DOCTORAL STUDIES

WORKING PAPER BASED ON THE TALK GIVEN ON 27 NOVEMBER 2012
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Conference



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Hill, E. (2012). Reflections on the challenges of doctoral studies (working paper). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 176-180). Auckland, New Zealand: Auckland University of Technology.

Introduction

This paper is based on a talk given at the AUT School of Public Health and Psychosocial Studies Doctoral Conference in November 2012. As an international student undertaking postgraduate studies abroad, I faced many challenges throughout my doctoral programme. This presentation was designed in hopes of providing current and prospective students insight into some of the challenging issues of pursuing a doctorate. The talk was not designed to be an essential “survival guide” for doctoral students, but largely a personal reflection of strategies that I think helped me during my PhD journey. Academic references have been woven into the discussion in order to put some of the reflections in context of the current literature. I hope it will

provide some helpful information for students and supervisors alike in hopes of improving students' productivity, enjoyment of the degree and overall well-being throughout their own academic journey.

Staying focused and productive

With the independent nature of doctoral studies (no classes, no regular hours) it can be a challenge to stay productive, motivated and focused on the research. Indeed, motivation has been cited as an important predictor of completing a doctoral degree in a timely fashion (Maher, Ford, & Thompson, 2004). Very few deadlines throughout the degree can present challenges for motivation levels. Other tasks or personal issues may take precedence given the flexible nature of the programme. Knowing that the lack of structure of the PhD program can be potentially problematic for productivity and motivation, I found that creating my own structure helped keep my research a priority and helped with my productivity. I set long-term goals for my PhD, mapped out my own self-imposed deadlines and in turn, worked very hard to meet these goals. While undergraduate and some course-based postgraduate programmes have courses and deadlines to keep students moving along, doctoral programmes largely rely on the student, his or her motivation levels, and ability to prioritise their research. With this in mind, students should work to create his or her own structure and timeline in order to keep motivation up and maintain productivity over the course of the degree.

Keeping a Balanced Life

Undertaking postgraduate study can be psychologically and mentally draining (Hyun, Quinn, Madon, & Lustig, 2006). While it might be tempting to cut back on all extracurricular and non-academic activities in hopes of increasing likelihood of academic success, this decision should be carefully considered. Research on doctoral students has suggested that maintaining a good work/life/study balance is integral in coping with the various challenges of undertak-

ing a doctorate (Morris et al., 2011). Personally, my outside-of-university activities including musical theatre, soccer and volunteer work, provided some distance from the academic world. These activities also provided structure to my days and gave me a break from research, leaving me motivated when I returned to my work.

Establishing a Supportive Peer Network

Doctoral studies are largely a solitary endeavour. While you meet with your supervisors to discuss the research programme and strategies for the next step, the majority of the work is done on your own. In light of this aspect of the PhD programme, a supportive network of peers who can relate can be tremendously helpful during the journey. A study of postgraduate students at the University of California, Berkeley found that over half of the students they sampled reported emotional problems in the previous year, and many experienced considerable isolation and loneliness (Hyun et al., 2006). While family and friends outside of academia are hopefully there to offer support in your pursuit, establishing a network of peers in the academic setting is key to navigating the hurdles and problems unique to postgraduate study.

Isolation and loneliness not only affect the well-being of doctoral students, but can also contribute to dropout rates at the doctoral level (Golde et al., 2005; Janta et al., 2012), highlighting the importance of this issue at both the personal and institutional level. Peer networks, whether through lab meetings with supervisors, workshops or informal student gatherings, should be emphasised as an important part of doctoral studies. A recent quantitative study of doctoral students in engineering and management in Finland reported that peer support, defined as contact and activities with other doctoral students, was a particularly important factor in predicting progress in the degree (Martinsuo & Turkulainen, 2011). Through meeting with peers, discussing their research and the challenges they are encountering, students can learn from each other, stay motivated, and can enrich the educational experience.

Getting into a critical mindset

Conducting original research can be challenging in and of itself. Additionally, as researchers, at the back of our minds we must continuously be critically appraising our own research, the relevant body of literature, and the implications of the results. This high-level processing that is demanded from postgraduate students is one of the most challenging and exciting aspects of conducting research.

There are many ways to keep this critical approach to viewing research at the forefront of one's mind. During my doctoral studies, I found the best way to stay on my toes about my own research and maintain a critical mindset was through submitting manuscripts to peer-reviewed journals and presenting at conferences. The peer review process allows you to receive honest and sometimes blunt feedback about the research, its flaws and limitations. In the fortunate instances when a journal editor asks for a "revise and resubmit", authors are able to respond to each of the comments or suggestions – a challenging but useful exercise that improves critical judgment of research, and can help to refine manuscript writing. Similarly, presenting at conferences offers the opportunity to discuss your own research with peers, who, from experience, are quick to offer critique and feedback on the research. Both of these processes were very helpful for me during my doctoral studies. They helped keep me in a critical mindset while writing my thesis and in preparation for the oral examination.

Conclusion

Of course, every doctoral education will be unique with its own distinct challenges and triumphs. This paper was presented to provide an overview of some of my reflections from my doctoral studies. In writing this paper, I tried to keep my advice general and hopefully applicable to students in various fields and stages in life. There are most certainly additional factors that help to contribute to success and the well-being of students in a doctoral programme (e.g., previous research experience, financial support; Barnes & Randall, 2012), but I

wanted to focus my discussion on key psychological and (hopefully) modifiable factors that other students could find helpful in their own studies. Awareness of the challenges and difficulties of doctoral study will hopefully prompt current and prospective students to engage in self-reflection and learn to structure their own studies in such a way that sets them up for success. I hope this discussion is also helpful for supervisors and university administrators in considering the well-being of their postgraduate students and ways to facilitate success in their studies.

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SOME REFLECTIONS ON THE POLITICS OF COVERT RESEARCH

WORKING PAPER BASED ON THE TALK GIVEN ON 21 NOVEMBER 2012
The Contemporary Ethnography Across Disciplines Conference, Hamilton, New Zealand



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Farvid, P., & Rowney, C. (2012). Some reflections on the politics of covert research (working paper). In R. Scherman, C. Krägeloh & S. Nayar (Eds.), *Walking the talk: The 2012 collection of oral presentations from the AUT School of Public Health and Psychosocial Studies* (pp. 181-189). Auckland, New Zealand: Auckland University of Technology.

Abstract:

This paper is a reflexive methodological piece that seeks to raise questions about the ethical dilemmas of doing covert ethnographic fieldwork. Covert research, once a popular mode of inquiry in social science research, has become increasingly branded as ethically suspect. Issues related to informed consent and deception typically make up the ethical arguments against covert research. Using illustrated examples of academic research and an art project, We consider such issues and invite the reader to consider the politics of ethics broadly, and as related to (covert) fieldwork within and outside academia.

Interrogating covert research

Covert research, as a form of ethnographic fieldwork, is typically research that is undertaken without the participants' knowledge (Spicker, 2011). This type of research typically involves a researcher entering the world of a group or organization in order to observe, first-hand, the experiences, meanings and daily life of those involved (Pérez-y-Pérez & Stanley, 2011). Ethnographic fieldwork is a qualitative approach that explores cultural and social phenomena 'on the ground'. Although the method originated in the discipline of anthropology, it is now widely used within social sciences for examining a variety of topics. This type of research is typically long-term and the researcher becomes immersed in, and observes, a particular culture, sub-culture or group of people, then writes about it. Covert fieldwork is sometimes done when practices being observed are illegal, taboo or socially stigmatised (Sanders, 2006).

There have been many arguments in support of non-disclosure when it comes to the researcher's identity, including both methodological and practical reasons (e.g., Spicker, 2011). For example, it has been argued that the knowledge of being observed often alters participant behaviour (commonly known as the Hawthorne effect) which becomes an important consideration if we want to see how people act and behave 'naturally' in a particular context (Herrera, 1999; Spicker, 2011). From a practical perspective, often the process of observation can be fleeting and anonymous thus making seeking formal consent difficult, inappropriate, or problematic (Spicker, 2011). Furthermore, the process of getting consent can often be intrusive or awkward (potentially jeopardising successful recruitment) and much of the information gained out in the field could be before the research has technically commenced (Spickler, 2011). The academic researcher, upon revealing his or her identity, could be viewed as too far removed from the participants' world and thus not 'trustworthy' to disclose information to because of his or her social, economic, or occupational position. When an area of research is illegal or stigmatised, not disclosing keeps the participants' identity hidden or safe (Herrera, 1999). As such Herrera (1999) argues that "in fieldwork, informed consent can prove impractical, dangerous, or generally

disruptive” (p. 333).

Covert research as a data-gathering tool is typically frowned upon and considered to be morally and methodologically suspect (Calvey, 2008; Spicker, 2011). Its use has resulted in ongoing ethical debates and concerns around the principles of informed consent, the impact that covert research has on the public image of certain disciplines, and questions around the legitimacy of the knowledge created through such means (Herrera, 2003; Spicker, 2011). Covert research typically avoids publishing names of the individuals or even places that were observed thus making ‘fact-checking’ by future researchers difficult. For this reason, it has been criticised as being a less reliable, transparent and not a completely valid research method (Herrera, 2003). Research validity aside, ethical alarm bells often go off with any mention of covert methodologies. This concern is particularly relevant in a research climate where the process of academic research is increasingly bound by bureaucratic systems that judge the suitability of research projects, their aims and their methods. This includes university ethics committees that may have quite rigid guidelines and may be wary of any research that is covert, unusual, new, novel or attempts to use creative (and hence not common) research methodologies (Spicker, 2011). It is becoming increasingly difficult to have a vague plan (in the traditional ethnographic sense) and head out into the field (Sanders, 2006). In academia, we must be aware that ethics committees, with their increasing power, could inadvertently deter, fetter and discourage creative or covert research in their efforts to uphold ethical standards (Calvey, 2008). Such restrictions can become a problem, when unique, covert or evolving modes of inquiry can often lead to the most insightful forms of knowledge production. Thus, a continued dialogue between researchers and ethics committees is vital.

Cases study: Laud Humphreys’ Tearoom Trade

One of the classic covert studies branded as particularly problematic in terms of ethics was Laud Humphreys’ sociological research in the 1960s on the Tearoom Trade in the U.S. (Humphreys, 1970). The

Tearoom Trade refers to men who frequent public restrooms to receive or give fellatio from/to another man. Laud Humphreys sought to examine why men engaged in this form of brief and public form of sexual exchange. He began his research in 1966 and for two years posed as a “watch queen” (the lookout for police) in the tearooms. Humphreys observed and recorded data on location, which included the frequency of acts, the age of the men, the roles the men played, and whether money was exchanged. He did not reveal his identity as a researcher to many of the men, did not obtain informed consent, but did talk to and question the men about their lives and what motivated them to search out the Tearoom Trade. Humphreys also secretly followed some of the men he observed to their cars and wrote down their license plate numbers. A year later he went to these men’s homes posing, in a disguise, as a health-service interviewer and questioned the men on personal matters such as their marital status, occupation and the stability of their marriages. Results of this study were astounding as many of the men engaging in this practice were found to be heterosexual, religious, and married with families (Humphreys, 1970). Unlike the common stereotypes abound, men who engaged in the Tearoom Trade were not all homosexual, or ‘deviants of society’; rather the types of individuals that were considered ‘upstanding’ members of the community. This study both revolutionised the thinking about the Tearoom Trade, and raised considerable ethical issues such as the lack of informed consent and deception that was involved.

The trouble with covert research

There has been a great deal of opposition to the use of covert research with many researchers stating that covert methods are seldom necessary, breach informed consent, and erode the personal liberty of those who are observed (Spicker, 2011). Covert methods are also considered a potential betrayal of the trust that develops between the researcher and the ‘subject’ as this relationship is based on non-disclosure of the researcher’s ‘true’ identity and research agenda (Perez-y-Perez, 2011). Some argue that using covert methods results

in a negative reputation of social science research and a 'pollution' of the research environment (Calvey, 2008). Others argue that covert research is harmful both to those being observed, and the researcher themselves as they experience excessive strain and stress maintaining their cover (Calvey, 2008). The opposition to covert research is often based on various epistemological assumptions that are not typically made transparent. Those working within an essentialist framework tend to argue that covert fieldwork can contaminate the 'natural' environment; it is difficult to replicate, making verification of findings difficult. From this perspective, observational data can be seen as trivial, anecdotal or 'not scientific'. Those working within a social constructionist framework do not encounter such issues. From a constructionist perspective, (any) research is viewed as a co-constructed exchange between the researcher and the 'researched'. Therefore, the presence and identity of the researcher is always a salient part of the research process and outcomes, whether or not they disclose their researcher status. What becomes important is making it very clear the situational context within which the research occurred, and in what ways the presence of the researcher shaped what was observed and later reported. Here, transparency and reflexivity in research becomes very important.

Much of the opposition to covert research seems to stem from the misconception that it is deceptive. Spicker (2011) offers a distinction between deception and covert research: with research using deception, the nature of research is purposefully misrepresented where the researcher (knowingly) misinforms the participants regarding the aims of the research. A classic example of this, from social psychology, is Milgram's obedience studies where participants were purposefully deceived regarding the purpose and nature of the research taking place (Milgram, 1963, 1974). Although deception may occur alongside covert research, it is not a necessary condition for it (Spicker, 2011). Covert research relates to a situation where it is not revealed that any research is taking place and the identity of the researcher (as a researcher) may be hidden (Spicker, 2011). This can include attending a public event such as a sports match, a parade, a political speech, or infiltrating and becoming part of a specific

sub-culture (e.g., gamers, swingers) and then writing about the experiences analytically.

The criticism covert research often receives also stems from a dichotomous understating of what is/is not covert; rather than viewing covertness as a spectrum of research activity. Most research tends to contain some form of covertness and researchers, by choice, design or accident, can reveal nothing, provide partial information or expose everything related to the research project (Spicker, 2011). Researchers, however, rarely lay out the full “nuts and bolts” of a research project or explicate their specific theoretical or analytic aims in great depth to participants. In many instances, doing so would hugely compromise the aims, legitimacy and outcome of the research (Weatherall, Gavey, & Potts, 2002). Covertness (to varying degrees) is part in parcel of many research endeavours and what appears to be fuelling opposition to (openly) covert research is the ethical objections to deception rather than covert research activities per se (Spicker, 2011).

Consent to what?

Informed consent, one of the bedrocks of contemporary ethical research practice, refers to the notion that a research participant has been fully informed regarding the research topic, aims and processes. This doctrine of informed consent has recently garnered various critiques – what Calvey (2008) refers to as the “consent to what?” problem. Social research is often contingent on many factors and all probabilities, outcomes, or activities cannot be covered by the standard consent form. In the research setting, even when doing supposedly non-covert research, researchers can often find themselves in ambiguous situations with regards to consent. For example, Weatherall, Gavey and Potts (2002) argue that even when informed consent is obtained in discursive research, participants are often not told about the critical lens by which their words will be analysed. Doing so would compromise the aims of the research, whilst not doing so seems to leave us with an ethical grey area that is not easily resolvable (Weatherall et al., 2002). Others have demonstrated

how using ambiguity in research can seem ethically tricky, but also very useful for getting an in-depth account of a (new) social phenomenon that is shrouded in stereotypical discourses (Farvid, 2010).

Ethics beyond academia?

It is often only academics, or whoever is considered a 'legitimate researcher', that come under-fire for doing, or attempting to do, covert research. Journalists, artists, documentarians or authors, can easily go undercover to examine, explore or expose the various facets of daily life; from the mundane (e.g., the service one receives in specific eateries) to the titillating (e.g., the pornographic industry), and the extreme (e.g., sadomasochism). The undercover exposé-producing forms of media have a romanticised appeal and can be pitched as not only informative, but as desirable, due to their audience-grabbing nature (Allan, 2010). Such media or artistic outputs are not typically frowned up and although ethics is meant to be a consideration, they can be positioned as innovative or informative works (whilst having the potential to be coercive or overly revealing).

To give a localised example, the first author was consulted in early 2012 regarding a photography art project that took place in Karangahape Road (locally known as *K Rd*) in Auckland's CBD. Two men (one a creative professional and one a photographer) took to the streets of Auckland one night in search of street prostitutes to talk to and take photos of. The women were approached on the streets near *K Rd* (a red light district) and asked if they were willing to pose for some photos in a nearby office space, if the men paid their typical fee for having intercourse with a client. A few women reportedly declined and nine women agreed. The women not only posed for many photos but revealed information about themselves, details of their entry into prostitution and many aspects of their daily lives. When the first author was shown the images, and told of the artist's intention to display them online and in an art exhibition, alarm and affective unease set in. The ethical issues of consent and anonymity were of

obvious concern to the *academic*, but not the *artist*¹. Besides a brief stint on the internet, various discussions and circumstances lead to the pictures not making it to the public arena (yet). What this experience indicates is that although what an artist achieved in *one* night might take an academic researcher months to do, such undertakings can be ethically suspect and even alarming. Incidents such as these raise the need for increased ethical liability in creative and media spheres, whilst questioning some of the rigid ideals we can have in academia.

Concluding remarks

Covert research should be discussed in terms of research necessity and quality of data, rather than the emotive debates about morality and ethics that have traditionally framed it.

(Calvey, 2008, p. 906)

In assessing the value of covert research, some key considerations need to be made, and a number of questions need to be asked. Firstly, based on the criticism of the lack of informed consent, one needs to consider how transparent or ‘consensual’ non-covert research actually is and whether ‘secrecy’ is an integral or unacknowledged part of ‘robust’ fieldwork. Secondly, rather than an over-arching criticism of covert research, we need to consider projects on a case-by-case basis. Do the benefits of the knowledge produced by any given research outweigh the potential ethical dilemmas? Are participants really put in any danger and will they experience unease? Above all, can covert research tell us more about the topic of interest than conventional and non-covert methods? And, in the end, will it be worth any potential ethical (or other) risks?

¹ This person was not a professional or amateur artist, but a professional in the creative industries who had done this as a side project for personal interest.

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ⁱ Single quotation marks are used throughout this working paper to denote particular vernacular related to the field of research, or to 'trouble' some of the terms being used, indicating that the author does not necessarily (unproblematically) buy into such descriptions and is using them cautiously.

EXAMINING CONTEMPORARY HETEROSEXUAL CASUAL SEX

FULL PAPER BASED ON THE LECTURE HELD AT THE DEPARTMENT OF CULTURE AND MEDIA STUDIES, UMEA UNIVERSITY, UMEA, SWEDEN.



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Abstract

Heterosexual casual sex has become a visible cultural practice within contemporary western culture. Discourses of casual sex construct it in contradictory and conflicting ways, as either liberatory and pleasurable or as risky and damaging to those who engage in it. Although previous research has attempted to map the nature and experience of casual sex, very little has been published with regards to its history in modernity. This review article traces possible key moments in the historical emergence of contemporary casual sex as a legitimate and socially acceptable heterosexual pursuit. It argues that although fleeting and/or one-off sexual encounters have ostensibly been part of modern western sexualities (as far back as the 1900s), it was not until the late 1960s that the contemporary version of casual sex as a discursive construct and a form of sexual practice emerged as a

legitimated avenue for sexual relating amongst heterosexuals. The article concludes by inviting historians to take up empirical investigation examining the historical emergence of casual sex in more depth.

Key words: casual sex, heterosexuality, history, gender, twentieth century.

‘Casual sex’ is a relatively new addition to the spectrum of heterosexuality. Currently the phrase ‘casual sex’ refers to an array of on-off or brief sexual encounters between recently met strangers, friends or acquaintances. Such encounters (also referred to as ‘hookups’, one-night stands, booty calls, friends with benefits, see (Farvid, 2011; Farvid & Braun, 2013a, 2013b) may only take place once between the individuals or span a number of days, weeks and, at times, months. What makes these sexual scenarios ‘casual’ is that the sexual exchange ostensibly does not involve an emotional or romantic commitment between the sexual practitioners. Whilst previous research has examined the myriad of complex and contradictory facets related to the experience of casual sex (e.g., Beres & Farvid, 2010; Herold, Maticka-Tyndale, & Mewhinney, 1998; Levinson, Jaccard, & Beamer, 1995; Littleton, Tabernik, Canales, & Backstrom, 2009; Paul & Hayes, 2002; Young, Penhollow, & Bailey, 2008), there has been no examination of the possible historical emergence of contemporary casual sex. It has often been assumed that casual sex is another facet of the supposed sexual ‘liberation’ within the permissive era. In this paper, I conduct an extensive literature review pertaining to the history of (hetero)sexualities within the West, to ascertain where (and how) heterosexual ‘casual sex’ could be historically located.

No doubt, one-off sexual encounters, or fleeting sexual relationships, are part of the entire history of heterosexuality. However, the current and culturally pervasive construction of a visible type of sexual practice called ‘casual sex’ is relatively new. This paper explores how the category (heterosexual) ‘casual sex’ has been socially and culturally produced in the twentieth century within the West. It traces

the emergence of the dominant cultural category and term 'casual sex' rather than identifying sexual 'practices' in history that may be, from a contemporary perspective, considered or called casual sex. I will argue that casual sex became a culturally visible category during the 'permissive era' (1960s–1970s) and explore the precursors to this. I do not claim this discussion as the 'truth' about the historical emergence of casual sex, rather, as one social constructionist reading of how the discursive category of casual sex might be historically located, based on a review of previous historical literature pertaining to the history of modern heterosexuality. I specifically focus on how the notion of 'casual sex' as a sexual/relational category became prevalent and where such constructions are discursively situated, with the aim of destabilising these as the 'truths' of casual sex.

Casual sex is not part of a linear progression in the 'liberation' of heterosex; rather, it is a discursive category that is contextually and historically bound. As a discursive category, and in its practice, casual sex is very much a product of decades of contradictory (re) constructions of sex and sexuality, influenced by many social forces and institutions in the evolution of twentieth century heterosexuality. I trace social developments and shifts in constructions of sex/sexuality in some western countries which are known for their cultural overlaps (e.g., Griffiths, 2008) that (inadvertently) allowed for the possible cultivation of contemporary heterosexual casual sex. I draw on some historical as well as contemporary texts to illustrate this emergence.

Taking a constructionist perspective means the past must be seen as encompassing multiple truths, as fragmentary, and as indeed contradictory. This perspective also recognises that social divisions such as race, class and gender undoubtedly shape sexuality differently for various groups in society. So when referring to constructions of sexuality in the past, I do not mean to suggest that this was the only manifestation of sexuality. Rather, I am drawing on other historical research in this area that suggest there were prominent cultural constructions of sexuality, as well as tensions created by groups who did not conform to the dominant sexual order.

During the permissive era, constructions of 'casual sex' and the practices associated with it currently became increasingly visible. The social acceptability of 'casual sex' is contingent on 'permissive discourses' (Hollway, 1989) in relation to sex. As such, an inquiry into the social construction of casual sex is also an inquiry into the development and cultivation of permissive discourses. I outline, in detail, the possible precursors to the permissive turn and discuss the changes that took place socially and culturally in the West that may have allowed for the emergence of 'casual sex'.

Historical moments of particular significance to the emergence of heterosexual casual sex identified in this literature review include: the breakdown of Victorian sexual conventions at the turn of the twentieth century; the supposed ambivalence and disruption to sexual arrangements during the early decades of the twentieth century; and the 'sexualisation of love' in early to mid-twentieth century (including the role of marriage advice manuals). Such writing set out to 'sexualise love' (Seidman, 1991) and, ironically, contributed to the legitimisation of the 'erotic' for its own sake (as detached from love). This legitimisation of the erotic is perhaps one of the key turning points in western constructions of sexuality on which the emergence of heterosexual casual sex might be contingent. Aided by new sexological research, by the late 1960s, the uncoupling of sex and love, along with discourses of permissiveness and emphasis on consumerism, positioned 'sex' as an avenue for self-fulfilment and self-expression, outside the context of marriage (or longer-term romantic relationship). This legitimisation appears to be central to the discursive formation of contemporary heterosexual 'casual sex'.

Non-sexual Victorians?

Many historians regarded sexuality as 'repressed' and restrained during the Victorian era (1837-1901) – a construction that French philosopher Michel Foucault criticised (Foucault, 1978). His work demonstrated that sexuality was not a repressed sexual 'instinct' (a conceptualisation that Freud had popularised in the early twentieth century), but was fluid and culturally bound (Foucault, 1978). From

this perspective, it has become commonplace to position sexuality as not having a fixed 'essence' but as shaped by the many institutions (and knowledge networks) that seek to procure information about its 'nature', at any given moment. Thus, in Victorian times, sexuality was not 'repressed' (prior to twentieth century 'liberation'); rather, 'restrained' was the shape that sexuality took in that period. What we consider sexuality is very much linked to the greater social order and at that time it hinged on the Victorian middle-class who sought to create a sexual body in its own restrained/controlled image (Dean, 1996). During that period, the governing institutions viewed sexuality as needing to be contained, the proper place of sex was deemed to be within marriage, and it was to culminate in reproduction (Dean, 1996; McLaren, 1999; Weeks, 1989). Sex was seen as an important part of the marriage union, but its expression was to be restrained and controlled rather than 'lustful'. Men were typically seen as having a potentially uncontrollable 'primitive' desire for sex, but middle-class men were encouraged to control their urges and practice 'continence' (White, 1993). If they were to engage in sex for non-procreative purposes, it was not to be with their wives, but with lower-class prostitutes. Middle-class women were paradoxically seen as 'passionless', lacking sexual desire (their sexuality was mainly tied to reproduction), as well as needing to be 'protected' from becoming lustful 'fallen' women if their sexuality was 'unleashed' (Gordon, 2002). They were positioned as engaging in "sexual intercourse in order to please their husbands and to conceive children" (Gordon, 2002, p. 58). There was an inherent double standard at the heart of Victorian sexuality: men could 'relieve their primitive desires' by having sex (before and during marriage) with prostitutes (K. White, 1993; Reiss, 1960) and still retain a respectable moral character; women's sexuality was either 'virtuous' or 'depraved', depending on their perceived sexual conduct.

This era is said to have been characterised by a desexualisation of love and sex (Lewis, 1990; Seidman, 1991). Unlike 'modern' marriages, the goal of which is ostensibly to secure personal happiness, sexual fulfilment and companionship (McLaren, 1999), Victorian marriages were arrangements typically aimed at social and economic security,

dictated by religious ideology around reproduction (Dean, 1996; Weeks, 1989). More casual forms of sex in this period potentially include men's sex with prostitutes or married individuals (usually men) who had a 'lover' outside of the marriage relationship. However, these activities do not carry the modern flavour of casual sex. The former is an economic exchange for sex to supposedly satiate men's 'primitive' sexual desire, the latter could include 'affection' as the basis for the sexual relationship, and may have been long-term. Contemporary constructions of casual sex advocate sex for 'pleasure' that is supposedly mutually desired, is not a financial exchange, and is outside the context of a relationship that includes love, romance or an emotional bond.

Becoming 'sexual'

From the Enlightenment period (spanning late seventeenth century to most of the eighteenth century), 'science' had slowly started replacing 'religion' as the legitimate authority on matters related to many aspects of life (Wagner & Hayes, 2005). Sex and sexuality were part of this shift. Towards the end of the nineteenth century, the first wave of 'sexologists' started writing about the 'nature' and supposed variations in human sexuality. For example, Richard von Krafft-Ebing (1840-1902) published *Psychopathia Sexualis* (1886/1965) in which he categorised 'pathologies' and 'abnormalities' in human sexuality. Havelock Ellis (1859-1939), a central figure in modern sexology, wrote a seven-volume text, *Studies in the Psychology of Sex* (1897-1928), within which he proclaimed the sexual behaviour of men and women as a 'normal' aspect of human development and function, and discussed understanding the 'sexual impulse'. Similarly, Sigmund Freud (1856-1939) wrote in *Three Essays on the Theory of Sexuality* (1905/2000) about sex as a central part of human development (i.e., as present at birth and infancy), defined sexuality as pleasure-focused, connected sexual repression with illness, and encouraged sexual 'release'. This interest in, and categorisation of, sexual acts (including what was deemed sexually 'normal' and sexually 'deviant') itself started to construct a different model of sexuality than that of the

Victorian ideal. Indeed, what we consider 'modern sexuality' is said to date from this period (Dean, 1996). Such works were eventually harnessed to refute a Victorian model of sexuality, which often associated sex with "shame, guilt and sinfulness" (Haste, 1992, p. 61). These works included a critique of sexual suppression and were part of a growing attack on "hierarchy, authoritarianism, and all forms of social repression" (Gordon, 2002, p. 126). In relation to casual sex, Freud's contention that human sexuality was 'pleasure-focused' has seemingly permeated deeply within contemporary constructions of sexuality, as well as casual sex – I return to this point later.

In the early decades of the twentieth century, not only was sexology solidified as a discipline, becoming the authority on sexual matters (Featherstone, 2005) but there was an increase in discussions of sex and sexuality outside professional 'expert' and religious 'moral' discourses (Seidman, 1991). Sex, sexuality, and relationships between men and women became increasingly discussed in the public realm (Seidman, 1991). Such dialogues took place across many media (e.g., newspapers, books, magazines, movies, art), were about a range of topics (e.g., love, marriage, prostitution, venereal disease, homosexuality) and included many different voices (e.g., the clergy, writers, scholars) (Seidman, 1991). By the 1920s, the boundaries for discussions about sex and sexuality had thus shifted significantly (Irvine, 2005; Weeks, 1989). For example, there was an increase in mass-market erotica (White, 1993) and sex was increasingly on display (D'Emilio & Freedman, 1997) in print, advertising and movies.

Modernisation (i.e., industrialisation; urbanisation) also influenced shifts in sexual conventions, as a mass production economy, focused on consumption, replaced small businesses and farmers with a 'new middle-class' of 'bureaucrats and managers' (White, 1993). There is documentation of a steady increase in women's participation in paid labour from the 1890s onwards, which meant that the visibility of women in the public realm of 'work' increased (Baxandall & Gordon, 1995). The increased participation in the 'public' sphere also meant that families were no longer as contained within the home as in the past, and young men and women had greater freedoms and independence, particularly in relation to courtship practices.

Urbanisation resulted in new forms of public leisure activities such as going to the cinema, dance halls and cabarets for entertainment. The advent of cinema and advertising saw women's bodies increasingly depicted in mass culture (including in writing) as idealised and alluring (Lake, 1995). These changes produced a 'new woman' and potentially a 'new man' (White, 1993) who broke away from Victorian ideals of womanhood and manhood.

The 'new woman'

The 1920s has been identified as a period of great flux in relation to gender roles (Irvine, 2005). With women relocating to urban centres, taking up employment in the public sphere and living on their own, "women were less content with the exclusivity of wife/mother roles" (Irvine, 2005, p. 15; Filene, 1974). The public visibility of a 'new woman'¹ in this period has been documented by many (e.g., Dean, 1996; Hall, 2000; Haste, 1992; McLaren, 1999; Weeks, 1989) who depict her as typically white, middle-class and heterosexual. She took part in the public sphere by working and engaging in public leisure activities. Although she was seen as 'emancipated' (from chaperonage and heavy Victorian garments), she was not a feminist (unlike the suffragettes of the 1880s). Carolyn Dean (1996) argues that the 'new woman' is often depicted as looking for sexual fulfilment, engaging in sex that was more fleeting (i.e., not aimed at procreation), and was deemed 'promiscuous' by the governing authorities. She was seen as acting (sexually and otherwise) very similar to a man and symbolised a threat to the conventional gender order: a source of anxiety for those wanting to maintain traditional gender/class divisions (Dean, 1996).

Another manifestation of this 'new woman' is what has been referred to as 'charity girls' in the United States (Clement, 2006; Peiss, 1983, 1986, 1989). As far back as the 1890s, there are accounts of young working-class women engaging in 'new' sexual practices called 'treating'. Treating was characterised by exchanging sexual activities

¹ Also referred to as the 'flapper'.

(sometimes sexual intercourse) “for entertainment expenses” such as late night dinners and dance hall admissions (Clement, 2006, p. 1). These encounters were casual in nature and the parameters were typically controlled by the woman (Peiss, 1986, 1989).

Although charity girls worked for a wage, they often lived in crowded conditions or in poverty. They had little money, but wanted the opportunity to participate in the vibrant nightlife of dance halls, movie palaces, and theatres (Clement, 2006). To gain access to these, sex was used in a ‘transactional’ (Dunkle et al., 2007) manner where “women exchanged sexual favours in the form of kissing, fondling, and, at times, intercourse for dinner and the night’s expenses” (Clement, 2006, p. 45). This behaviour was deemed objectionable by the middle-class and governing institutions (e.g., Clement documents how some women were placed in delinquency shelters for ‘treating’). Clement maintains that treating “emerged from the tension between girls desire to participate in commercial amusements and the working-class condemnation of prostitution” (2006, p. 45). She argues that treating, existing on a continuum between courtship and prostitution, changed the nature of courtship and influenced contemporary constructions of ‘dating’.

Others have documented similar histories of a group of women referred to as ‘amateur prostitutes’ in the British context (Haste, 1992; Weeks, 1989). From the onset of World War II (WWII) this term was used to refer to working-class women who engaged in activities that were deemed morally ‘loose’ by wider society (Haste, 1992). Like charity girls, these women used sex (or sexual acts) as a ‘commodity’ of value that was exchanged, but not strictly in monetary terms. Haste cites a 1933 study that defined these ‘amateur prostitutes’ as girls that a man knows or meets and:

Although he usually pays for his satisfaction, the payment takes the form of a gift, or a dinner, or a motor run; the episode appears less commercial and suggests more of passion and spontaneity than a similar episode with a professional prostitute... In addition... there may well be no payment whatever, and the whole episode may be mutually desired and

mutually satisfactory (Hall, 1933, as cited in Haste, 1992, pp. 134-135).

Such practices not only echo many aspects of modern forms of dating, but resemble modern casual sexual encounters, particularly as it was typical for the encounters to be 'one-off'. 'Charity girls' and 'amateur prostitutes' are argued to signal a shift in the sexual mores of the working-class in the early decades of the twentieth century, in The United States and Britain. By distinguishing themselves from 'real' prostitutes who exchanged money for sex, these women used treating instrumentally to gain access to the entertainment offered in cities: "profoundly shaped by women's economic inequality... courtship, treating, and prostitution – reflected the negotiations in which women and men engaged over the economic and social value of sex" (Clement, 2006, p.4). Treating (exchanging sexual activities for gifts or entertainment expenses) can be seen – within a contemporary analysis – as not all that different to prostitution in the form of 'escort' services (providing company/sex for cash payment), but was socially constituted quite differently at the time. Treating appears to be more fluid in its definition and practice, involved a less formal system of sexual exchange for individual social gain, and seemingly allowed economically challenged women to have access to increased social opportunities by somewhat more acceptable means.

Treating had a profound influence on courtship practices, leading to a dating culture in the 1920s as well as a decline in prostitution (Clement, 2006). During the 1920s–1940s, pre-marital 'sex' became more visibly practiced. Although the middle-class still expected virginity until marriage, it became more acceptable for working-class women to have intercourse with their fiancé, while engaged.

The 'new man'

The emergence of a 'new woman' was accompanied by the emergence of a 'new man' in the early twentieth century, although much less academic attention has been paid to him. Kevin White (1993) discusses this emergence around male heterosexuality in the United States. He argues that Victorian masculinity stressed the cultivation of

moral 'character', which prioritised masculine 'achievement' (an independent righteous man), Christian gentlemanliness (a generous and empathic man), and emphasised "honour, reputation and integrity" (White, 1993, p. 3). The social and economic shifts in early twentieth century assisted in producing a different masculine ideology. There was a new found emphasis on masculine 'sex appeal' and men's youth and good looks (e.g., in advertising). Discussions of "improving men's sexual technique" grew, and by the 1920s prominence started to be placed on male sexual potency (White, 1993, p. 3). 'Primitiveness' was emphasised over 'gentlemanliness' and sexual expression over sexual containment (White, 1993). Despite women's shifting positions, men were still seen as, and expected to be, more sexual and sexually dominant than women, and expected to take the lead in dating practices. These modern forms of manliness were characterised by the shift from 'character' to 'personality', sex appeal and the "performing self" (White, 1993, p. 180), a representation that is still prevalent in dominant ideologies of masculinity.

Another manifestation of this 'new man' has been documented by Barry Reay in the history of the 'male hustler' in New York. Similar to charity girls and amateur prostitutes, hustlers were working-class men who traded sex for money (or food/shelter). They were usually young men, with muscular physique, who "paraded their masculinity", and "were paid for sex with (nearly always) men" (Reay, 2010, p. 4). Some worked in brothels or "peg houses" (Reay, 2010, p. 6) but most worked in bars and on the streets. Although hustling was widespread, it was different to professional prostitution. Driven by poverty, hustling was a means by which some young men made money in times of need, or to supplement their other earnings; it was not their main source of income. Hustling was dissimilar to courting, but the money earned was often put towards entertainment expenses or dates with women. What is particularly interesting about hustlers is that although they were engaged in sex acts with other (often homosexual) men, hustlers themselves were identified as heterosexuals (and many were married to, or went on to marry, women). In more contemporary times, sex acts have often defined one's sexual 'identity' in an uncomplicated way. Through his exploration of the New York hustler,

Reay demonstrates how sex acts have not always been linked to rigid categories of sexual identity:

The hustler – who was part of the sexual regime known as ‘trade’ – sexually traversed homosexuality and heterosexuality, continually negotiating the boundaries of pleasure and self through acts that refuse easy attributions of identity. (Reay, 2010, p. 22).

In this period there was, in a sense, a form of acceptable sexual fluidity (Diamond, 2008) where sexual acts had transactional and not sexual identity functions in relation to masculinity for some working-class (often non-white) men. Like treating, although hustling can certainly fall into the category of more causal forms of sex, its process seems dissimilar to contemporary constructions of casual sex, where the supposed goal is a (mutually desired) sexual exchange and no one is positioned as providing a sexual ‘service’ in exchange for money or upkeep.

Shifting standards

Historical analysis indicates there were considerable changes in the western sexual landscape during the early decades of the twentieth century. The visibility of the new woman and the new man were indicative of some rearrangements within heterosexual sexuality and heterosexual sociality and sexual relating. However, although there were some shifts in what was considered sexually ‘acceptable’ or sexually ‘promiscuous’, traditional sexual morality was still increasingly at odds with what people were seemingly doing sexually (Irvine, 2005). For example, more casual forms of sex were still censured (Clement, 2006) and charity girls, amateur prostitutes as well as the ‘new women’ were generally seen as a social problem. Sexuality (particularly young women’s) continued to trigger societal anxiety in this period (Daley, 1999; Dewson, 2004). This fear of ‘falling standards’ of sexual behaviour was evident in New Zealand, as well as in Britain and the United States. The ‘new woman’ “was demonized as a threat to the established order” (Griffiths, 2008, p. 620), both in New Zealand and abroad.

Whilst the 'roaring twenties' are famous for their liberalising attitudes towards sexuality (including female sexuality) and some historians refer to this period as revolutionary in relation to sex (e.g., Dean, 1996), many taboos on sex, particularly in relation to women, still remained (Hall, 2000). For example, almost all social policy during the interwar period, in Britain and the United States was an effort to reverse the perceived decline in heterosexual and family responsibility and "both men's and women's inability to be monogamous, their desire to remain childless, and their glorification of personal freedom" (Dean, 1996, p. 47).

Sexualising 'married love'

Such societal anxiety culminated in a backlash against these shifts in courtship and dating practices. Significant institutional emphasis was put on channelling heterosexuality (and male and female sexual desire) back into monogamy, marriage and ultimately the 'nuclear' family. American sociologist Steven Seidman (1992) notes that part of this backlash saw the eroticisation of sex in marriage. He argues that the marriage advice manuals of that time tried to reinstate marriage as the appropriate setting for having sex. For example, Mary Stopes (a British paleobotanist), published the hugely successful book *Married Love* in 1920 in which there was an assertion of women's sexuality and the eroticisation of marriage (Haste, 1992). The burgeoning number of marriage manuals published from the 1920s-1940s all echoed the same rhetoric. For example, Edward Griffith (a British medical doctor) who wrote *Modern Marriage* (1934), proclaimed sex as central to marriage and other 'distractions' (e.g., masturbation, pre-marital sex) as nothing compared to sex in the monogamous union (Haste, 1992). In *Ideal Marriage* (1928), Theodor Van de Velde, (a Dutch physician and gynaecologist) gave detailed advice on "techniques of arousal" (Haste, 1992, p. 79), before concluding that sex was the 'foundation' of marriage. Eustace Chesser, (a British physician) stated in *Love without Fear*, that sex was both the "foundation and motive power of marriage" (Chesser, 1947, p. 20) and Kenneth Walker (a British physician who wrote numerous sex/

marriage manuals, Lewis, 1990), asserted that “troubled marriages” overwhelmingly cited problems with sex (Walker, 1940, p. 82).

These sex manuals gave much explicit information on the techniques of ‘married love’ (Lewis, 1990). Not only was information provided about birth control, but great emphasis was placed on the development of erotic technique and sexual fulfilment within marriage, including women’s pleasure (Connell & Hunt, 2006). Sexual attraction started to become the basis for selecting a marriage partner and sensuality became “legitimated as a vehicle of love” (Seidman, 1991, p. 8). As well as emphasising the importance of sexual fulfilment for both husband and wife for a ‘good’ marriage, there was a tacit acceptance in these works that both men and women had a ‘desire’ for sex (something quite different to the Victorian view of women’s ‘passionless’ sexuality) and that the appropriate site for its ‘expression’ was within marriage.

This emphasis on love and sex (in marriage) allowed ‘love’ to be used in itself as a rationale for sex. For example, an early manifestation of this ‘sexualisation of love’ that was not contingent on marriage can be seen in the work of Ettie Rout (1922), who was a campaigner for sexual safety and sexual health information during and after WWI. In her book *Safe Marriage*, Rout defines chastity as “happy healthy sexual intercourse between a man and a women who love one another: and unchastity is sexual intercourse between a man and a women who do not love one another” (p. 30). Rout’s work also promoted the sexualisation of love: sex and love were intimately linked but did not necessitate marriage. The severing of marriage from sex/love could be seen as what arguably lead to erotic pursuits alone becoming justifiable under the guise of self-expression and pleasure, outside the context of marriage or love.

Anxieties about the potential changing gender order resulted in political and professional attempts to channel sexual desire into marriage and promote ‘the family’ and monogamous heterosexual love as an “emotional fortress” (Dean, 1996, p. 50), resulting in the sexualisation of love and the legitimation of eroticism that “did not [yet] challenge a heterosexual, marital and romantic norm” (Seidman, 1991, p. 90).

'Casualties' of war

The social disruption caused by WWI and WWII created opportunities for more casual sexual encounters, both for soldiers involved in combat and the women left behind in western countries that were at war. Although men had always had more freedom to engage in casual forms of sex (e.g., in the form of frequenting prostitutes) prior to WWI, during the wars (particularly WWII), and in the interwar period, casual liaisons between men and women who were not prostitutes increased, as did their public visibility (Clement, 2006). For example, Clement (2006) provides historical documentation from 1917 of soldiers hugging and kissing charity girls in public as well as charity girls who were caught having intercourse in public places. Pick-ups were increasingly seen as problematic by governing institutions. This is evidenced by social hygiene campaigns during both wars, which sought to curb the spread of venereal disease (Clement, 2006; Weeks, 1989). The focus of such campaigns not only included cautioning soldiers against sex with prostitutes but, by WWII, also made explicit reference to avoiding 'pick-ups' and sex with charity girls.

WWII is argued to have accelerated the flux in gender relations already in place during the early decades of the twentieth century by propelling women even more dramatically out of traditional roles (Haste, 1992; Irvine, 2005). Women continued to gain increased financial and familial independence through their participation in paid work (in taking 'the place' of men who were at war) as well as their participation in caring for the injured. However, whilst WWII created more opportunities for women to participate in the public domain, it did not seem to dramatically change women's social positioning and the expectations of women generally stayed the same (Summerfield & Crockett, 1992). Women's greater independence and (any) visible sexuality continued to produce institutional anxieties about the gender order and the survival of the nuclear family (Dean, 1996; Irvine, 2005).

Perhaps not surprisingly then, once WWII ended, there was a call for the restoration of traditional family life and women were encouraged to return to the domestic sphere (Weeks, 1989). Idealised images,

which Janice Irvine (2005) aptly calls heterosexual ‘propaganda’, attempted to construct domesticity and care for home and children as women’s first and foremost priority. The subsequent post-WWII ‘baby boom’ in many western countries has been attributed to such ideological constructions. For example, the birth rate rose sharply between 1941–1961 in New Zealand (Khawaja & Dunstan, 2000), and 1941–1964 in the United States (Irvine, 2005), and most mothers generally stayed at home to look after their families. Thus efforts to reinstate the traditional heterosexual domestic condition were in some ways successful. The proper place of sex remained morally aligned with marriage and pre-marital sex was still unacceptable, particularly for middle-class women (D’Emilio & Freedman, 1997), demonstrating a swing against ‘casual’ forms of sex. If non-marital sex did occur, it was supposed to be with the person that one was going to marry. However, the gap between public standards and private practice continued to increase (Haste, 1992). A gendered double standard became pronounced, taking the shape of young men being encouraged to ‘hunger for sex’ and women being held to a high moral code and urged to refuse sex and “demand a ring” (Allyn, 2000, p. 14). Women were vehemently gossiped about if thought to be having sex outside of marriage or with someone to whom they were not engaged (Allyn, 2000). Meanwhile, men were not scrutinised to nearly the same degree for their casual or promiscuous behaviour. It was still not socially acceptable for a ‘good’ woman to be openly sexual, outside of marriage. Amidst this cultural backdrop Alfred Kinsey published his first study of human sexuality.

Legitimising sex/ology

Alfred Kinsey’s interest in studying sexuality began in the mid-1930s. While teaching a marriage course at the University of Indiana, he noticed his students’ ignorance in relation to sex and the scarcity of ‘sound’ scientific literature on the subject. He soon assembled a team of researchers and started to collect his own data, which resulted in interviews with 8,603 men and 7,789 women. Others had undertaken sex research before him, but none reached the magnitude or visibility

of his project (Irvine, 2005). Kinsey's findings indicated that there was much more 'sex' going on than was perceived morally permissible in the United States (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). About 80% of men reported 'casual' forms of sexual intercourse before and outside marriage and Kinsey et al. (1948) reported there were "quite a few individuals... who find more interest in the pursuit and conquest [of sex], and in a variety of partners, than they do in developing long-time relations with a single girl" (p. 557). In addition, roughly 50% of the women also reported engaging in sex before marriage. Although "a considerable portion... [was] in the year or two immediately preceding marriage with the women's fiancés" (Kinsey et al., 1953, p. 286), about 40% of this pre-marital sex was not confined to the person the woman intended to marry. Hence, more casual forms of sex, or at least sex outside of relationships that were to culminate in wedlock, were far more common than was expected.

Apart from his empirical orientation, what set Kinsey apart from the marriage guidance writers and previous sexologists was that he did not see any sexual act as inherently immoral or pathological. He stated that no sex act in itself was 'wrong' and that sexual behaviour is 'restricted' by the moral codes of society. This contention is at the heart of permissive discourses about sex and sexuality, which became prevalent in the late 1960s. It subtly promotes the idea that sex needs to be 'liberated' from the shackles of morality and society (and according to Kinsey, preferably through objective non-moralising 'scientific' research).

This post-war period was marked by contradictory discourses and practices in relation to sex and sexuality. On the one hand, it was ostensibly grounded in a return to conservatism, traditional gender roles and family-orientated values. On the other, men and women were visibly despondent with their prescribed gender roles and increasingly interested in exploring a wider range of sexual practices (Irvine, 2005). Although the moral prescriptions of the time called for chastity, at least for women, this was not necessarily mirrored in people's actual lives. Helen Gurley Brown argued in *Sex and The Single Girl* (1962) that (white, middle-class) American women in the

1940s/1950s who were publically chaste and moral were actually engaging in non-marital sex privately. As Irvine (2005) noted, “sexuality and gender mores of the period... reveal disparities between ideology and behaviour, public discourse and private expression” (p. 24). This was something of a precursor to changes that occurred during the ‘permissive turn’ of the 1960s.

Sex for sale

Immense economic prosperity followed WWII in many western countries, meaning that people, including adolescents, had (more) money at their disposal. There was an increased emphasis on ‘consumerism’, an ideology and practice that had been growing since the early decades of the twentieth century. This included the proliferation of advertising ‘selling’ products to the masses as well as ‘creating’ desire for a myriad of mass-produced goods (Crisp, 1987; Pollay, 1986). At this post-WWII juncture, there was an increase in sexual imagery (e.g., in movies and advertising), and society started to become more visibly ‘sexualised’, particularly in the portrayal of women. Origins of this increase in sexual imagery can be traced to a “cultural rebellion against Victorianism” (Seidman, 1991, p. 124) and the consumerism of early twentieth century (D’Emilio & Freedman, 1997; Weeks, 1985). However, in this post-WWII period, multiple new discourses of ‘sex’ also became prevalent in mainstream western culture (e.g., sex for procreation, sex as part of love, and sex for pleasure) and the decoupling of sex from love and romance gained greater momentum. Sex started to become even more strongly linked to personal fulfilment and happiness and as detached from reproduction (D’Emilio & Freedman, 1997). Conduct related to sex and sexuality were increasingly ‘individualised’ and ‘choice’ emerged as framework in relation to sex.

There was a commercialisation of (individual) sexuality, and ‘sex’ not only started being used more intentionally and explicitly to sell products, but itself became a big seller:

Spurred by capitalism’s search for an expanded domestic market, and legitimated by hedonistic and expressive ideologies, sex was

not only routinely used to sell commodities... but it created a new market: the sex industry. (Seidman, pp. 123-124).

Ironically, as D'emilio and Freedman (1997) argue, the first 'liberalist' challenge to the marriage-orientated ethic did not come from political or cultural radicals, "but from entrepreneurs who extended the logic of consumer capitalism to the realm of sex" (p. 302). Sex was not only used to sell products, but itself became a product that could be sold. For example, young entrepreneurs, such as Hugh Hefner, saw an opportunity for selling sex in the 1950s and went on to publish the hugely popular *Playboy* magazine in 1953². Publications such as this brought sex into the public domain as worthwhile commercial ventures and had a huge impact on the construction of sexuality within the West. These changes to the landscape of sexuality ultimately influenced the 'legitimate' avenues that men and women could pursue and engage in sex.

The culmination of many social forces from the early twentieth century increased visibility and discussion of sex and sexuality: the work of modern sexologists; the upheaval of two world wars; the loosening of gender roles; and the work of marriage and sex manual writers. Although casual or one-off forms of sex have been documented in this era, they were not necessarily socially accepted as legitimate heterosexual pursuits. It was not until the permissive turn in the 1960s that these changes, combined with market forces and a greater emphasis on consumerism, produced a cultural climate that was ripe for the cultivation of permissive ideals, and ultimately the ideological justification for contemporary casual sex.

The 'permissive' turn

The liberalist ideology that took root (sexually and otherwise) in the 1920s and 1930s culminated in widespread 'permissiveness' by the 1960s (Collins, 2007). This shift towards liberalisation is documented

² Although it was not until the 1960s and 1970s that pornography went mass market (Herzog, 2006).

as being influenced by the marketing of sex, new demographic patterns, and the political mobilisation of women and lesbian/gay individuals for equality (D'Emilio & Freedman, 1997). The “long post-war boom and the generalisation of economic affluence” was also a key factor in this liberalising trend (Weeks, 1989, p. 249). The discourse of sexual liberation in the permissive era advocated sexual pluralism, sexual freedom, dissolving sexual and emotional inhibitions, discarding traditional and moralistic ‘hang-ups’ related to sex, and replacing it all with a *raison d'être* of sex based on the pursuit of pleasure, self-realisation and personal fulfilment (Haste, 1992). For example, in 1967 Tom McGarth (the Editor of *IT*, an underground British newspaper) defined permissiveness as a condition where “the individual should be free from hindrances by external law or internal guilt in his [sic] pursuit of pleasure so long as he [sic] does not impinge on others” (Collins, 2007, p. 2). Such a contention could be theorised as central to the discursive legitimisation for contemporary casual sex and forms of sex detached from a longer-term relationship.

During the ‘swinging sixties’ casual forms of sex started to become more culturally visible and socially acceptable. For example, the emergence of a ‘single’s culture’ in this period saw the arrival of singles bars where patrons could meet and ‘pick-up’ a sex partner on any given evening. This cultural practice seemed different to the treating and hustling of earlier decades: women and men were not exchanging sexual activities for access to leisure venues, dinners or other gifts, but seemingly for sex *alone*. It also appeared to be different to ‘dating’ practices as the goal was not (always) to find a long-term romantic partner, but the pursuit of (immediate/short-term) sexual pleasure. This ‘singles culture’ was also differently classed and raced to the casual sexual practices in previous decades. Treating involved working-class women (Clement, 2006) and hustling often involved non-white men who were also working-class or financially needy (Reay, 2010). During the permissive era, engaging in casual forms of sex started to include practitioners who were white and middle-class, shifting the parameters of practice when it came to casual sex.

Other social changes taking place in western countries in the 1960s and 1970s influenced permissiveness: high employment rates (with

more women in paid labour and more jobs available); an increase in cohabitation (albeit at different rates throughout western countries); and a rejection of marriage as the *only* way to have a sex/love relationship (Hawkes, 2004). For example, research comparing United States university samples in 1958 and 1968 supported the idea that being 'engaged' had become a less vital condition in (at least the reporting of) pre-marital coitus, and that coitus in a 'dating' relationship was increasing (Bell & Chaskes, 1970). There was also a decline in marriage, delaying of marriage, decline in marital fertility, a normalisation of sexual 'experimentation' and a diversification of sexual repertoires within relationships (Hall, 2000; Hawkes, 2004).

Other cultural movements could also be seen as part of the shift in sexual mores. For example, hippies, cultural radicals and anti-capitalists were all part of the 1960s cultural upheaval. The 'free love' ideology of hippies proposed that people *should* have sex whenever they want, if it feels good³. Youth who became adults in the late 1950s tended to be financially better off than their parents had been at the same age, and sought self-fulfilment beyond the roles of their parents (Seidman, 1991). Sex slowly started to mean an expression of personal autonomy and freedom and was used as a vehicle for young people to claim liberation from parental and societal constraints (Hawkes, 2004). Many western countries made legislative changes that mirrored these shifting social mores (e.g., legalisation allowing abortion⁴, decriminalising of homosexuality⁵, amendments to divorce laws making divorce easier) and made family planning services more widely available (Hawkes, 2004; Weeks, 1989). These sexual shifts were also aided by pharmaceutical developments in efficient contraception (Gavey, 2005). 'The pill' (which was first released in the United States in 1960, and in New Zealand in 1961)

³ This rhetoric ignores that 'free love' and sex was riskier for women because of difficulties in obtaining birth control for single women (Hawkes, 2004).

⁴ This was 1967 in the United Kingdom (with the exception of Northern Ireland); 1973 in the United States; 1977 in New Zealand; and between the late 1960s and early 1970s in the various states of Australia.

⁵ Not until mid-1980s in New Zealand.

allowed women autonomy when it came to controlling their fertility and, in principle, offered them the “freedom to fuck” like a man (Hawkes, 2004, p. 162). However, Claims about the pill need to be contextualised: its use was initially intended for ‘family planning’ purposes (containing family size) and for use by married (or at least engaged) women. Hence, the pill did not necessarily ‘release women from the tyranny of boundless fertility’ (Weeks, 1989, p. 260).

It was not until 1967, that the pill was legally available to single women in Britain and this was later in the United States, Australia and New Zealand (Hawkes, 2004). Even after this access, single women who wanted the pill were still at risk of moral judgement or refusal by doctors (Hawkes, 2004; Weeks, 1989).

The pill itself did not transform women into unconstrained ‘sexual agents’ overnight and came with a daily regime and burden of other side effects (Cook, 2005). Unwanted pregnancies remained a source of concern and potential shame for women (Hawkes, 2004). However, notably it was in this period that women slowly started to be able to avoid the stigma of acting sexually autonomously; avoiding pregnancy was part of this. The publication of books such as *Sex and The Single Girl* (1962) by Helen Gurley Brown (who went on to edit U.S. *Cosmopolitan* magazine) openly and positively represented sex outside of marriage (and sex for ‘pleasure’). Gender expectations also shifted somewhat. For example, being a good woman started to include being a ‘skillful lover’ (Haavio-Mannila, Kontula, & Rotkirch, 2002) who could give pleasure to men.

The work of sexologists of the time can also be seen to aid sexual permissiveness. Masters and Johnson’s popular book *Human Sexual Response* (1966) emphasised women’s capacity for sexual pleasure and positioned women’s sexual ‘desire’ as the equivalent of men’s. While they still privileged coitus, Masters and Johnson placed the site of pleasure for women as (back) on the clitoris. Unlike Kinsey, Masters and Johnson were deeply conservative, with their work and writing geared towards the married couple (Robinson, 1976). However, their work “represented a quantum leap in the public dissemination of knowledge about the human body and the physiological facts of sexual

functioning” (Irvine, 2005, p. 46). Even if their work was critiqued for its strictly biomedical orientation and for approaching sex in a dry empirical manner, it undoubtedly had a huge influence in the (shifting) constructions of male and female sexuality in the permissive era (Irvine, 2005).

By the late 1960s a humanistic branch of sexology had developed that radically departed from the scientific approach of Masters and Johnson (Irvine, 2005). The humanist model focused on promoting the enhancement of sexual fulfilment and of sexual desire. With a slogan “we believe that it is time to say “yes” to sex” (McGrady, 1972, p. 344), this group was strongly liberal and individualistic, “espousing a do-your-own-thing sexuality” (Irvine, 2005, p. 76). They were part of the National Sex Forum (NSF)⁶, whose statement below not only draws on permissive discourses in describing humanist sexology, but is a good example of the individualisation of choices around sex/sexuality that became prevalent in that period:

Sexuality is the most individualistic part of a person’s life. It is up to each individual to determine and then to assume responsibility for her or his own sexuality. All the varying modes of expression are available to everyone. As long as people know what they are doing, feel good about it, and don’t harm others, anything goes. (cited in Irvine 2005, p. 76).

This permissive approach and individualising ethic can be seen as fundament to the development of contemporary forms of casual sex and casual pursuits being positioned as an *individual’s* choice.

Social scientists exploring the prevalence and incidence of pre-marital sexual behaviour and attitudes reported a marked increase in pre-marital sex during the 1960s and 1970s (Clayton & Bokemeier, 1980). For example, research involving university students in the United States in 1965 and 1970, reported that 65% of men had pre-marital intercourse; by 1975 this had increased to 74%. Women’s reported rates rose more dramatically: 29% in 1965; 37% in 1970;

⁶ The National Sex Forum was established in San Francisco in 1967 as a sex research institution (it later became the Institute for Advanced Study of Human Sexuality).

and 57% in 1975 (King, Balswick, & Robinson, 1977). Researchers also looked specifically at 'permissiveness' in relation to pre-marital sex (Mirande & Hammer, 1974) and casual sex (Chess, Thomas, & Cameron, 1976). For instance, Lucky and Nass (1969) collected survey data on attitudes and behaviour related to (one-off) non-dating coital encounters from 2,230 university students in five western countries (United States, Canada, England, Germany, and Norway).

They reported that 'one-night' affairs involving coitus ranged between 17%–43% for men and 4%–34% for women. A large gender gap was typical in such research, indicating that men's reported participation in casual sex was higher than women's. There were also cultural variations with more 'casual sex' reported in England (Luckey & Nass, 1969). In general, researchers from that period reported an increase in non-married sexual behaviour such as coitus (that was not with one's fiancé), an increase in number of partners, a decrease in the average age of coitus, and a trend towards more liberal attitudes towards sex before marriage (Glenn & Weaver, 1979; Hopkins, 1977; King et al., 1977; Wilson, 1975).

Representations and talk around sexuality in wider western culture were also refashioned during the permissive era in ways that were dramatically different than that of previous years. Sex became increasingly linked to humour and recreation in movies and television programmes; erotic pleasure was represented and validated (e.g., the production 'Hair') (Hawkes, 2004). Increasingly, eroticism was depicted as a vehicle for self-expression and pleasure (Seidman, 1992). Advertising became more sexually explicit, and sex was increasingly tied to consumption (D'Emilio & Freedman, 1997). There was a steady rise in pornographic production and consumption (both print and film) along with the relaxing of censorship laws (D'Emilio & Freedman, 1997; Weeks, 1989). Representations of women became increasingly reductive and women were explicitly depicted in a sexually objectified manner during the 1970s.

Freud's (1905/2000) contention that human sexuality is pleasure-focused seemingly permeated deeply during this period, as sex became about 'sexual pleasure'. This 'pleasure imperative' is evident

in one of the archetypal 1970s sex manuals, *The Joy of Sex*, written by self-proclaimed sexual ‘liberationist’ Alex Comfort (Haste, 1992; Irvine, 2005). This book, while geared to the couple, “represented sex as... recreation[al], pleasurable and playful, and almost completely dissociated from reproduction” (Hall, 2000, p. 184). Along with this focus on pleasure, there was great emphasis placed on sexual technique that required practice, experience and ‘training’ (Connell & Hunt, 2006). There was an ideological shift in sex manuals of the 1960s and 1970s (e.g., Comfort, 1970, 1977; J, 1969; Reuben, 1969) from a ‘moral’ one to a ‘contextual’ one (Seidman, 1989). They affirmed sex as having multiple meanings and no sexual ‘act’ was deemed as inherently wrong, as long as the sexual exchange involved mutual consent and negotiation⁷. The emphasis on sexual pluralism, under the guise of sexual expression and fulfilment, meant anything could go, as long as no one was harmed. Not only were these manuals sexual ‘liberationist’ in their ethic, they started to bolster sex as the *primary* domain for seeking personal pleasure (Seidman, 1989).

For the first time, sex manuals aimed at single women appeared (e.g., *The Sensuous Woman*, 1969; *The Single Woman's Sex Book*, 1976), giving advice on how to ‘discover’ one’s sexuality and give and get ‘good sex’. Similarly, women’s magazines like *Cosmopolitan* and *Marie Claire* not only provided ‘tips’ on great sex, but also started to teach women how to transform themselves into objects of (sexual) desire for men (McMahon, 1990). The content shifted to include an emphasis on women’s sexual technique. For example, in *Cosmopolitan* articles included titles such as: ‘are you a good lover?’ (February 1970); ‘be the best lover in your block’ (February 1979); ‘finding out his turn-ons and make sure he knows yours’ (July 1979). These magazines and sex manuals (mostly from the United States) assumed that single women were engaging in non-marital sex and taught them how to achieve orgasmic pleasure in that context. Unlike preceding decades, this advice was free from any moralising about disease or promiscuity, and contributed to the emergence of a ‘leisure sex’ discourse (Hawkes,

⁷ Whilst ignoring broader gender/power inequalities (let alone class, race and ethnic ones) between men and women that limit such an egalitarian approach.

1996). 'Leisure sex' is intimately tied to, and often referenced in relation to, casual sex and these texts were part of the emergence and solidification of casual sex as a more socially acceptable pursuit for women.

The 'permissive turn' of the 1960s "has undoubtedly had an enormous influence on heterosexual practice" (Gavey, 2005, p. 162). The shift towards permissiveness and the idea that sex was not a matter of strict public or moral regulation, but a right of individual choice, allowed such sexualised depictions and 'permissive' discussions to occur, as well as more socially visible casual sex. Heterosexuals were expected to be 'sexual' and could 'choose' what form this sexuality took. However, although the sixties and seventies have been referred to as the 'permissive era', I do not want to suggest a (linear) progression from 'restricted' sexuality to 'liberal' sexuality. Rather we can see the evolution of permissiveness as a proliferation of discourses about sex where sex took on multiple meanings. Foucault (1978) identified a similar process in the nineteenth century. Although in that period there had been a proliferation of discourses regarding the 'dangers' of sex, in the 1960s and 1970s (and beyond) there was much talk about sex as recreational, and as an indulgent pleasure (Hawkes, 2004). People often assume a huge tidal wave of change in the 1960s rocked social mores regarding sex (and gender) forever. However, concurrent with the permissive turn, traditional sexual and gendered ideals were, and still *are*, prevalent (Herzog, 2006).

Critique of the permissive turn

[S]exual revolution became a licence for male promiscuity and female accessibility. (Snitow, Stansell, & Thompson, 1983, p. 20)

The notion of 'sexual liberation', which sought to challenge the institution of marriage and shift the function of sex away from being solely about procreation, potentially offered women more autonomy and control when it came to sex (Gavey, 2005). However, the permissive turn had complex implications. Feminists have argued that the supposed 'sexual revolution' was a 'let down', the sexuality that

was 'liberated' was 'male', and the sex was coital, and phallogocentric (Hawkes, 2004; Jeffreys, 1990). The second-wave feminist movement engaged critically with the male-defined notion of 'sexual liberation', the objectification of women and the type of sex that was occurring (Koedt, 1972). It was argued that permissive discourses ultimately allowed men greater access to women's bodies and compromised women's ability to say 'no' to sex (e.g., Jeffreys, 1990; Snitow et al., 1983). This ability to say 'no', something that had been gained for women by the suffragettes of first-wave feminism (Hall, 2000) was in jeopardy, as woman who refused sex in the permissive era risked being deemed 'unliberated' or prudish (Jackson & Scott, 1996). Hence, the risks of sex for women shifted from 'physical' (e.g., pregnancy) or 'moral' ones, to include the realm of *identity*.

Although it was more acceptable for women to have greater sexual 'freedom' during the permissive era, these freedoms were within a limited framework (Gavey, 2005). As Gavey (2005) notes, the "libertarian ethic of sex in the new permissive era relied on the assumption of autonomous rational actors unconstrained by power differences when making choices about their sexual arrangements" (p. 108). Angus McLaren (1999) has also aptly questioned "[h]ow could it be asserted that women, who were still lacking power outside the bedroom, had suddenly become the equals of men once within it?" (p. 223). The supposed gender-neutrality of permissiveness was undermined by continued gender inequality and a persistent sexual double standard (Gavey, 2005). For example, Beatrix Campbell (1980) argued that although permissiveness 'permitted sex for women too', it did not "defend women against the differential effects of permissiveness on men and women" (p. 1-2). Pregnancy was still a risk that mainly effected women, and societal standards judged women's sexuality differently to that of men's. She argues that:

[Permissiveness] was primarily a revolt of young men. It was about the affirmation of young men's sexuality and promiscuity; it was indiscriminate, and their sexual object was indeterminate (so long as she was a woman). (Campbell, 1980, pp. 1-2).

Permissiveness and sexual liberation did not occur outside patriarchal power relations, hence its shape and effects were increasingly part of a feminist critique (Campbell, 1980). As Gavey (2005) has argued, within a broader cultural context of systemic inequality “women were still objectified second-class citizens within the new liberatory rhetoric” (p. 106). Rather than a huge disruption to sexual relating, post-‘sexual revolution’, normative and gendered patterns of sexuality have certainly continued.

Legitimizing casual sex

The permissive era saw the birth of ‘casual sex’ as a more acceptable cultural category; it gave it a ‘name’, visibility and legitimacy. Although casual forms of sex may have happened before, they did not occur under the guise of a permissive sexual manifesto of sex-for-pleasure and the consumerist ideology of having-what-you-want, when-you-want-it that allowed for the emergence of this particular type of sex. To take print news media as an example, the term ‘casual sex’ was in circulation as early as 1934 (e.g., Anonymous, 1934), although ‘casual sex’ was scarcely cited before the 1950s. References to this phrase slowly increased until the 1960s where its citation became greatly accelerated (e.g., Armstrong, 1966; Quillen, 1940; Russin, 1963; Stinson, 1961; Wall, 1966; Webb, 1958). From the mid-1960s onwards, discussion about casual sex increased greatly, particularly in relation to the depiction of casual sex within literature (Display advert., 1962; Vaughan, 1979; Wall, 1966), films (Anhalt, 1967; Davies, 1978) and reports of its ‘prevalence’ (Anonymous, 1969; Leo, 1968; Maison, 1969). Casual sex was represented as occurring between single (Anonymous, 1977; Display advert., 1962) or divorced people (Fulham, 1979). It was deemed acceptable by some (Anonymous, 1977; Garter, 1972; Hamilton, 1974), but not others (Anonymous, 1966; Armstrong, 1966; Browne, 1973; Stott, 1973)⁸. Even if some narratives were ‘cautionary tales’ (Anonymous, 1975; Keenan, 1971; Stott, 1973), by the 1970s casual sex was solidified as

⁸ Casual sex was not only discussed more in the 1970s, but also depicted in a more acceptable or at least neutral fashion.

part of the popular cultural landscape within the West (Anonymous, 1970; Brothers, 1975; Social Services Correspondent, 1978). As social science literature also started to document and explore shifts towards permissiveness as well as 'casual sex', casual sex became 'established' and visible in a way it not before in the twentieth century West. It was now a legitimate part of the spectrum of western heterosexuality, and individuals could ostensibly 'choose' to engage in it.

Conclusion

'Casual sex' as a (now) dominant cultural construct, and the practices broadly associated with it, can be theorised as a product of a long history of sexual, social and moral shifts throughout twentieth century western heterosexuality. Based on this extensive literature review I have argued that casual sex potentially started to evolve from the breakdown of Victorian sexual conventions, and was possibly further shaped by the flux created by war and economic and social upheaval during the early decades of the twentieth century. The eroticisation of 'love' by marriage manual writers in the 1920s-1940s also became part of the legitimisation of the 'erotic' for its own sake. Once sexologists started to provide 'scientific' validation of sex (and pleasure) in the 1950s and 1960s, alongside the post-war boom and entrepreneurial interests in 'sex' as a new consumer market, this potentially led to an increased pursuit of sex for sexual pleasure, and a reshaping of sex as a medium for self-expression. However, it was not until the permissive turn that sex outside the contexts of a monogamous, 'loving' or committed relationship seems to become a more socially acceptable option for a variety of heterosexuals. When such forms of sex occurred before the 1960s they were not morally permissible, or constructed under the same permissive ideological rationale. It was from the late 1960s onwards that permissiveness in the form of 'casual sex' permeated heterosexual sex for some. This visibility of casual sex continued, morphing and shifting in the decades to come. What I have argued in this review essay is that casual sex was not the love-child of the permissive era (as often assumed), and most likely has a rich history dating much further back within twentieth century heterosexualities. This current review thus invites further

research to investigate the emergence of contemporary heterosexual casual sex in the twentieth century from an empirical and historical perspective.

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