Walking the Talk

The 2013 Collection of Oral Presentations from the AUT

School of Public Health and

Psychosocial Studies

Edited by Rhoda Scherman

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Your comments on this publication are welcome at
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FOREWORD

It is with great pleasure that I write this foreword. There is nothing more gratifying than seeing our academic staff and postgraduate students engage in worthwhile research and collaborating together.

"Walking the Talk" is the 2013 collection of oral presentations of academic staff and postgraduate students from the School of Public Health and Psychosocial Studies of the Faculty of Health and Environmental Sciences at Auckland University of Technology. It provides an opportunity to share, inform, disseminate and showcase the important work that is undertaken in the School.

The collection is separated in to three sections:

Part I: Abstracts

Part II: Synopses

Part III: Working Papers

It presents a detailed picture of the type of topics of interest to our researchers—from psychotherapy practice, racism, mental health, immigration, violence against women, indigenous health research, sex education, counselling, cultural literacy, oral health, refugees, gambling, teen girls, Internet delivered interventions, sexual identity, quality of life, autism, noise sensitivity, adoption, and schizophrenia, to globalisation, pedagogy, mindfulness and ethical decision making. The list goes on.

The most important outcome from this collection, is not only the publication of ongoing work but also the opportunity to provide contributors with a common interest in working together in the future to enhance health research. A chance is presented here to work across discipline boundaries not in an interdisciplinary or multidisciplinary

way but *transdisciplinary.* A transdisciplinary collaboration means that the focus is on problems that cross several discipline boundaries and takes a holistic approach to resolving them. That is your challenge in the years to come.

Congratulations to all contributors for your outstanding work. You are certainly Walking the Talk.

Associate Professor Erica Hinckson

Associate Dean Postgraduate,
Faculty of Health and Environmental Sciences

Co-Director of the Centre for Child Health Research, National Institute for Public Health and Mental Health Research

Preface

Nau mai, Piki mai, Haere mai!

Welcome to the third issue of *Walking the Talk*! Within these pages you will find abstracts, synopses and working papers from across the School of Public Health and Psychosocial Studies. Located within the Faculty of Health and Environmental Sciences, this School has five distinctive teaching departments:

Biostatistics and Epidemiology
Oral Health
Psychology
Psychotherapy and Counselling
Public Health

The National Institute of Public Health and Mental Health Research also resides within the School, made up of five centres:

Taupua Waiora Centre for Māori Health Research
    Director: Prof. Denise Wilson

Centre for Migrant & Refugee Research
    Director: Prof. Max Abbott

Centre for Pacific Health & Development Research
    Director: Prof. Janis Paterson

Gambling & Addictions Research Centre
    Director: Prof. Max Abbott
    Associate Director: Dr Maria Bellringer

Centre for Child Health Research
    Director: Annette Dickinson

This 2013 collection is our largest volume to date, with 104 contributions made up of 92 abstracts, 10 synopses, and 2 working papers. Yet it remains but a sample of the breadth of research scholarship being undertaken within the School. The significant increase in abstracts (contributions to this category almost doubled from 2012 and tripled from 2011) runs in opposition to the reduction in working papers (down from 3 in 2012 and 8 in 2011). Nonetheless, while the category of submission may change from year to year, the quality of the works remain exemplary.

Many of this year's contributors are post-graduate students, undertaking AUT qualifications from Honours-level degrees through to doctoral theses. Unencumbered by the "publish or perish" mandate of so many institutions of higher education, the student contributors come to the book with simpler objectives, the predominant one being the excitement of seeing their work in print!

In fact, most of us enjoy seeing—and holding—the hard-copy evidence of our research and publication efforts. It is for that reason that the book is always printed, bound and distributed to its contributors. On the other hand, making it easily available to the diverse and dispersed stakeholders of the research held within, the book is also made available in an electronic format for easy and open access to all readers.

This year's illustrations, based on Māori symbology, remind us that we're in Aotearoa New Zealand, and that one's journey is influenced by—often in subtle ways—one's cultural context. The wharenui—or *meeting hous*e—shown on the cover offers several parallels to this series. First, just as the wharenui is the focal point within Māori communities, I see this book as a central meeting "house" of sorts, where the staff and students from different academic disciplines, methodological frameworks, and research foci, all congregate together.

Second, the wharenui belongs to the *iwi* , *hapū* or *whānau*. Similarly, *Walking the Talk* belongs to the School and all of its contributors, as it houses their knowledge, and evidences their passion, commitment and devotion to their respective areas of expertise.

Finally, Māori have a long tradition of storytelling and passing on oral histories. *Walking the Talk* represents the achievements of the staff and students, based on their oral presentations. It tells the story of the School of Public Health and Psychosocial Studies, not from an organisational view, but from the perspective of its individual members—all of whom are sharing their stories with you, the reader.

I trust that you'll enjoy your journey through the book. Haere rā!

Mauri ora! Kia ora

Rhoda Scherman

Editor

Acknowledgements

It takes many people to produce a book, and this volume is no exception. All of the people below made contributions to the book, and it is sincere gratitude that I name them here:

ABOUT THE CONTRIBUTORS

PROFESSOR MAX ABBOTT

Max is Pro Vice-Chancellor and Dean, Faculty of Health and Environmental Sciences, at Auckland University of Technology, 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.

KAYLA AISHER

Kayla was completing her BHSc(Honours) in Psychology when she delivered her talk.

DR SARI ANDAJANI

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.

DR STEPHEN APPEL

A Senior Lecture in the Department of Psychotherapy and Counselling, Steve Appel teaches the courses "Research in Psychotherapy" and "Foundation knowledge for psychotherapy". He has taught at the University of the Witwatersrand, University of Rochester, University of Auckland and AUT. Steve is currently writing about couples versus individual psychotherapy, and lessons for psychotherapy from neurological research.

DR SHARON AYSON

Dr Sharon Ayson is a Senior Lecturer in Management at the University of Newcastle. She lectures in MBA programme including a focus on managing decision-making under uncertainty. Sharon researches in the areas of Corporate Governance and Boards, Boards and Strategy, and Top Management Teams. Sharon has published widely on these research topics.

DR MARIA BELLRINGER

Maria is a Senior Research Fellow and Associate Director of the Gambling and Addictions Research Centre.

PROFESSOR REX BILLINGTON

A New Zealander with an MA and a PhD in Education and Psychology. Dr Billington's interest and career has been primarily concerned with the application of the behavioural sciences to problems of sickness and health, the education of health personnel and the management of international health programmes. After being a primary, secondary and special schools teacher in NZ and Canada and holding academic posts in Universities in the USA and Scotland, he was recruited by the World Health Organisation (WHO) in 1982. He served18 years including posts as the WHO Eastern Mediterranean Regional Advisor for Educational Development and Support, Director of Technical Support in the Global Programme for AIDS, and Director of the Programme for Mental Health with special responsibility for mental health promotion and policy. He has participated in over 100 country missions. Rex retired from WHO and returned to NZ in 2000. In 2003 he joined AUT part time as a professorial fellow and adjunct professor. He is now enjoys mentoring faculty, supervising graduate student research and coordinating the NZ WHOQOL Group.

PHILIP BRITZ

Philip was a PhD candidate in the School of Public Health and Psychosocial studies in 2013. His research topic is *The Interpreters' Experience of Working with Refugees in New Zealand.*

RACHEL BROWN

Rachel is a PhD candidate in the School of Public Health and Psychosocial social studies. Her research topic is *Eat? Love? Pray! What are the mechanisms and strategies Māori and Pacific whānau use to cope when confronted with a child's life-threatening medical condition?*

DR HEATHER CAME

Heather is a seventh generation Pakeha New Zealander. Her doctorate in management studies focussed on institutional racism in the public health sector. She has been working in health promotion, public health and most recently in Māori health for the last twenty years. She is currently a lecturer at Auckland University of Technology.

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 Head of the Department of Public Health at AUT.

CARIL COWAN

Caril is the programme coordinator for the mental health support work programmes at AUT. She brings to her work in mental health a passion for truly effective services for people with mental illness, built on her experience of an aunt who spent her whole adult life trapped in the old mental health services.

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.

Christine Cowan-James

Christine was completing her MHSc in Counselling Psychology when she delivered her talk. She is currently finishing her Post-Graduate Diploma in Counselling Psychology.

Michelle Coyne

Michelle was completing her BHSc(Honours) in Psychology when she delivered her talk.

Patsi Davies

Patsi Davies lectures in Tobacco Control in the Department of Community Health Development and has been a member of the Human Rights Review Tribunal since 2004.

Professor Kate Diesfeld

Professor Kate Diesfeld was employed as a staff attorney for Protection and Advocacy, Inc. in Los Angeles representing people with developmental disabilities. She was the Legal Supervisor of Kent Law Clinic (Mental Health and Learning Disabilities) at the University of Kent at Canterbury in England. She also represented people before the Mental Health Review Tribunal in England. She was Director of the National Centre for Health Law and Ethics at AUT University. At Te Piringa Faculty of Law at the University of Waikato, she was Co-editor of the Waikato Law Review, Associate Dean (Research) and taught Health Law, Torts, Dispute Resolution and Legal Ethics. Currently Adjunct Associate Professor at Te Piringa, she convenes the health law courses at AUT and supervises doctoral research on disability and health law.

Blanche Farmer

Blanche is a Dental Hygienist qualified in all scopes of practice and with extensive practical experience. She also holds the Orthodontic practice in Dental Hygiene practice scope and has Orthodontic experience in

New Zealand and abroad. In 2012, Blanche received an award for Innovative Teaching from the School of Public Health and Psychosocial studies and was also nominated for the Vice Chancellor's award for Excellence in teaching. Her special interest is in teaching a culturally and ethnically diverse cohort of students. During the past 3 years, Blanche has led an annual Oral Health outreach project for short-term seasonal migrant workers from Vanuatu. A strong partnership has developed between AUT and Fruit of the Pacific Charitable trust. Inspired by this programme and with on-going training and support, the Ni-Vanuatu workers have developed an extensive oral health promotion programme that has reached hundreds of people who would otherwise be without access to dental care in Vanuatu. Blanche also has a special interest in Aged Care and is involved in training Caregivers in the Oral Health care of the elderly.

DR PANTEÁ FARVID

Dr Panteá Farvid is a Senior Lecturer in Psychology at Auckland University of Technology in New Zealand. Her work includes examining the intersection of gender, sexuality, power, culture and identity. She has worked on large projects examining the social construction of heterosexual casual sex and contemporary heterosexualities. Drawing on critical, discursive and feminist approaches to the study of sex, sexuality, gender, heterosexuality, gender relations, and masculine/feminine identities, she has an analytic interest in both the personal narratives of individuals, as well as the critical analysis of popular culture/media representations related to these. Currently, Panteá is working on projects examining the sex industry in New Zealand (e.g., media representations of prostitution, men who buy sex) and 'cyber intimacies' (e.g., Dating Apps such as Tinder, "sugar dating" websites). She is also working in collaboration with Auckland City Public Libraries to develop a "Teen Empowerment Programme" for New Zealand youth that promotes critical engagement with media and daily life. Alongside her research, Panteá is strongly dedicated to being involved within the community both politically and as an ambassador for social justice and equality.

DR JACKIE FEATHER

Jackie has 30 years clinical experience working with children, adolescents, families and adults in community, statutory and mental health settings. For 12 of these years Jackie was a psychologist and clinical team leader the Specialist Services Unit of Child Youth and Family, and was a founding staff member of

Puawaitahi, a multi-agency centre for child abuse assessment and treatment in Grafton, Auckland. Jackie has helped develop the Postgraduate Programme in Counselling Psychology at AUT. She teaches on the programme and provides clinical supervision to practicum students and interns. Jackie is also developing the Counselling Psychology Clinic at the Akoranga Integrated Health Clinic on AUT's North Shore Campus.

JOANNA FENG

Joanna Feng is a PhD candidate in the Department of Psychology. Her PhD explores the mechanism by which mindfulness exerts its health benefits.

DANIEL FERNÁNDEZ

Daniel is an Oral Health Lecturer from the Oral Health Department as well as postgraduate student in Public Health at AUT University. He completed his Graduate Diploma in Tertiary Teaching in 2012 and has a strong interest in teaching methodologies in clinical dental procedures. His interest in research is focused on ethical issues around the use of students as surrogate patients for teaching and learning purposes. Current research includes ethical issues in the use of students as surrogate patients for the teaching of local anaesthesia, and sustainability of toothbrushes.

HELEN FLORENCE

Helen is a registered psychotherapist and clinical researcher. She maintains a small private practice as well as conducting research at a doctoral level. She has an interest in the interface between psychotherapy and spirituality.

DR NICK GARRETT

Nick is currently a Biostatistician/Senior Research Fellow in the Department of Biostatistics and Epidemology, where he specialises in research methodology, among other areas. His PhD was on *Local places for physical activity: How important are they? Examination of associations of perceived and objective local environmental measures with physical activity profiles in a New Zealand city*. Nick is a prolific author, with more than 60 peer-reviewed journal article publications to date. As a member of the Biostatistics and Epidemology Department, he regularly offers statistical and research methods support to staff from across the School.

Jonathan Gilbert

Jonathan was completing his BHSc(Honours) in Psychology when he delivered his talk. He is currently finishing his MHSc in Counselling Psychology.

Dr Sonja Goedeke

Sonja trained as a clinical psychologist in South Africa and has worked in community health, child and adolescent mental health and women's health areas. Before moving to New Zealand, Sonja lectured in the Department of Educational Psychology at the University of Natal, South Africa. Sonja has worked as a psychologist in the CAMHS sector in New Zealand, and been involved in mental health promotion projects and liaison and education projects in community and secondary school settings. The Psychology Department was set up at AUT in 2000 and Sonja developed and coordinated the programme and taught a range of papers including developmental and introductory psychology, critical issues, and abnormal psychology. Sonja has been involved in both the postgraduate counselling psychology and undergraduate programme since 2000 and has supervised a number of Honours and Masters research projects. Sonja's main practice and research interests lie in infertility and the psychosocial and ethical implications of assisted reproductive technologies. Sonja's PhD explored the experiences and understandings of embryo donation in the New Zealand context.

Andrea Gooch

Andrea completed her BHSc(Honours) in Psychology in 2013. She is currently finishing her MHSc in Counselling Psychology.

Emma Griffiths

Emma was completing her BHSc(Honours) in Psychology when she delivered her talk.

Associate Professor Niki Harré

Niki is an associate professor at the University of Auckland where she has taught social and community psychology since 1998. In 2007 she co-edited the book *Carbon Neutral by 2020: How New Zealanders Can Tackle Climate Change* and in 2011 she published *Psychology for a Better World: Strategies to*

Inspire Sustainability. Her main research interests are in social activism and youth development and she has published over 50 peer-reviewed articles and given more than 100 talks and workshops to community organisations on these topics. Niki lives in Pt Chevalier, Auckland, New Zealand and has three children. She is a founding member of the Pt Chevalier Transition Town, cycles to work, learns the guitar from a musician who lives on her street, and has a large organic garden thanks to her husband.

DR SUSAN J. HAWKEN

Susan is a senior lecturer in the Department of General Practice and Primary Health Care, University of Auckland, New Zealand. She undertakes clinical skills teaching in the areas of communication and professionalism. Her research interests include quality of life issues for doctors, learning in the clinical environment and professionalism.

KATIE HAYDEN

Katie completed a MHSc in Counselling Psychology in 2013, and is presently studying the Postgraduate Diploma in Counselling Psychology.

DR MARCUS A. HENNING

Marcus is a senior lecturer at the Centre for Medical and Health Sciences Education, University of Auckland, New Zealand. He lectures in medical education and his research interests include motivation, quality of life, and professionalism.

KATHRYN HENRY

Kathryn was completing her BHSc(Honours) in Psychology when she delivered her talk.

RUTH HERD

Ko Taranaki te maunga, ko Waitara te awa, ko Te Atiawa te iwi. He mihi tenei ki nga mana whenua o tenei rohe. Ruth has lived and worked in Auckland for over twenty years in a variety of settings- Māori education (kura kaupapa) and teacher education until 2000. She then did a complete u-turn and worked

in the addictions field (problem gambling), public health, and adolescent health research. Her master's thesis in education focused on the educational experiences of Māori women who were part of the development and implementation of a kaupapa Māori intervention for gambling. She is now completing a doctoral degree in health science on the perspectives of young Māori people in relation to gambling.

LEON IUSITINI

Leon is a senior research officer for Pacific Island Families studies at AUT. His research areas are Political participation, electoral behaviour, and psephology in New Zealand. The demographic, socio-economic, political, educational and health status of Pacific peoples in New Zealand

NELLY KALIZINJI

Nelly was completing her MHSc in Counselling Psychology when she delivered her talk.

MATHEW KALLOOR

Mathew completed his BHSc(Honours) in Psychology in 2013. He is currently finishing his MHSc in Counselling Psychology.

ROHINI KHAREEDI

Rohini is a part-time Senior Lecturer in the Department of Oral Health at Auckland University of Technology. She is also a registered dentist and is in part-time clinical dental practice. She is currently pursuing post-graduate qualifications in Tertiary Education.

GARJANA KOSANKE

Garjana Claudia Kosanke has a Masters degree in Psychotherapy, and is a New Zealand registered Psychotherapist. She works as a Family Therapist at Family Action (Auckland, NZ), specialising in Integrative Gestalt Therapy.

Dr Chris Krägeloh

Chris is a founding member of the New Zealand World Health Organisation Quality of Life (NZ WHOQOL) Group and conducts research about quality of life issues in a wide range of health and educational settings. He is an experimental psychologist by training and has expertise in psychometric testing of questionnaires. His other areas of interest are conceptual, philosophical, and religious issues in psychology, as well as research in language planning, interlinguistics and psycholinguistics.

Ashna Kumar

Ashna was completing her BHSc(Honours) in Psychology when she delivered her talk.

SzeMan Lam

SzeMan was completing her BHSc(Honours) in Psychology when she delivered her talk.

Amanda B Lees

Amanda B Lees is a Lecturer in Health Care Ethics. Ethics education is her primary area of research interest, in particular values-based decision-making, inter-professional teaching and learning, and the use of online educational technologies. Current research projects include examining students' perspectives on using a web-based ethical decision-making tool in undergraduate ethics education and exploring ethical issues in collaboration with researchers in a range of discipline areas including paramedicine, nursing and product design.

Dinar Lubis

Dinar Lubis is a lecturer in the Health Promotion Department in the School of Public Health at Udayana University, Denpasar. She is currently a doctoral student at Auckland University of Technology studying the issue of HIV prevention and young gay men in Bali. Dinar has an experience working with marginalized community such as farmers , injecting drug users, sex workers and gay men. She was involved in a project exploring how to use theatre to reduce self-stigma among sex workers who are affected by HIV. Her latest

research is on sexual networking among men who have sex with men in Kuta Bali. The norms and values amongst gay men drew her to her current interest .

CAROL MAIBVISIRA

Carol is a Zimbabwean development professional who has worked with HIV positive young people, including coordinating Oasis Zimbabwe's Tanaka shelter and rehabilitation programme targeting vulnerable young women in Harare. Carol holds an MA in Development Studies (First Class Honours) from the University of Auckland and is currently a PhD candidate in Public Health at AUT. Her research study investigates the perceived effectiveness of HIV prevention sex education among young Zimbabweans.

MALU MALO-FUIAVA

Malu was undertaking her BHSc(Honours) in Psychology when she delivered her talk.

ELIZABETH MCALLISTER

Elizabeth was completing her BHSc(Honours) in Psychology when she delivered her talk.

MEIKA MCGARRY

Meika completed a MHSc in Counselling Psychology in 2013, and is presently studying the Postgraduate Diploma in Counselling Psychology.

DR LAURIE MORRISON

Laurie Morrison, Ngāti Whakaue, Te Arawa was awarded the Erihapeti Rehu-Murchie Māori Health Research Council Postdoctoral Fellowship in 2010. She has completed a three year study at Taupua Waiora: Centre for Māori Health Research, Auckland University of Technology. The project, aimed to design and implement a supportive kaupapa 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

study built 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. She is a Consultant, Supervisor and Director, Morrison Consultants Ltd, in Rotorua.

MARIAM MOUSA

Mariam was completing her BHSc(Honours) in Psychology when she delivered her talk.

JOSEPH MULGREW

Joseph completed a MHSc in Counselling Psychology in 2013, and is presently studying the Postgraduate Diploma in Counselling Psychology.

ROCHELLE MULLENBERG

Rochelle completed a BHSc(Hons) in Psychology in 2012.

NADIA MYSLIWIEC

Nadia completed her BHSc(Honours) in Psychology in 2013. She is currently finishing her MHSc in Counselling Psychology.

BALAKRISHAN NAIR

Balakrishnan is currently a PhD candidate in the Department of Public Health. His research topic is *Effectiveness of HIV voluntary counselling and testing services in India.*

DR SHOBA NAYAR

At the time of her talks, Shoba was the Associate Director of the Centre for Migrant and Refugee Research, AUT University and co-Head of the

Department of Community Health Development. Her research interests lie in developing understandings of Asian mental health, particularly the relationship between occupation and mental health/wellbeing, for immigrants and refugees living in New Zealand, and what health professionals and community organisations can do to support this population.

LUZAAN NEL

Luzaan completed her BHSc(Honours) in Psychology in 2013. She is currently finishing her MHSc in Counselling Psychology.

PETER PARKINSON

Peter is a registered Psychotherapist, and also has a medical degree from Otago University, with a specialisation in cardiology. Currently living in the U.K., Peter mentors doctors, lawyers, teachers and other business people. He is currently publishing a book on the drug free management of asthma, and developing relationship assessment software for use in his psychotherapy practice.

PROFESSOR JANIS PATERSON

Professor Janis Paterson currently heads the School of Public Health and Psychosocial Studies in AUT's Faculty of Health and Environmental Sciences. She plays a central role in the growth and development of a variety of research areas that is aligned with community and government priorities, for strong collaborations and networks and for fostering a growing international reputation. Janis is also Co-director of the National Institute for Public Health and Mental Health Research which is focused on advancing both the quantity and quality of research activities within the Faculty of Health and Environmental Sciences. With a PhD from the University of Auckland, Janis is a developmental psychologist and is interested in all aspects of child and family development. She also heads the Pacific Island Families study, which is one of the largest international, longitudinal studies which looks at the developmental health and well being of more than 1000 Pacific children and their families.

BARBARA PIKE

Barbara completed a MHSc in Counselling Psychology in 2013. She is now doing the Postgraduate Diploma of Counselling Psychology and completing her 1500 hours clinical practice as an Intern Psychologist at CADS West (community alcohol and drug services).

BRIGITTE PULS

Brigitte has been a lecturer for psychotherapy and expressive therapies with the Department of Psychotherapy for 12 years, while maintaining her private practice. Brigitte originally trained in Europe, from where she emigrated to New Zealand in 1987. She has worked with different client and patient populations in in and outpatient settings, as well as in her private practice. She works with adults, children and couples as well as with groups. Brigitte's main interests lie in clinical application and teaching of an integrative therapy approach, which sees and addresses human beings holistically - as spiritual, physical (body), social, creative and thinking beings.

MELISSA ROWTHORN

Melissa is a PhD candidate in the Department of Psychology. For her PhD, Melissa is developing a mental health recovery module for the World Health Organisation Quality of Life instrument.

DR RHODA SCHERMAN

Rhoda Scherman, PhD, is a Senior Lecturer in the Department of Psychology, where she lectures to both undergraduate and post-graduate classes. Originally from the U.S.A., she immigrated to New Zealand in 1997 in order to complete a Masters and then a PhD at the University of Auckland, where she could specialise in adoption-related research, owing to New Zealand's unique and progressive adoption practices. Due to her expertise in the field of adoption, Rhoda is regularly asked to review books and manuscripts for publication, as well as answer media requests. She also offers training and workshops for adoptive parents and professionals working in the field. Rhoda currently sits on the board of Inter-Country Adoption New Zealand. In January of 2016, with the support of AUT, Rhoda will host the 5th International Conference on Adoption Research.

Dr Mandy Stanley

Mandy is a senior lecturer in the Division of Health Sciences at the University of South Australia, Adelaide. She is an occupational therapist and occupational scientist with expertise in qualitative approaches to research. Her research interests include: Well-being for older people, engagement in everyday occupations by older people and occupational transitions and adaptation. She has recently co-edited a book with Dr Nayar titled Qualitative Research Methodologies for Occupational Science and Occupational Therapy.

Dr El-Shadan (Dan) Tautolo

Dan completed his doctoral studies in 2011 as the recipient of a health research Council (HRC) Pacific PhD Scholarship. He is currently completing an HRC Postdoctoral Fellowship investigating the development of a Pacific father involvement research tool for collecting research evidence about fatherhood amongst Pacific fathers. Dan has been a named investigator on numerous internal and external research grants, and has been the recipient of several scholarships from the HRC throughout his tertiary studies.

Dan is of both Cook Islands Māori and Samoan heritage, and is deeply passionate about being involved in research and activities to improve and enhance the health and wellbeing of his Pacific communities here in NZ. Part of his commitment to achieving this is through involvement over the last several years with mentoring programmes for young Pacific students at tertiary institutions. As a mentor, Dan hopes to contribute to growing the Pacific research capacity within the health sector and support the development of Pacific-led solutions and interventions to address the needs of Pacific communities.

Gwen Tay

Gwen was completing her BHSc(Honours) in Psychology when she delivered her talk.

Steve Taylor

Steve is a Biostatistician and Data Manager for the Pacific Islands Families Study. He has a strong interest in the statistical analysis of large and complex data sets and also good database design principles.

CATHERINE TEARNE

Catherine was completing her BHSc(Honours) in Psychology when she delivered her talk.

KERRY THOMAS-ANTTILA

Kerry (MA Hons (German); MHSc Hons (Psychotherapy); Postgrad. Cert. Clinical Supervision) is a psychotherapist in private practice and a Lecturer in the Psychotherapy Department at AUT. She is currently engaged in a PhD in the department.

ZUABE TINNING

Zuabe was completing her Master of Public Health when she delivered the talk.

JENNIFER THOMPSON

Jennifer completed a MHSc in Counselling Psychology in 2013, and is presently studying the Postgraduate Diploma in Counselling Psychology.

MAGENTA THOMPSON

Magenta was completing her BHSc(Honours) in Psychology when she delivered her talk.

SANDY TSAI

Sandy completed a MHSc in Counselling Psychology in 2013, and is presently studying the Postgraduate Diploma in Counselling Psychology.

ASSOCIATE PROFESSOR KEITH TUDOR

Keith is an Associate Professor at AUT and Head of the Department of Psychotherapy and Counselling | Tari Whakaora Hinengaro ā Whakangārahu. He is a transactional analyst, a widely published author, the series editor of *Advancing Theory in Therapy* (Routledge, UK), the editor of *Psychotherapy and*

Politics International, and the co-editor of *Ata: Journal of Psychotherapy Aotearoa New Zealand*. He enjoys walking, talking – and walking his talk!

SARAI TUFALA

Sarai is a PhD candidate in the Pacific Island Families Study. Her research topic is *Tuvaluan/Pacific perceptions of utilization of mental health services in New Zealand*.

SHARMYN TURNER

Sharmyn is a Programme Leader and Lecturer in the Department of Oral Health.

LANA VAN BEMMEL

Lana was completing her BHSc(Honours) in Psychology when she delivered her talk.

DIANNE WEPA

Dianne is of Ngāti Kahungunu descent. She has a background in mental health social work, clinical/cultural supervision and nursing education. As an associate lecturer at the Eastern Institute of Technology and AUT, Dianne has developed expert knowledge in the field of cultural safety education and Māori health. She has presented at conferences throughout New Zealand, Australia, the South Pacific, USA and Canada. She has published text books in cultural safety and clinical supervision. Currently, Dianne is studying towards completing her PhD with a focus on cultural safety within the hospital and communities settings in Hawkes Bay. In her role as the senior clinical workforce coordinator, Dianne facilitates the Tūruki Māori Heath Workforce Strategy for the Hawke's Bay District Health Board.

PROFESSOR DENISE WILSON

Denise Wilson is of Ngāti Tahinga (Tainui) descent. She is Professor of Māori Health and the Director of Taupua Waiora Centre for Māori Health Research at AUT University. Her research and publication activities are focused on

Māori/indigenous health, family violence, cultural safety, and health (particularly Māori) workforce development. Denise has been involved in family violence research, and at a national level in the development of the Ministry of Health's Violence Intervention Programme. She is currently a member of the Health Quality and Safety Commission's Family Violence Death Review Committee and Roopū Māori. She is a co-author of The People's Report for the Glenn Inquiry into child abuse and domestic violence. She is a Fellow of the College of Nurses Aotearoa (NZ) and Te Mata o te Tau (Academy of Māori Research & Scholarship), the Editor-in-Chief of Nursing Praxis in New Zealand, on the Editorial Board of Contemporary Nurse, and has been appointed to the Health Research Council's College of Experts.

Shakeisha Wilson

Shakeisha Wilson is currently a Commonwealth Scholar pursuing her PhD in Public Health in the Faculty of Health and Environmental Sciences at the Auckland University of Technology. Her research interests surround the rights, needs and care of vulnerable populations, particularly persons with disabilities and persons living with HIV. Her thesis examines the antiretroviral treatment adherence process for HIV infected men in Jamaica.

Associate Professor Valerie Wright-St.Clair

Valerie is a associate Professor in the Department of Occupational Science and Therapy. Her recent and current studies include a multidisciplinary, longitudinal cohort study exploring living in advanced age; a 36 month trial of a brief screening tool for community dwelling elders; and a cross cultural study of older Asian migrants' contribution to civic society.

Trish Wolfarrdt

Trish was completing her BHSc(Honours) in Psychology when she delivered her talk.

PART I — ABSTRACTS

There are 92 *abstracts* in this section, each based on an oral presentation delivered in 2013 by staff or post-graduate students from the School of Public Health and Psychosocial Studies.

The formats will naturally vary in light of the different contexts in which the talks were originally delivered—which range from local talks to international conferences. The student abstracts, while not identified specifically, were based on scheduled oral presentations given either as a compulsory element of the various post-graduate qualifications, or voluntarily given as part of conference and other scheduled event.

The abstracts are presented in chronological order of the date of the talk, along with a brief note about where the original presentation took place. We have also provided a full reference for each abstract, should the reader wish to cite from any of the contributions.

UNDERSTANDING PSYCHOTHERAPISTS' EXPERIENCE OF ONGOING LEARNING

ABSTRACT BASED ON TALK GIVEN 26 FEBRUARY 2013
AUT, PGR9 Presentation

KERRY THOMAS-ANTILLA

AUT,
DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

This research aims to understand how psychotherapists experience their ongoing learning. There is a tacit understanding amongst psychotherapists that the learning of psychotherapy goes hand in hand with the practicing of psychotherapy, as well as an ongoing interaction with (mainly) clinical material written by and/or discussed with other psychotherapists. This orientation is based in psychotherapy having had a clinical case-based history.

This history principally began with Sigmund Freud, widely regarded as the "father" of psychotherapy, who at the end of the nineteenth century began to work in Vienna with his patients, using the "talking cure". His work with his patients and his efforts to understand their mental life 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 and his discoveries in relation to the new discipline of psychoanalysis. The first of these case histories appeared in 1893 (Freud & Breuer, 1893/1953). Over time theories began to emerge from his reflections on these cases. Since Freud, these theories have changed and evolved 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.

It is anticipated that an investigation into how psychotherapists understand their ongoing learning will shed some light on the tension that exists between the emphasis that psychotherapy places on theory arising from clinical work (practice-based evidence) and our current evidence-based practice research environment. This practitioner-informed piece of research aims to contribute to this debate.

For this research I intend to interview 10-15 psychotherapists. I will be using hermeneutic phenomenology as the methodology to carry out this research. This methodology is particularly pertinent to this topic as it seeks to explore the meanings and significance of participants' experience, and provides a means to interpret this experience, including that which is taken for granted and may not be spoken. Data analysis entails moving between the parts and the whole of the data, and includes reflexive observations, constant writing and rewriting, clustering of the data, and a gradual development of themes (patterns of meaning in the data), which can then be drawn together to provide an overview of the analysis.

References

Heidegger, M. (1962). *Being and time*. New York, NY: Harper & Row.

Freud, S. & Breuer, J. (1953). Fräulein Anna O: Case histories from studies on hysteria. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud, 2*, pp. 19-47. Retrieved from http://www.pep-web.org.ezproxy.aut.ac.nz/document.php?id=se.002.0019a#p0021 (Original work published 1893).

MANIFESTATIONS OF INSTITUTIONAL RACISM AND PRIVILEGE IN PUBLIC HEALTH POLICY MAKING & FUNDING PRACTICES IN AOTEAROA

ABSTRACT BASED ON TALK GIVEN 13 MARCH 2013
The Engaged Social Science (ESocSci)/Building Research Capability in the Social Science Network Identities Network Seminar

HEATHER CAME

AUT,
DEPARTMENT OF PUBLIC HEALTH

Inequitable health outcomes have plagued the New Zealand health system since the establishment of the Department of Health in 1900. Considerable energy has been invested in describing and quantifying these inequities over decades – we are now painfully clear that Māori have higher rates of a range of diseases and have lower life expectancy than non-Māori. Explanations of these inequities have included a) the failure of Māori, b) the failure of individual health professionals and c) generic claims of the failure of the health system to be responsive to Māori.

This presentation based on my activist scholarship orientated doctoral research attempts to add detail to the claims the health system is failing Māori. Specifically it will outline my research findings which exposed how Crown agencies consistently produce

mono-cultural health policy and then systemically privilege generic health providers in their administration of public health funding. This study was guided by a research whanau and utilised a mixed methods approach including collaborative story-telling with Māori leaders, a survey of public health providers and both an historical and funding analysis.

The exposure of institutional racism within this research echoes the findings of Puao te ata tu and other landmark reports from the 1980s. And therefore raises questions of how we can achieve sustainable change within the administration of the public sector.

THE USE OF THE WHOQOL-BREF IN MENTAL HEALTH RECOVERY SERVICES

ABSTRACT BASED ON TALK GIVEN 19 MARCH 2013
AUT, School of Public Health and Psychosocial Studies Monthly Seminar

REX BILLINGTON

AUT,
DEPARTMENT OF PSYCHOLOGY

Somewhat unexpectedly the World Health Organization Quality of Life Scale (WHOQOL) is turning into a useful clinical aid as well as an organisational outcome measure for mental health recovery services conducted by non-governmental organizations (NGOs) in New Zealand. Over a dozen major NGOs are presently trialling the NZ WHOQOL-BREF for these purposes. This talk will review the progress being made in this activity along with the calculation of WHOQOL-BREF reference values which serve to help clients if they wish to compare their scores against people who are well.

ACCESSING THE WISDOM OF THE BODY IN SUPERVISION

BRIGITTE PULS

AUT,
DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

In this workshop, participants will discover or deepen their knowledge of the rich ways in which working with the body can enhance supervision. More specifically, this workshop deepens participants' understanding of our clients — and ourselves with our clients — through the language of the body. This understanding can then lead to a clearer focus on our clients' (developmental) needs, and how to address these effectively in our counselling or psychotherapy practice.

Contributing to community: Lessons learned from partnering with Asian immigrants

Shoba Nayar

AUT,
Centre for Migrants and Refugee Research

The National Institute for Public Health
and Mental Health Research

Valerie Wright-St.Clair

AUT,
Department of Occupational Science and Therapy

Aotearoa New Zealand is a nation comprised of over 120 diverse ethnic communities, spanning indigenous, New Zealand born, immigrant and refugee populations. Such diversity demands a range of services, including settlement support and health initiatives, which offer appropriate, accessible and effective assistance for all New Zealanders. Yet for services to be effective, they must arise from the needs of the community. This research took us out of our offices and onto the streets to find out how Chinese, Indian and Korean senior immigrants are participating in, and contributing to, civic society. Lessons learned have been profound both in terms of engaging in the research process as well as uncovering what senior Asian immigrants are actually doing in our collective world.

THE RELATIONSHIP BETWEEN SPORTING OUTCOMES AND VIOLENCE AGAINST WOMEN: A PILOT STUDY

Abstract based on talk given 18 April 2013
AUT, Interdisciplinary Trauma Research Centre seminar

RHODA SCHERMAN & CHRISTINE COWAN-JAMES

AUT,
DEPARTMENT OF PSYCHOLOGY

International research has highlighted a positive correlation between major sporting events such as the Olympic Games or global tournaments, and violence against women. New Zealand recently hosted the Rugby World Cup and concerns were raised at the time of a potential increase in violence against women. To ascertain whether such a relationship exists in a New Zealand context, a pilot study has been initiated that examines the association between violence against women (both intimate partner and stranger violence) and sporting outcomes (wins versus losses). Aggregated data has been sought from the New Zealand Police and other agencies that support women who have experienced violence. As the data comes in, it is being analysed to determine significant trends in relation to Rugby World Cup matches and recorded incidences of violence against women.

An increased understanding of this correlation, whether supported or refuted, has implications for resource allocation associated with hosting international sporting events and the safety of women.

HOW DO YOUNG ZIMBABWEANS PERCEIVE THE PLACE OF SEXUAL PLEASURE IN HIV PREVENTION SEX EDUCATION?

ABSTRACT BASED ON TALK GIVEN 2 MAY 2013
AUT, School of Public Health and Psychosocial Studies Monthly Seminar

CAROL MAIBVISIRA

AUT,
DEPARTMENT OF PUBLIC HEALTH

The high proportion of young people living with the human immunodeficiency virus [HIV] in Southern African countries like Zimbabwe is a major global health concern. Since the late 1980s, continuing large-scale increases in HIV infections underscore the importance of prevention. HIV prevention sex education is the main health promotion tool implemented in Zimbabwe and wider African region to prevent transmission among youth.

This study seeks to explore young Zimbabweans perceptions of the place of sexual pleasure in HIV prevention sex education. Zimbabwean society regards frank sex talk, especially with youth, as taboo and encouraging immoral pre-marital sexual intercourse. A critical framework is used to question unequal societal relationships which exclude youth voices on their sexual lives. This framework enables the

questioning of powerful HIV actors such as donors, government and churches whose worldviews hide important social issues like the enjoyment of sex, affecting youth sexual health, and attainment of sexual rights. Using participatory research (PR), this study will collaborate with young Zimbabweans to give greater voice and inclusive space to local youth perspectives on sexual pleasure, thus informing HIV prevention sex education. eey informant interviews with teachers and non-governmental organisation [NGO] workers, exploring their perceptions of sexual pleasure in HIV prevention sex education, will be used to inform a critique of sexual health education policy and practice.

ISLAND FOOD: IS IT STILL GOOD? A NI-VANUATU SUCCESS STORY

BLANCHE FARMER

AUT,
DEPARTMENT OF ORAL HEALTH

Does a "presentation about teeth" belong at a Nutrition Action conference? Without teeth nobody can reap the benefits of healthy food. The link between poor oral health, nutritional deficiencies and poor general health is well established.

AUT's Oral Health department was contacted by Fruit of the Pacific (FOP), a Charitable Trust, running programmes in NZ for seasonal migrants. AUT were asked to provide Oral Health Education and treatment for workers from Vanuatu, working in Te Puke's Kiwi fruit industry. There was concern about the amount of sugar being consumed and about the sugary treats that found their way to the children of Vanuatu. The migrant workers were oblivious to the impact of refined sugar on their health and teeth. After consultation with FOP, we formulated an Oral Health Promotion plan. Our aim was

to empower the Ni-Vanuatans with knowledge to make better food choices, so that they can improve their Oral Health outcomes.

AUT staff and students donated their time in Te Puke for a weekend outreach. Our programme had a preventative focus and involved group and individual education and treatment. The programme was delivered in a packing shed and treatment was provided in the school dental clinic with AUT's equipment and donated homecare products. In year two, FoP requested that we train and educate a small group to become Oral Health Educators adding another component to our programme. Formative evaluation guided our planning and implementation throughout the programme.

As a result Ni-Vanuatans have taken ownership of the programme and they have produced a DVD about Oral Health and healthy eating in Bishlama (their local language) *"Ol Smaeling Feses – Wan Program Blong Lukaotem Gud Tut".* This DVD is now part of an extensive Oral Health Promotion programme that is running in Vanuatu.

The best example of the successful outcome would be to quote from the Ni-Vanuatan's own proposed plan. In that they state "We are excited by the potential to impact our people, our children and future generations. Ni-Vanuatan's are famous for their smiles and we want to smile proudly, in good health, with shiny clean teeth".

Pacific Islands Families studies update

JANIS PATERSON

AUT,
CENTRE FOR PACIFIC HEALTH AND DEVELOPMENT RESEARCH

THE NATIONAL INSTITUTE FOR PUBLIC HEALTH
AND MENTAL HEALTH RESEARCH

The Pacific Islands Families study (PIF) is the only substantive longitudinal study comprised of participants from all major Pacific ethnicities living in New Zealand (NZ).

Key drivers for the study are to (1) identify and characterise individuals and families experiencing both positive and negative outcomes; (2) establish the mechanisms and processes shaping the pathways to those outcomes; and (3) make empirically based strategic and tactical recommendations t o improve the wellbeing of Pacific children and families, thus guiding ethnic-specific policies and interventions that enhance societal function and contribute to NZ.

This presentation will provide an update of findings from the 11-year measurement wave of the PIF study, focussing on the areas of alcohol

use, bullying, and child depression. It will also outline progress to date regarding additional qualitative research being undertaken with Pacific adolescents from our PIF cohort. Finally, a summary of future research plans for the study will be highlighted and discussed.

Māori women and safety

Denise Wilson

AUT,
Taupua Waiora Centre for Māori Health Research

The National Institute for Public Health
and Mental Health Research

Māori (indigenous people of Aotearoa New Zealand) women play an important role in not only in the wellbeing of their family, but also in the inter-generational transmission of safe or unsafe behaviours. Yet, the focus is generally on their lack of safety and does little to inform positive strategy development for Māori women to keep safe. They are over-represented, compared to other women living in Aotearoa, in events (such as intimate partner violence, assaults leading to hospitalisation and death, and sexual abuse) that compromise their safety. Little is known in the literature about how women, in general, view safety – how they learn about it, how they keep themselves safe, and how they pass safety messages and advice onto other women. Having an understanding of safety from their perspective and a critical analysis of safety regarding their social world is crucial to

guide future research, and the development of appropriate interventions.

METHODS

Design. Qualitative descriptive study informed by a Māori-centered methodology.

Research Question. What are the thoughts and understandings of Māori women on safety?

Participants. 18-20 women who identify as Māori aged between 18 to 60 years were recruited using purposive and network sampling.

Data Collection. A life story approach was used to conduct semi-structured interviews. Data were digitally recorded and transcribed.

Data Analysis. Thematic analysis of transcripts was undertaken to make sense of the data. The phases are iterative and concurrent, culminating in a synthesis of the findings so the collective themes and subtexts, and their similarities and differences are identified. Critical realism was used to uncover what exists (ontology) for Māori women and safety to understand their inequities in safety by critiquing social practices that impact individual Māori women.

RESULTS

We will report the findings of this study exploring the thoughts and understandings of Māori women about safety.

ATTENTION CROSS-CULTURAL RESEARCHERS! TRANSFORMATIVE ACTION REQUIRES CRITICAL INDIGENOUS HEALTH RESEARCH

DENISE WILSON

AUT,
TAUPUA WAIORA CENTRE FOR MĀORI HEALTH RESEARCH

THE NATIONAL INSTITUTE FOR PUBLIC HEALTH
AND MENTAL HEALTH RESEARCH

Poor health status and health outcomes are complex and multidimensional in nature, and include access to necessary determinants of health, timely access to health services, and the quality of the services delivered. Globally, Indigenous people who have undergone colonisation experience persistent inequities in the access, use, and quality of health services. Compounding these are nurses and other health care providers who deliver health services from a predominately biomedical worldview, or undertake research from a dominant cultural perspective that does little to acknowledge or incorporate the worldviews and practices of Indigenous users of health services. Without doubt, the concept of health and wellbeing is a dynamic socio-cultural construction that for Indigenous people incorporates a holistic, eco-spiritual view. In addition to their

worldview, Indigenous people have unique socio-historical contexts (resulting in historical trauma and institutional racism and discrimination) that intersect with their worldview and the biomedical worldview of health services. This presentation will offer a critical cultural perspective of the role of nurses and health researchers supervising Indigenous students and/or undertaking Indigenous health research persistence in using Euro-Western methodologies using Māori (the Indigenous people of Aotearoa New Zealand) to illustrate key ideas. Furthermore, I will advocate the need for critical Indigenous research methodologies to be used so that Indigenous health research better reflects the reality and experiences of Indigenous people and their communities, and can lead to transformative action.

UNDERSTANDING THE PARADOX OF SOCIAL ISOLATION AND SOCIAL INTEGRATION FOR OLDER ASIAN IMMIGRANTS IN NEW ZEALAND

VALERIE WRIGHT-ST.CLAIR

AUT,
DEPARTMENT OF OCCUPATIONAL SCIENCE AND THERAPY

SHOBA NAYAR

AUT,
CENTRE FOR MIGRANTS AND REFUGEE RESEARCH

THE NATIONAL INSTITUTE FOR PUBLIC HEALTH
AND MENTAL HEALTH RESEARCH

Introduction

New Zealand research of older Asian immigrants suggests poorer post-migration health outcomes associated with declining social networks and social support. Such outcomes hold social and economic implications for supporting an ageing, culturally diverse population. This study explored how Indian, Chinese and Korean elder migrants contribute to New Zealand society.

Method

This grounded theory study included Indian, Chinese and Korean men and women, aged 60 or over.

Through purposive sampling 74 participants for 9 focus groups across the three communities were recruited. Up to a further 30 individual interviews (10 with each community) were recruited using theoretical sampling. Semi-structured interviews in language of choice were audio recorded, transcribed verbatim, and translated where relevant to English for analysis. Questions explored how participants contributed to community and the impact on their wellbeing. Data were analysed using grounded theory methods. Ethics approval was obtained from Auckland University of Technology Ethics Committee.

Results

Participants noted a range of ways in which they facilitated their social integration. For example by volunteering at local organisations and engaging in social groups established for elders within specific ethnic communities. However, barriers were identified such as language and public transport, which increased the potential for social isolation, thus diminishing wellbeing. This was particularly so for the Chinese and Korean communities.

Conclusion

Post-migration, participants report both social integration and social isolation as being part of their settlement experience. However, fundamentally the ways in which participants engaged in civic society contributed to both their self-reported wellbeing as well as the good of New Zealand society.

The importance of community partnership in cross cultural research introduction

Shoba Nayar

AUT,
Centre for Migrants and Refugee Research

The National Institute for Public Health
and Mental Health Research

Valerie Wright-St.Clair

AUT,
Department of Occupational Science and Therapy

Doing culturally sensitive cross-cultural research is fraught with ethical and methodological concerns; particularly when the investigating researchers are not members of the participating ethnic communities. This paper explores the challenges and benefits of engaging with Indian, Chinese and Korean elder migrant communities in a New Zealand study.

Method

Guided by a key informant, the researchers presented their proposed plan to relevant community leaders. Next, meetings between individual community leaders and researchers took place within

nominated community settings. Finally, in preparation for the study, research assistants from within each ethnic community were appointed to the research team. The actual study involved collecting data across focus groups and individual interviews in accordance with culturally appropriate frameworks, including choice of language, social etiquette and environmental setting.

Results

Challenges to engaging in community partnership included the amount of time required to establish relationships and simultaneously manage the organisation of data collection across three different ethnic communities; working in unfamiliar languages; and preparing community leaders and research assistants to undertake research processes. Benefits were access and welcome into the participant communities, and the richness of data collected as a result of establishing a research framework in which participants felt comfortable to engage in and express themselves.

Conclusion

Researchers do not necessarily need to belong to specific ethnic communities in order to engage in rigorous and respectful research. However, fundamental to cross cultural research, is ensuring that sound community partnerships are nurtured throughout the process, from engagement through to data collection, analysis and sharing of results.

Participating in community: Older Asian immigrants taking on responsibility in New Zealand society

Shoba Nayar

AUT,
Centre for Migrants and Refugee Research

The National Institute for Public Health
and Mental Health Research

Valerie Wright-St.Clair

AUT,
Department of Occupational Science and Therapy

Introduction

New Zealand has an increasingly ethnically diverse ageing population, in particular from the Asian region; yet little is known about how these older migrants contribute to communities and wider society. This study explored the processes by which Indian, Chinese and Korean elder migrants engage in voluntary work in Auckland, New Zealand.

Method

A grounded theory methodology framed this study. Participants were men and women, aged 60 years and over at the time of interview, identifying as Indian, Chinese or Korean. Purposive sampling was

used to recruit 74 participants for 9 focus groups across the three communities. Theoretical sampling was used to complete up to a further 30 individual interviews (10 with each community). Semi-structured interviews conducted in English, Hindi, Mandarin and Korean were audio recorded, transcribed verbatim, and translated where relevant to English for analysis. Data were analysed using grounded theory methods. Ethics approval was obtained from Auckland University of Technology Ethics Committee.

Results

Participants engaged in a diverse range of voluntary activities, both within their families and own ethnic community, and wider society. These activities included looking after grandchildren, knitting-garments for children in hospital, working voluntarily in community organisations such as 'Red Cross' and libraries, and volunteering at Auckland city homeless shelter.

Conclusion

This study reveals that elder Indian, Chinese, and Korean migrants make a significant social contribution. Participants expressed a sense of duty to give back to New Zealand society in recognition of the multiple ways in which government assists them to live in the country at an older age.

EXIT OR NO EXIT: ANALYSIS OF NEW ZEALAND'S MENTAL HEALTH REVIEW TRIBUNAL DECISIONS (1993-2012)

ABSTRACT BASED ON TALK GIVEN 25 JUNE 2013
AUT, School of Public Health and Psychosocial Studies Monthly Seminar

KATE DIESFELD

AUT,
DEPARTMENT OF PUBLIC HEALTH

What factors influence the Mental Health Review Tribunal? This study illuminates factors that impact upon discharge of service users by the Tribunal. The study built upon domestic and international research on tribunal decision-making. It identifies issues that will aid service users, their lawyers, clinicians and Tribunal members. The thematic analysis of 80 discharge decisions since 1983 raised the following types of questions: How may service users prepare for hearings? What evidence increases the likelihood of discharge? Does the presence of support people matter? What does the Tribunal mean by insight? We welcome your contribution to the discussion regarding how past decisions may assist service users in preparation for Tribunal hearings.

Art as a medium for community, transcendence and social change

Niki Harré, Jan Trayes, Charlotte Blythe

University of Auckland
School of Psychology

Manuel Riemer

Wilfred Laurier University,
Department of Psychology

Rhoda Scherman

AUT,
Department of Psychology

All great movements for social change draw on deeply held values and create bonds between people that go beyond rational argument. Art is a powerful means to elicit and communicate shared values and to provide a sense of transcendence into a larger collective effort. In this workshop we explore the elusive but powerful relationship between values, transcendence and collective action and discuss how different forms of art, especially the visual and performing arts can create this. The workshop will first involve each participant briefly talking about an experience of transcendence or unity within a collective setting. From this we will build a montage of words and images to try and

reach a shared understanding of the essence of this experience. We will then focus on how different art forms can bring about this experience. Participants will be broken into groups to discuss the art form that most resonates with them. The group as a whole will then consider the role of art in uniting people around a collective effort, and the values that art can express. Finally, participants will be invited to take part in a short dance and rhythm performance, no talent or skill needed. We hope that by the end of the workshop participants will have experienced how art can create bonds between people, formed new ways of talking about their experiences of personal transformation through collective action, and be inspired to use art within their action for social change.

INTUITION AND DELIBERATION IN PSYCHOTHERAPY DECISION MAKING

ABSTRACT BASED ON TALK GIVEN 28 JUNE 2013
AUT, Psychotherapy Forum

STEPHEN APPEL

AUT,
DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

Even though psychotherapists are constantly making decisions in the course of treatment, clinical decision making is not a developed area of study in this field. It has been well-established in other health professions (e.g. occupational therapy and nursing) that clinical reasoning involves both rational and non-rational modes of being. In Mattingly's words the therapist improvises a treatment based on "tacit understanding and habitual knowledge gained through experience" (1991). In this paper I describe and illustrate some of the ways practicing psychotherapists employ both deliberation and intuition, for example the rules of thumb called heuristics

Reference

Mattingly, C. (1991). What is clinical reasoning? *American Journal of Occupational Therapy*, *45*(11), 979-986. http://dx.doi.org/10.5014/ajot.45.11.972

EMPOWERING YOUTH VIA 'CULTURAL LITERACY': A PRIMARY PREVENTION STRATEGY AND WELLNESS PROMOTION TOOL

ABSTRACT BASED ON TALK GIVEN 29 JUNE 2013
The 14th Biennial Conference of the Society for Community Research and Action, Miami, Florida

PANTEÁ FARVID

AUT,
DEPARTMENT OF PSYCHOLOGY

Media Literacy programmes seeking to educate young people on how to critically analyse mass media messages are relatively well established in many western countries (e.g., Canada, US, UK, Australia). Such programmes typically focus on educating young people on how to decode the source, message and intended audience of media portrayals (e.g., advertising), to highlight their highly manufactured, unrealistic, stereotypical or potentially harmful nature. This symposium first reviews insights offered by a variety of media literacy programmes (from western countries) then goes on to present a broader 'cultural literacy' programme that sought to work as an educational programme and a primary prevention strategy for addressing many facets of youth well-being. This programme was specifically designed for youth in the New Zealand context, and goes

beyond media literacy or general sexuality education at schools and seeks to work with students on key issues related to their daily lives. Drawing on empirical research, (sexual) violence primary prevention strategies, and the perceived needs of New Zealand girls/boys, topics pertaining to youth health and wellbeing are covered. These topics include: identity construction; relationships with friends, romantic relationships, gender and sexuality, sex and sexual safety, communication, grooming, body image, and drugs/alcohol. The programme is set up to be highly interactive and involves group work and participation from the audience/students and is localised to the specific context of the school, region, and the country. This symposium seeks to provide a forum of discussion, debate, and explication of diverse ways of empowering young people with knowledge, education and skills to make positive decisions that are congruent with their own ideals and shared experiences. It also offers a model for others looking to develop and/or implement similar 'cultural literacy' programmes in other contexts.

THROUGH THE LOOKING GLASS: USING THE VALUES EXCHANGE TO EXPAND STUDENTS' VANTAGE POINTS OF PRACTICE, MOVING FROM OPACITY AND FILTERED INSIGHTS TO REFLECTION AND ENHANCED WORLD VIEWS

The 36th Higher Education Research and Development Society of Australasia (HERDSA) Annual International Conference, Auckland

SHARON AYSON

UNIVERSITY OF NEW CASTLE,
NEW CASTLE BUSINESS SCHOOL

AMANDA B LEES

AUT,
DEPARTMENT OF PUBLIC HEALTH

The Values Exchange is a web-based community supporting students from diverse disciplines to think deeply about ethical issues in their practice. Through a series of interactive screens students consider case scenarios from a range of contextual factors and are supported to expand and explain their thinking using a combination of semi-structured and free text responses. Upon submission, reports are generated summarising responses for all others who have completed the same case scenario. This produces a two-tiered thinking experience whereby students deliberate a case and are then provided with a window into the thinking of others, with opportunities for on-going reflection and collaborative learning. Existing literature suggests this online place creates a space to think; to learn from, and about others; as well as exposing users to wide ranging solutions for

practice based problems. However, studies have been limited to areas of health education. This presentation outlines a study that aims to explore the tool's place in ethics and decision-making across disciplines; exploring both health and business students' experiences. Values Exchange reports from health students at Auckland University of Technology (New Zealand) and business students from Newcastle University (Australia) will be analysed. This Showcase presentation will report on early findings. In particular, the presentation will consider 'What is the student experience of the Values Exchange space?' and 'To what extent to does this online tool create a 'place for learning'?

POLITICS, COUNSELLING AND THE CHANGING PROFESSIONAL WORLD

ABSTRACT BASED ON TALK GIVEN 4 JULY 2013 (INVITED KEYNOTE)
New Zealand Tertiary Student Counsellors' Hui, Auckland

KEITH TUDOR

AUT,
DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

This keynote speech identifies certain aspects of the political and professional context of counselling today, as well as a number of challenges that face counsellors and others in the helping professions. Drawing on "Some new challenges" identified by Carl Rogers 40 years ago, the speech takes the questions he posed then – Can we permit ourselves to be whole men and women? Is this the only reality? Dare we develop a human science? Do we dare to be designers? Dare we do away with professionalism? – and considers their relavance today. In doing so, I address, respectively, issues of ontology, epistemology, methodology, and method – both of practice and of organisation. The speech ends with an acknowlegement of the day being American Indpendence Day and promotes the virtue of interdependence (see Tudor, 2007).

References

Rogers, C. R. (1973). Some new challenges. *American Psychologist*, *28*(5), 379-387.

Tudor, K. (2007, 4th July). *Independence Day: Life, liberty and the pursuit of happiness, or, Interdependence days: organismic life, freedom and the pursuit of homonomy.* Lecture for the Counselling Diploma Course, Faculty of Health and Applied Social Sciences, Liverpool John Moores University, Liverpool, UK.

SUSTAINABLE PRACTICE – WHY SHOULD WE CARE?

BLANCHE FARMER

AUT,
DEPARTMENT OF ORAL HEALTH

The use of plastic in modern society is prolific and research has shown that the detrimental effect that it is having our environment is increasing exponentially. The impact on our oceans and sea life is becoming a considerable concern and awareness of the impact on the environment should be raised in the dental- as well as the wider community. As Oral Health professionals we know that many of the products that we use in the clinical environment, as well as products that we recommend to patients for home-use are made from plastic or housed in plastic. For many years now, most toothbrushes have been manufactured from plastic and many advances in design and efficacy have been made. Whilst this has been cost-effective and allowed for mass production, little regard has been given to the long-term environmental impact and sustainability of continuing on this path. As

toothbrushes are a product that oral health professionals would recommend to every patient, we have to increase our awareness and involvement in environmentally sustainable practice, by raising awareness that biodegradable toothbrushes should be considered as an alternative to those adding to the problem of plastic waste. It is possible for Oral Health professionals to start introducing more sustainable options in every day practice, without compromising on infection control. To save our planet, we should all take the "reduce, re-use and recycle" message on board as best practice for Oral Health Professionals.

PERIO PRINCESS OR PUBLIC HEALTH WARRIOR – WHO ARE YOU?

BLANCHE FARMER & SHARMYN TURNER

AUT,
DEPARTMENT OF ORAL HEALTH

In spite of the fact that New Zealand had introduced Dental Therapists as part of a School Dental Service since 1921 – the first in the world – the state of the nation's oral health is still poor. According to statistics from the National Oral Health Survey 2009, New Zealand has higher rates of dental decay and periodontal disease when compared to other developed countries. The first New Zealand Dental Hygienists qualified in 1984 and most are involved in clinical work in private practice primarily undertaking prevention and non-surgical treatment of periodontal diseases.

However the Scope of practice as defined by the Dental Council of New Zealand infers that the hygienist's major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours.   Given the statistics on oral health it seems

that the role of education and prevention has fallen by the wayside.

We would like to urge all Dental Hygienists to reconsider our role in prevention and oral health education on a community level. We cannot continue to be the ambulance at the bottom of the cliff by clinically treating oral disease as it occurs.

The prominent place that prevention and oral health education plays in the BHSc in Oral Health at AUT will be highlighted as an example of how we, as Oral Health professionals can get involved at a community level. Some of the Oral Health Promotion projects that the Department of Oral Health has been involved in will be discussed to serve as inspiration to get the Dental Hygienists out of private practice and into communities because "Prevention is better than cure"!

EXISTENTIAL CBT: BACK TO THE FUTURE

JACKIE FEATHER

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Cognition comes from the Latin word cognoscere and is about "meaning making". Cognitive Behaviour Theraoy explicitly targets cognition as the key medium for change. At its inception, CBT supplemented purely behavioural approaches. Beck cited existential-phenomenological thinkers such as Heidegger, Husserl and Binswanger. However, these philosophical existential influences appear to have been largely forgotten with the privileging of CBT's Modernist roots in scientific empiricism and reason and logic. More recently CBT has seen a transformation from a change-based approach to more acceptance-based approaches. These fit nicely under the umbrella of CBT because they are also engaged with cognition, albeit in a different way: to foster the ability to observe and let go unhelpful thinking. This paper argues for an expanding of CBT's

engagement with cognition to embrace a third position: co-creation of meaning. Essentially this involves a re-claiming and deepening of CBTs implicit existential roots. It has emerged in response to clients' bringing existential crises to CBT therapists-in-training in AUT University's Counselling Psychology Clinic. Case illustrations of this newly developing model will be presented.

Daring in the 'city of action ... the world headquarters of the verb'

CARIL COWAN

AUT,
DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

PETER PARKINSON

INDEPENDENT REGISTERED PSYCHOTHERAPIST

Getting rich through psychodrama

We propose that through psychodrama and its practice we, as AANZPA members, have the potential to become enriched not just financially, but also in terms of our spirituality, collegial connections, peer review, and the integrity of our own social atom. In co-editing a group work contract with ACC (Accident Compensation Corporation), Peter kept the above principles as central. Caril administers this contract nation-wide.

The values behind the contract construct will be discussed, both verbally and in action, in terms of implementation, inclusion, practical detail and outcome-informed practice.

TRANSNATIONAL CAREGIVING: EXPERIENCES OF INDIAN IMMIGRANT WOMEN IN NEW ZEALAND

SHOBA NAYAR

AUT,
CENTRE FOR MIGRANTS AND REFUGEE RESEARCH

THE NATIONAL INSTITUTE FOR PUBLIC HEALTH
AND MENTAL HEALTH RESEARCH

Introduction

Immigration is a global phenomenon and, as a consequence, transnational care-giving is becoming a significant occupation in the lives of all immigrants living away from their parents and other familial networks. Although the occupation of care-giving has been discussed extensively in occupational science and therapy literature, care-giving in a transnational context has received less attention.

Objective

The purpose of this paper is to explore the complexity of occupations that collectively enable and sustain the practice of transnational care-giving for immigrant populations.

Method

This paper draws on data from a grounded theory study of 25 Indian women who had immigrated to New Zealand between the years 1987-2005. All of the women had parents residing in India. Original data was gathered through semi structured interviews in which the women spoke about their settlement process. A secondary analysis of the interview transcripts was undertaken using hermeneutics to uncover the women's stories of transnational care-giving.

Results

The women engaged in multiple occupations which were influenced by the need and desire to support the emotional and physical health and well-being of their parents, who were still residing in India. Examples of occupations included phone calls, making return visits and teaching their children to speak an Indian language. However, engaging in transnational care-giving had health and economic costs for participants.

Conclusion

Benefits of transnational care-giving include advanced health and extended connection across generations. However it is a complex and demanding occupation, involving multiple people and processes, that requires additional support from outside the family unit.

Promoting the health of senior Asian immigrants: A role for occupational therapists

Shoba Nayar

AUT,
Centre for Migrants and Refugee Research

The National Institute for Public Health
and Mental Health Research

Valerie Wright-St.Clair

AUT,
Department of Occupational Science and Therapy

Introduction

Changing immigration patterns mean that globally many countries are experiencing an increase in the ageing and diversity of ethnic groups. This is particularly true within an Australasian context; yet little is known about how these older migrants contribute to communities and the implications for their occupational wellbeing.

Objective

To explore an emergent role for occupational therapists supporting senior Asian immigrants engagement in community occupations that facilitate wellbeing.

Method

Purposive sampling was used to recruit 74 participants, aged 60 or over, across New Zealand Indian, Chinese and Korean communities, for 9 focus groups. Up to a further 30 individual interview participants, involving each community, were recruited using theoretical sampling. Semi-structured interviews in language of choice were audio recorded, transcribed verbatim, and translated where relevant to English for analysis. Questions explored how participants contributed to community and the impact on their wellbeing. Data were analysed using grounded theory methods. Auckland University of Technology Ethics Committee granted ethics approval.

Results

Senior Asian immigrants engage in a variety of civic, community oriented occupations including voluntary work at libraries and a homeless shelter, knitting vests for premature babies and educating their own and others' grandchildren. Underpinning their occupational engagement is a strong desire to be involved in activities that both serve community and country, and contribute to personal healthiness.

Conclusion

Through supporting senior Asian immigrants to seek or create opportunities for engagement in community occupations, occupational therapists may play a pivotal role in promoting the health and wellbeing of a growing population.

Shaping self and trading off: Revealing occupational adaptation in everyday life

Shoba Nayar

AUT,
Centre for Migrants and Refugee Research
The National Institute for Public Health
and Mental Health Research

Mandy Stanley

Division of Health Sciences
The University of South Australia

Introduction

Occupational adaptation is fundamentally a social process. Whilst the term occupational adaptation is understood conceptually little is known about the changes made by individuals within their everyday lives.

Objective

This paper considers how the concept of 'occupational adaptation', as a social process reveals itself in everyday settings.

Method

This paper draws on findings from two grounded theory studies. Study one explored the settlement processes of 25 women who had emigrated from India to New Zealand between the years 1987-2005. Semi structured interviews were analysed using grounded theory methods, in particular dimensional analysis. In study two, 15 participants over the age of 75, living in an Australian city were interviewed regarding their understanding of well-being. Data were analysed using the tenets of traditional grounded theory.

Results

In study one, 'Shaping Self', was revealed as a form of occupational adaptation wherein the immigrant women chose how much of themselves to reveal as Indian at any given moment as a way of increasing their occupational choices and overcoming societal issues of racism. In the second study 'Trading Off', as a form of occupational adaptation, was used to exchange occupations that were no longer within participants capacity for occupations that were, or for other people to complete those tasks in order for the person to perceive that they were in control.

Conclusion

Re-framing occupational adaptation using language grounded in the experiences of particular social groups further extends understandings of this concept as it unfolds in individuals' everyday lives.

ORAL HEALTH STUDENTS' PERCEPTIONS OF STUDENT-TO-STUDENT ADMINISTRATION OF LOCAL ANAESTHESIA: A QUALITATIVE STUDY

ABSTRACT BASED ON TALK GIVEN 1 AUGUST 2013
AUT, School of Public Health and Psychosocial Studies Monthly Seminar

DANIEL FERNÁNDEZ & ROHINI KHAREEDI

AUT,
DEPARTMENT OF ORAL HEALTH

The purpose of this study was to explore the students' perceptions of their first clinical experience involving the administration of local anaesthetic injection to and by a fellow student. Two semi-structured focus group sessions were used to collect data. The data was analysed to generate themes and categories. Though the participants of the study described the experience as anxiety-inducing and stressful, they found the outcome of the learning strategy positive.

INTERPRETERS' EXPERIENCES OF WORKING WITH REFUGEES IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 7 AUGUST 2013
AUT, PGR9 presentation

PHILIP BRITZ

AUT,
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Research (Bischoff, 2012; Doherty, 2010; Sande, 1998), and personal experience working with interpreters, has shown that interpreters experience their role as lonely, complex, challenging and even traumatic. The interpreter is in the unique middle position of change agent between the clinician and refugee; a paradoxical position of interpreting/changing the language spoken and interpreting/ acculturating the culture and systems involved. On the one hand, their function as interpreter has contributed to their sense of coping and self-worth, and on the other hand they experience their role as a 'resource person' for both the refugees and staff at the refugee centre which contributes to their need for professional distance and neutral position. Both fellow kinsmen and staff put a high demand/ expectation on interpreters to fulfil multiple roles including, teacher,

lawyer, spokesman, friend, translator, cultural consultant and informant (Sande, 1998). To date, there has been no New Zealand, and limited international research that actually seeks to understand the role of the interpreter working within the refugee context (Granger & Baker, 2003; Grant 2009; Green 2012; Miller et al., 2005; Tribe, 2003).

Using a hermeneutical phenomenological approach, this research seeks to discover the meaning of interpreters' experiences of working with refugees in New Zealand. This study seeks to increase awareness, in a New Zealand context, regarding the role of interpreters working with refugees; and inform the practice of using interpreters working with refugees in a clinical setting. Such information can lead to recommendations to help organisations develop services that meet the needs of interpreters such as professional development training, specialized individual supervision, and professional status. Consequently, an interpreter workforce that is both culturally and professionally competent might grow to deliver quality services and achieve desired outcomes in New Zealand.

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A CASE FOR INTEGRATING ORAL HEALTH PROMOTION AND GENERAL HEALTH PROMOTION INITIATIVES – A NEW ZEALAND TEACHING PERSPECTIVE

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Oral Health Practitioners know that the mouth is the window to the body's health and that it makes sense to integrate oral health promotion with health promotion. This stance is also reflected in the holistic health perspectives of New Zealand Māori and Pasifika communities which endorse community based approaches to health. As an Oral Health Educator in New Zealand I propose that a greater emphasis should be placed on community-oriented oral health promotion activities along with their integration into other, or more general, health promotion programmes. I make a case for this re-balancing of emphasis on the basis of my views about:

a)   The reciprocal relationship between oral health and general health

b)   Likely reduction of duplication of effort and conflicting or inconsistent health messages in health promotion initiatives,

c)   The benefits of inter-professional, team-based activities, and

d)   Gains in recognition of the significance of oral health as a component of overall well- being.

The implications of this stance for a university oral health education programme are also described and discussed. Those implications concern assessment tasks for Oral Health promotion papers, students practice opportunities in an on-site integrated health clinic, student involvement in Oral health outreach initiatives and community based Oral Health Education placements.

RECOVERING FROM CHILDHOOD TRAUMA AND GAMBLING MISUSE USING CULTURAL SYMBOLS AND PRACTICES OF THE NGĀ POU WĀHINE INTERVENTION PROGRAMME

ABSTRACT BASED ON TALK GIVEN 20 AUGUST 2013
AUT, School of Public Health and Psychosocial Studies Monthly Seminar

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The topic of childhood trauma and its multifaceted effect on indigenous people is not a new phenomenon within Māori communities. Trauma and neglect is often present in families/whānau where the parents/caregivers exhibit dysfunctional behaviour. One such behaviour that is known to permeate the very fabric of family/whānau life leading to insidious consequences for the children is gambling misuse. Compared to non-Māori women, Māori women are more likely to have experienced childhood sexual abuse and, as a result, are themselves more likely to be vulnerable to negative outcomes such as mental health problems, partner abuse and developing behaviours of gambling misuse. The findings established that recovery from childhood trauma for Māori and other indigenous peoples must at the very least include culturally appropriate

interventions and strategies. Interventions currently used to decrease gambling misuse in the Māori population have been unsuccessful largely due to their lack of a culturally validated component. Māori and non-Māori providers are therefore urgently seeking programmes that are more effective than the current ineffective main stream models.

This paper presents aspects of the Ngā Pou Wāhine Intervention Programme. Presented are the qualitative findings of childhood trauma and its effect on the physical health, social milieu, and mental health of twenty Māori women. Synonymous to the one day programme delivered over four weeks is the use of cultural symbols to understand childhood trauma. The symbols assist the women to describe the inter-relatedness of the societal and historical trauma, namely colonization to provide context for the behaviour. Strategies for change will also be discussed.

Supporting the mental health of senior Asian immigrants in New Zealand

Shoba Nayar

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The National Institute for Public Health and Mental Health Research

Valerie Wright-St.Clair

AUT,
Department of Occupational Science and Therapy

New Zealand has an increasingly ethnically diverse ageing population. Asian immigrant communities are growing; yet little is known about how older migrants participate in and contribute to communities and wider society, and the outcomes on their mental health. This grounded theory study involved 74 Chinese, Indian or Korean, men and women, aged 60 years and over. Findings revealed that the mental health of senior immigrants is enhanced when they have opportunities to participate both within their ethnic community and mainstream New Zealand society. However, issues such as racism and communication difficulties impeded participation, resulting in depression and loneliness.

International perspectives on refugee mental health: Assessments, interventions, outcomes

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The National Institute for Public Health and Mental Health Research

There is a dearth of evidence addressing the long term outcomes of mental health interventions for refugees who have experienced torture and trauma. Questions remain regarding 'suitability of assessments', 'best delivery models' and 'overall effectiveness of current interventions'. Three mental health services, Refugees as Survivors New Zealand (RASNZ), Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) in Australia, and the Competence Centre for Transcultural Psychiatry in Demark are developing international partnerships to seek answers to these questions. This roundtable discusses current mental health interventions offered for refugee populations in each of the three countries.

Other speakers included: *Jorge Aroche, Gary Poole, Charollotte Sonne, Jessica Carlsson Lohmann, and Derrick Silove.*

Teenage girls' engagement with 'Tumblr': Patterns of meaning making and identity construction

Panteá Farvid & Magenta Thompson

AUT,
Department of Psychology

Tumblr is a relatively new social media micro-blogging website that is extremely popular amongst teenage girls. Media and 'girl culture' remains a prominent research area where there is increasing interesting in letting girl's tell their own stories. *Tumblr is* predominantly visual and it provides a myriad of options to craft an online social identity. Internet-based media platforms such as *Tumblr* allow users to co-create content and make it their own on a level unattainable with traditional media such as magazines and TV. This presentation is based on a pilot study of one-on-one interviews with young girls (13-14 years) about their use and engagement with *Tumblr*. The interviews consisted of being guided through personal *Tumblr* pages by the girls whilst the visual content was recorder by digital software and the audible voices digitally recorded. The use of

creative visual methods allowed the researcher to recognise the inherent breadth of interpretations available for any image and validating research participants' interpretations. Through this 'tour' the girls discussed the processes involved in using *Tumblr,* what different images meant to them, and the place this micro-blogging site had in their daily lives. The analysis examines how teenage girls engage with *Tumblr* as a tool in identity construction, self-expression and meaning-making. Themes related to social and individual identity construction, girlhood, health and consumption will be discussed.

EXAMINING THE WORLD OF "GLOGGERS": FOCUS GROUP DISCUSSIONS ABOUT TEEN GIRLS' ENGAGEMENT WITH *TUMBLR*

ABSTRACT BASED ON TALK GIVEN 2 SEPTEMBER 2013
The 3rd International Method Conference, Wellington

MARIAM MOUSA & PANTEÁ FARVID

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DEPARTMENT OF PSYCHOLOGY

Tumblr is an online microblogging site that is mainly comprised of pictorial images. As of March 2013, more than 98.7 million entries were posted on the website by users. Although it is extremely popular with young teenage girls, little is known about what girls think about, and how they use, this platform. Research suggests that online micro-blogging can be considered a venue for identity construction, expression and the protracted negotiations between peers over everything that constitutes the social world. In contrast, it can also be considered a promotional vessel that drives stereotypical messages of consumerism (often linked to advertising) that exasperate the commodification of girlhood. Situated within a critical and feminist framework, this study was particularly interested in how teenage girls engage with, and respond to pictorial images that commonly circulate

on *Tumblr*. Using the focus group method, girls were invited to choose and bring along images found on *Tumblr* that spoke to them in some way (or that they often encountered) and then to discuss what specific images meant to them and why. Through this process, participants had the opportunity to discuss, agree, disagree and produce knowledge that reflects their daily lives and online blogging culture. The study sought to understand the ways in which girl culture is constructed within the specific and contextual practice of online pictorial micro-blogging. Here, the *ideal* girl culture is understood as socially and culturally produced, linked to broader practices of sense-making and consumption, as well as mediated by online blogger images.

CONNECTING THE DIVERSE WORLDS OF ART AND PUBLIC HEALTH: CAN VISUAL METHODS AID IN ADDRESSING HEALTH INEQUALITIES?

CATH CONN

AUT,
DEPARTMENT OF PUBLIC HEALTH

This paper explores the possibilities for visual research to support public health in addressing inequalities.

Health sciences are often inadequate for addressing significant societal problems because, given the positivist nature of the field, there is limited consideration for power relations and other complex social phenomena. One such problem, and a priority for public health, is that of health inequalities. This arises from unequal power relations in society and is created and embedded in varied and complex historical and social contexts.

This paper will explore these issues using the literature and referring to research conducted in Uganda about young women and issues of gender inequality in relation to HIV. A group of young women aged 15

-19 years depicted their lives using a drawing method. The majority depicted the domestic tasks they undertake daily. Other examples were images of the cultural practices of kneeling to elders and early marriage, and going to school.

Figure 1: Working at home

Figure 2: Girl suffering from forced early marriages

Figure 3: We are trying to say that a girl child has to go for education

These representations were analysed using a critical framework and discussed in relation to current norms of HIV prevention. Recommendations were made for improving policy and practice.

The paper will conclude by arguing that such visual methods are valuable for informing public health policy and practice, given that they represent complex, power-related and often hidden issues not uncovered by other means or not sufficiently brought to the fore. There are, however, many challenges for the public health researcher, not least the role of the participant-artist in interpreting and representing their images in the research.

Complex adoptive relationships: A symposium of post-graduate student research on the experiences of people whose lives are touched by adoption

Rhoda Scherman

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Department of Psychology

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

Despite our relatively small population, New Zealand once had one of the highest domestic adoption rates of the western world, when, in the late 1960s, more than 6% of the country's children were being placed for adoption. Since then, domestic adoption rates have been steadily declining, due to a combination of factors including: the global rise in infertility (believed responsible the diminished supply of children, as well as the increased demand for children); contraception use; legalisation of abortions; relaxed social attitudes towards out-of-

wedlock births; and lastly, the introduction of the Domestic Purposes Benefit in 1973, which allows unmarried mothers to keep and parent their children, rather than relinquish them for adoption as they once did.

New Zealand's long history of adoption practice means we are now a country with a large population of people (young and old) whose lives have been touched by adoption. And even though we are currently less likely to put our own (New Zealand-born) children up for adoption, people are showing an increasing interest in intercountry adoption—suggesting that we remain a nation committed to the practice of adoption as an alternative method of family formation.

This symposium brings together the works of a group of post-graduate students from AUT, all of whom have undertaken research designed to explore the complexity of adoptive relationships.

1) Adoptive Fatherhood: The role of biological unrelatedness (Anisha Khambatta)

2) Birth mothers and adoptive mothers in open adoption (Nelly Kalizinje)

3) The affect of adoption on a couple's intimate relationship (Rochelle Mullenberg)

4) Teen adoptee experiences: An online qualitative study (Hanhee Lee)

5) Gay/Lesbian adoption parenting: A review of literature (Vanessa McAlonan)

Birth mothers and adoptive mothers in open adoption

RHODA SCHERMAN
(AND NELLY KALIZINJI—IN ABSENTIA)

AUT,
DEPARTMENT OF PSYCHOLOGY

New Zealand, in contrast to other Western countries, has been practicing unlegislated policy of open adoption as the primary means of adoption since the 1980s. Research on open adoption has been slowly emerging since then; however, relatively little research has been done on the birth and adoptive mothers in open adoption. This is especially true for New Zealand context. Further, previous open adoption research has focused on the psychosocial outcomes for children. Very little is known about the actual experiences of being a birth or adoptive mother in an open adoption

The current qualitative study, guided methodologically by Interpretive Phenomenological Analysis (IPA), sought to investigate the lived experience of New Zealand birth and adoptive mothers in open adoption. Six themes were revealed for the adoptive mother:

(1) Adoption as a last choice, (2) Relief at being chosen, (3) Waiting, (4) I'm not ready, (5) Entitlement, and (6) Advocacy. For the birthmother, three themes were revealed: (1) Experiencing the openness of open adoption, (2) Being the birthmother, not the mother, and (3) Having a continual presence of the child. For both types of mothers, one common theme was found: Extended family.

Overall, the study revealed that there is more to the experience of being birth or adoptive mothers than is usually portrayed in outcome studies. It has further revealed that the two sets of mothers have different perspectives and experiences, even as they are attempting to engage with one another in the unified context of their open adoption. The significance of the research, as it contributes to our understandings of open adoption, along with the implications for practice, policy and future research, will be considered.

The affect of adoption on a couple's intimate relationship

RHODA SCHERMAN
(AND ROCHELLE MULLENBERG—IN ABSENTIA)

AUT,
DEPARTMENT OF PSYCHOLOGY

Although adoption research literature is fairly 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 considered the relationship between the adoptive parents, despite a large body of literature about how new babies negatively impact a couple's intimate relationship. As there are a number of unique stressors associated with adoption, it could be expected that adoptive couples might also see a decline in marital quality as they adapt to adoptive parenthood. In-depth interviews were conducted with two married couples, exploring how adoption has affected the intimate relationship between the husband and wife. The focus of the interviews was the issues that adoptive parents face in the first year after adopting their children, in an attempt to gain an increased understanding of how

these issues affect their marital relationship.

Using thematic analysis to analyse data, three themes emerged: (1) women drive the process, (2) child cements the parent relationship, and (3) the waiting. The results of the study indicated that both couples adapted to adoptive parenthood differently. Couple A indicated their marriage was strengthened as a result. Couple B indicated that their relationship has deteriorated since adoption. Findings from the current study suggest a possible need to develop support systems for adoptive parents, to assist them in their adjustment to parenthood, similar to those for biological parents.

Bullying involvement of Pasifika children in New Zealand

ABSTRACT BASED ON TALK GIVEN 24 SEPTEMBER 2013
The 2013 Pasifika Medical Association Conference, Nukualofa, Tonga

Leon Iusitini
(and Steve Taylor & El-Shadan Tautolo—in absentia)

AUT,
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The National Institute for Public Health
and Mental Health Research

Bullying amongst children and youth is a topical and widespread social problem affecting the psychosocial well-being and academic functioning of many children in New Zealand. Relatively little research on bullying has been conducted in New Zealand, and even less with Pasifika children. Surveys indicate that between 5% and 11% of secondary school students in New Zealand report being bullied on a regular basis, and a similar proportion report bullying other children regularly. About one-in-five are also victimised by cyber-bullying, mostly via mobile phone. This presentation presents self-report data on bullying behaviours collected from 942 11-year-old Pasifika children. These children participate in the Pacific Islands Families (PIF) Study, a longitudinal birth cohort study tracking the health and development of these children and their parents since the children

were born at Middlemore Hospital, South Auckland, New Zealand in the year 2000. Results indicate concerning levels of involvement in bullying victimisation and lesser levels of perpetration. The possible implications of this on the mental health and well-being of Pasifika children in New Zealand are explored.

ABSTRACT

TUMBLR: A CONTEMPORARY TEEN IDENTITY PROJECT

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

MARIAM MOUSA

AUT,
DEPARTMENT OF PSYCHOLOGY

Tumblr is an online microblogging site that is mainly comprised of pictures that circulate between users and are used to construct their individual profiles. Although it is extremely popular with young teenage girls, little is known about the use of this platform. Research suggests that online micro-blogging can be considered a venue for identity construction, expression and the protracted negotiations between peers over everything that constitutes the social world. It can also be considered a media vessel that drives messages of consumerism (often linked to advertising) and thus promotes the continued commodification of girl culture. This is often achieved through a dual process where images can simultaneously represent who the girls are, but also construct who they should be and who they can be by offering them several limited choices. This two-way

relationship between the site and its use by teenage girls suggests that *Tumblr* may be about constructing a desirable identity that feels and appears to be original whilst in reality is conventional and conformist to the ideals set by society. Situated within a critical framework, this study explores how teenage girls express their identities through the construction of their *Tumblr* profiles. Highly circulated images (with over 50,000 reblogs) were systematically selected from the profiles of twelve teenage girls aged 13-15 years, living in New Zealand. The images were analysed using a critical visual method and five themes were prominent. These themes represented girl culture through pictures related to fashion, relationships, bodily representations, food choices and smoking/drugs. Outcomes of this study serve to inform how the ideal girl culture is socially and culturally produced through online visual media and how it is linked to the broader practices of sense-making and consumption.

PATTERNS OF MEANING MAKING AND IDENTITY CONSTRUCTION IN GIRLS' TALK ABOUT *TUMBLR*

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

MAGENTA THOMPSON

AUT,
DEPARTMENT OF PSYCHOLOGY

Tumblr is a relatively new micro-blogging website that is extremely popular amongst teenage girls. *Tumblr* is predominantly visual and it provides a myriad of options to craft an online social identity. Internet-based media platforms such as *Tumblr* allow users to co-create content and make it their own on a level unattainable with traditional media such as magazines and TV. Therefore it cannot be assumed that girls' engage with *Tumblr* in the same way they engage with other media platforms. This research is a critical qualitative study that will explore how teenage girls engage with *Tumblr* as a tool in identity construction, self-expression and meaning-making. Identity is a deeply complex web of characteristics in flux and it is particularly significant for teenagers in Western cultures, thus the use of visual research methods may enhance understanding beyond the

traditionally preferred textual analysis of phenomena. Through the use of small focus groups this research will provide teenage girls' with a forum to share their *Tumblr* stories and opinions and to engage in collaborative visual analysis of the images that populate the wider cultural sphere of *Tumblr*. The themes of social and individual identity, girlhood, health and consumption are of particular interest.

DEVELOPING A CULTURAL LITERACY PROGRAMME FOR HIGH-SCHOOL STUDENTS IN NEW ZEALAND: A CRITICAL REVIEW OF EDUCATIONAL APPROACHES

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

ANDREA GOOCH

AUT,
DEPARTMENT OF PSYCHOLOGY

We are the currently amidst a media saturated environment where exposure to stereotypical and idealized images can have a damaging effect on the health and well being of young people. New Zealand holds some of the highest negative health statistic compared with other Organisation for Economic Co-operation and Development countries (e.g. suicide, substance abuse and sexual violence) yet educational approaches have tended to focus on transferring information about negative health outcomes to young people. It has been argued that there needs to be a shift from delivery of information to students from teachers, to developing critical thinking skills that empower young people to make informed decisions about the social and cultural messages they consume. Media literacy is one initiative used widely overseas to educate adolescents

on how to critically deconstruct media images and messages. The aim of the current project is to a) critically review current educational approaches and b) use this information to develop a cultural literacy programme for young people in New Zealand. The goal of this programme is to give young people knowledge that empowers them to make more positive decisions in their daily lives. Such a curriculum is also a consciousness-raising exercise that seeks to work as a primary prevention strategy for a range of health issues young people face.

BLINDFOLDS AND WHIPS; HEARTS AND FLOWERS: A TEXTUAL ANALYSIS OF THE *FIFTY SHADES* TRILOGY RELATIONSHIP

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

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AUT,
DEPARTMENT OF PSYCHOLOGY

In 2012, the *Fifty Shades* trilogy (*Fifty Shades of Grey, Fifty Shades Darker* and *Fifty Shades Freed*) took the world by storm through its perceived sexual liberation, sensuality and erotica. Gaining the title of 'Mummy Porn' through its appeal to the mature female audience, the trilogy became the highest–grossing paperback books sold in the Western countries (British Broadcasting Commission, 2012). While the trilogy received a great deal of media attention, it has received little scholarly attention. This study seeks to analyse the text using a critical feminist perspective in order to discuss the impacts on female experiences. The study will take a critical look at the messages that are presented to the audience of the *Fifty Shades* trilogy and assess how these messages might influence and shape female sexuality, agency and identity.

Reference

British Broadcasting Commission. (2012). *Fifty Shades makes E L James top-earning author*. Retrieved on August 23, 2013 from www.bbc.co.uk

Beyond "mummy porn": Women's experiences of reading *Fifty Shades of Grey*

EMMA GRIFFITHS

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Selling over 70 million copies in 2012 alone, the success of E. L. James' *Fifty Shades* trilogy is phenomenal. Alongside the novels, *Fifty Shades* themed CDs, board games and E. L James endorsed sex toys are now being produced and sold in abundance. James' titillating novels have not only gained a strong readership and a wealth of scathing critiques, but also notable academic interest. Despite academic interest in the messages embedded in the trilogy, a gap remains in understanding how heterosexual women 'take up' and respond to these messages. This research takes on a social constructionist perspective, aiming to analyse women's experiences of reading the novels. Two focus groups will be conducted and then examined using thematic analysis to illicit in-depth, nuanced and possibly contradictory data in the aim of coming to a better understanding the experiences of those who have read (at least one of) the novels in the *Fifty Shades* trilogy.

EXPERIENCES OF INDIAN INTERNATIONAL STUDENTS IN AOTEAROA NEW ZEALAND: A QUALITATIVE PILOT STUDY

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

MATHEW KALLOOR

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In New Zealand, the late 1980's saw a shift from 'aid to trade' in the nation's policies around providing education for international students. These changes paved the way for what is today an important export industry for the country. It is estimated that export education provides for $2.3 billion of NZ's gross nation product (GDP). In 2011, international students made up 11% of the student population in the NZ tertiary system; with students from China, South Korea and India accounting for almost 50% of all international enrolments. For many international students, making the move to NZ, living and studying here can be a difficult experience. Studies on international students' cross-cultural experiences have largely been carried out with North Asian students and much is not known about other groups of internationals. The proposed study explores the experiences of Indian

international students in NZ with regards to the migration process and tertiary education here. It is hoped that findings will provide the basis for further research into experiences of Indian internationals and aid in the strengthening of specific support services.

"NAMELESS, SHAPELESS, BLUDGERS": A DISCURSIVE ANALYSIS OF THE CONSTRUCTION OF WELFARE BENEFICIARIES IN THE NEW ZEALAND PARLIAMENT

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

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Critical social psychologists have made great progress in demonstrating the nature of modern prejudice. The focus of analysis in this area has typically been sexism and racism. Processes of modern racism and sexism are also present in interactions with other marginalised groups in society. This study examines political discourse about welfare beneficiaries in New Zealand. Using discourse analysis, parliamentary proceedings were analysed to examine the way welfare recipients were constructed by NZ elected representatives. The discourses employed to those that have been demonstrated to be racist, sexist or otherwise prejudiced in the literature. Furthermore, the unique features of prejudice toward welfare beneficiaries will be explored and discussed.

PATIENTS' AND PROFESSIONALS' ATTITUDES TOWARDS AN INTERNET DELIVERED CBT INTERVENTION FOR CANCER RELATED FATIGUE

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

KAYLA AISHER

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Cancer related fatigue (CRF) is a very common problem amongst cancer patients, and cognitive behaviour therapy (CBT) appears to be an effective intervention for CRF. The development and use of computerised CBT interventions for a number of health problems are on the increase and appear promising. To our knowledge there is a lack of international and local research that looks at attitudes towards Internet delivered interventions for cancer patients, and in particular towards interventions for managing cancer related fatigue. Furthermore we don't know a great deal about how much access these patients have to the Internet, and whether there are any potential differences in attitudes based on demographic and/or illness variables. The present study uses a self-report questionnaire to assess the attitudes of cancer patients and oncology professionals towards

Internet delivered cognitive behaviour therapy (I-CBT) for cancer related fatigue. Recruitment is currently underway through the Auckland Cancer Society. We are recruiting cancer patients and health professionals working in the oncology area to complete the questionnaires. Cancer patients and professionals will complete different versions of the self-report questionnaire. This research employs a mixed methods descriptive study and includes quantitative and qualitative components. Quantitative data will be analysed using SPSS v20 and qualitative data will be analysed using a simple qualitative analysis where themes within responses to the questions are identified. The main objectives of the current study are as follows;

- To assess attitudes of both cancer patients and professionals working in the field toward using an internet based CBT intervention for CRF

- To determine the extent to which attitudes, beliefs, and perceptions predict participants' likelihood of trying the different modes of therapy

- To establish patients' confidence and access to the internet as well as their current use

- To identify any differences in attitudes based on demographic and/or illness variables as this may have an impact on future development and delivery of such interventions

I-CBT for CRF could provide cancer patients with an alternative inexpensive treatment option, and offer oncology providers a potentially valuable adjunct to clinical care. It is important to examine attitudes, as it will inform whether or not creating an I-CBT programme in New Zealand would be worthwhile.

AN EVALUATION OF THE USE OF THE SIX CORE STRATEGIES INTERVENTION INCLUDING SENSORY MODULATION TO REDUCE SECLUSION AND RESTRAINT EPISODES FOR ACUTE MENTAL HEALTH INPATIENTS

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

TRISH WOLFAARDT

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This retrospective case-study will evaluate the effectiveness of the Six Core Strategies Intervention, including sensory modulation, to reduce seclusion and restraint practices within a psychiatric inpatient unit. With extensive staff training (n = 58) in sensory modulation and trauma informed care, the Six Core Strategies Intervention programme was implemented in an Auckland psychiatric unit in 2010. Pre-and post-intervention data was collated by clinical staff for the period 2009 to 2012. Data was collected on the number of seclusion and restraint episodes, the use of PRN medication, service users use of sensory modulation, and service users and clinical staff's attitudes to seclusion practices. The results showed a significant reduction in seclusion rates with limited effect on the use of restraint and PRN medication. Sensory modulation, as a means to manage challenging

behaviour, showed positive results. This study showed that the National Association of State Mental Health Programme Directors Six Core Strategies Intervention with sensory modulation has been effective in reducing seclusion rates and a clear shift in the culture of the organization is evident.

ABSTRACT

CARER BURDEN AND QUALITY OF LIFE FOR PARENTS OR FAMILY CAREGIVERS LOOKING AFTER AN AUTISTIC CHILD IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

KATHRYN HENRY

AUT,
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An Autism Spectrum Disorder (ASD) impairs an individual's social, language and behavioural skills from an early age. Approximately forty thousand individuals in New Zealand have been diagnosed with ASD and it is common practice for these individuals to be cared for by family members in the home, rather than institutionalised care. In doing so, caregivers can face a number of challenges along the way and tend to give up a lot of their own time and needs which affects people in various ways. Research has shown that a number of caregivers can experience heightened stress and decreased quality of life, although there seems to be little research completed on caregivers in New Zealand. The aim of this study was to describe the relationship between caregiver stress and subjective quality of life in a sample of New Zealand caregivers. With the help of Autism

New Zealand, primary caregivers looking after an individual diagnosed with ASD were asked to complete an online survey, giving information about the one they care for and their caregiving experience. Results will potentially identify ways of improving current services and support available for this population, providing ways to take care of their own needs and wellbeing while at the same time as caring for their loved one.

EARLY GAMBLING EXPERIENCES IN NEW ZEALAND: A DESCRIPTIVE ACCOUNT

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

CATHERINE TEARNE

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DEPARTMENT OF PSYCHOLOGY

The social context of gambling remains under-researched even though gambling is generally accepted to be a social activity. Reith and Dobbie (2011) argue that gambling is a fundamentally social behaviour which is embedded in specific social environments. They highlight the importance of family networks, geographical and demographic factors in the development of gambling behaviour. The present study partially replicates this approach by documenting the early gambling experiences of relatively young gamblers (18-24 years). Interviews with six young gamblers were conducted following the general approach and interview format of Reith and Dobbie (2011). A thematic analysis will be used to describe the early gambling experiences of young individuals in New Zealand in the current gambling environment, and in the context of their social and family networks.

Reference

Reith, G., & Dobbie, F. (2011). Beginning gambling: The role of social networks and environment. *Addiction Research and Theory, 19*, 483-493. doi:10.3109/16066359.2011.558955

A RETROSPECTIVE QUALITATIVE STUDY OF THE PERCEIVED EFFECTS OF MINDFULNESS BASED INTERVENTIONS IN A CHRONIC PAIN SETTING

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

KATIE HAYDEN

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Mindfulness based interventions (MBIs) are increasingly becoming a popular therapeutic tool for improving well-being in a number of health, clinical, and non-clinical populations. Research looking at MBIs with people with experience of chronic pain has shown therapeutic effects such as greater acceptance of psychological and pain symptoms, and greater control over their thoughts and feelings. However, some MBI research show high attrition rates and little is known specifically about what aspects of MBIs are useful, practical and appealing for people with experience of chronic pain and what the adverse consequences are in engaging in mindfulness practices. There is a need for the burgeoning therapeutic technique to be further scrutinized in order to further enhance its effectiveness.

The current project is a qualitative study using interpretive phenomenological analysis to examine people with chronic pain's experiences of mindfulness. Two interviews have been conducted, with further recruitment in progress. Preliminary analysis for themes is underway.

EXAMINING THE IMPACT OF ACCULTURATION OF PSYCHOLOGICAL WELLBEING AMONG COOK ISLAND YOUTH MIGRANTS IN NEW ZEALAND

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

JENNIFER THOMPSON

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Acculturation is a process of different cultures coming into contact with another, which is likely to result in changes amongst cultural beliefs and values. This concept has been beneficial in explaining migrant experiences as they move between different societies. As a result, a range of disciplines have developed an interest, investigating the outcomes associated with acculturation. Despite the accumulation of research, very little information is available examining the impact of acculturation on psychological well-being among Cook Island migrants in New Zealand. This study proposes to fill this gap by using qualitative descriptive methodology involving individual interviews with Cook Island migrant youth in New Zealand.

LESBIAN, GAY AND BISEXUAL CLIENTS' EXPERIENCES OF DISCUSSING SEXUAL IDENTITY IN THERAPY

ABSTRACT BASED ON TALK GIVEN 27 SEPTEMBER 2013
AUT, Annual Psychology Postgraduate Presentations

SANDY TSAI

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Literature has shown that LGB clients perceive good therapeutic relationships to be paramount to their therapeutic progress. In particular, discussions with their therapists on sexual identity are facilitated by, and contribute to, a strong therapeutic alliance. However, little has been written on how the therapist's personal characteristics impact on this therapeutic process. The current study aims to explore LGB clients' experiences and perceptions of therapist characteristics that have facilitated open and meaningful discussions of sexual identity in therapy. Results from the study hopes to contribute to existing literature on how therapists can establish stronger therapeutic relationships with clients of different sexual orientations, and create more facilitative spaces for LGB clients to discuss their sexual identity.

"Flipping common learning protocols on their head… thank you and thank goodness": Reflecting on student and staff experiences of the AUT Values Exchange Community web-based learning and research tool

AMANDA B LEES

AUT,
DEPARTMENT OF PUBLIC HEALTH

The web-based AUT Vx Community (Vx) offers powerful ways for creating teaching, learning and research opportunities across disciplines and between international learning institutions. Using a range of philosophical frameworks and a social media type interface, the Vx assists users to explore the values underpinning decisions. It aims to build tolerance and facilitates new ways of understanding self and others.

Used internationally by more than 30 tertiary institutions and professional bodies, the Vx supports blended learning as well as asynchronous fully online delivery options. Offering transparent, democratic, collaborative learning experiences, research shows that the Vx fosters empowerment and preparedness for real world decision-making.

As well as highlighting the tool's capabilities as a platform for teaching ethics at AUT, this school seminar will present a variety of research projects that utilise the Vx technology. These include exploration of paramedic attitudes to advanced directives, confidentiality issues in physiotherapy and cross discipline comparative analyses between AUT health students and Australian based MBA students.

CARING FOR AN INDIVIDUAL WITH AUTISM SPECTRUM DISORDER IN NEW ZEALAND: CAREGIVER COPING AND CAREGIVER STRESS

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

GWEN TAY

AUT,
DEPARTMENT OF PSYCHOLOGY

In the last decade the number of individuals diagnosed with an Autism Spectrum Disorder (ASD) has increased dramatically, with more males being diagnosed than females. It has been estimated that forty thousand individuals are currently diagnosed with ASD in New Zealand, most of whom are looked after by family caregivers in the home environment. The amount of burden experienced by caregivers of individuals with ASD varies, as it is dependent on numerous factors, including symptom severity, challenging behaviours like temper tantrums, and the amount of support one receives. This study aims to examine the predictors, mediators and moderators of caregiver stress when caring for individuals with ASD, with a focus on the buffering effects of coping style. Primary caregivers of individuals of ASD were recruited for this study with the help of Autism New Zealand. They

were requested to complete an online questionnaire addressing the key variables. The analyses of the responses will involve exploring the association between objective burden and subjective burden. Additionally, the mediating effects of caregivers' cognitive appraisal of care-giving responsibilities, and the moderating effects of caregivers' coping styles and available support systems will also be examined in relation to caregiver stress. The results and conclusions drawn from the analyses will be discussed during the presentation.

PREDICTORS OF CAREGIVER STRESS IN FAMILIES OF ADULT CHILDREN WITH A MAJOR MENTAL ILLNESS

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

LANA VAN BEMMEL

AUT,
DEPARTMENT OF PSYCHOLOGY

In New Zealand one in five people experience a mental illness of some kind every year with 90% of individuals with a current mental illness being cared for in the community. Caregiving is a substantial and diverse role that presents a range of challenges to the caregiver and their family/whānau. It is a role that is often unexpected with first time caregivers usually being unprepared. Limited research has been undertaken to investigate the predictors of caregiver stress when caring for a family member with a major mental illness in New Zealand. The primary aim of this research is to investigate the predictors of subjective burden in caregivers and better describe the experiences and needs of this population. Comparisons will be made between type of mental illness, quantity of caring, relationship with the care recipient, living arrangements, age, gender, and social

support. Particular attention will be paid to the impact of coping strategies on the caring experience. Data will be collected from caregivers, with the support of Supporting Families in Mental Illness New Zealand, through the use of an online survey and paper-and-pen surveys. The results of the study will be presented and data interpreted in relation to the predictors of caregiver stress among family members in a caregiving role. Results may inform and improve future policies and interventions aimed to understand, assist and support caregivers.

THE IMPACTS AND ROLE OF GAMBLING AND PROBLEM GAMBLING ON FAMILIES AND COMMUNITIES: A SAMOAN PERSPECTIVE

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

MALU MALO-FUIAVA

AUT,
DEPARTMENT OF PSYCHOLOGY

This study will analyse data collected from Samoan participants living in Aotearoa/New Zealand concerning the impacts and role of gambling and problem gambling on their families and communities within their Samoan culture in Aotearoa, New Zealand. These data were collected as a part of a broader study already reported by Bellringer et al. (2013), however they have only been analysed at a high level with data from participants of other ethnicities. The data are from one-to-one interviews with five Samoan participants, and a thematic analysis will be undertaken. The data will be coded and key themes identified to provide initial insights into the impacts and the role that gambling and problem gambling have on families and communities from a Samoan perspective.

Reference

Bellringer, M., Fa'amatuainu, B., Taylor, S., Coombes, R., Poon, Z., & Abbott, M. (2013). *Exploration of the impact of gambling and problem gambling on Pacific families and communities in New Zealand*. Final report prepared for the Ministry of Health. Auckland: Gambling and Addictions Research Centre, Auckland University of Technology.

THE SUBJECTIVE EXPERIENCE OF NOISE SENSITIVITY IN SCHIZOPHRENIA (AND RELATED DISORDERS)

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

MEIKA MCGARRY

AUT,
DEPARTMENT OF PSYCHOLOGY

Background

Noise sensitivity is commonly experienced by people who have schizophrenia. Neurological explanations suggest this is due deficits in sensory gating, where by redundant background noises are not filtered. Despite this common occurrence, little research has focused on the subjective experience and meaning of noise sensitivity in this population. As a result there is little knowledge of the emotional and behavioural implications of noise sensitivity in this clinical population. However, research in other patient populations has found noise sensitivity is a pervasive experience which impacts on physical, emotional and social functioning.

Aim

The aim of the current study is to explore and document the lived subjective experiences of noise sensitivity in people with schizophrenia or a related disorder (a schizophrenia spectrum disorder).

Method

The current study aims to interview up to 6-8 participants who meet the following criteria: over the age of 20; have a diagnosis of schizophrenia or related disorder, have experienced noise sensitivity. Qualitative data will be gathered through the use of semi-structured inductive questions and the interviews will be recorded and transcribed verbatim. A qualitative thematic data analysis will be used to document their experiences.

Conclusion

The findings from the current study aim to add to the limited body of existing literature. Findings may also be useful in the development of evidence based clinical assessments and guide interventions for those who experience this common symptom.

CAREGIVER EXPERIENCES OF PARENTS WHO SUPPORT SONS OR DAUGHTERS WITH SCHIZOPHRENIA

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

BARBARA PIKE

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Over the past 60 years there has been a progressive shift in mental health service delivery away from mental hospitals and towards community-based care (Awad & Voruganti, 2008). In many cases this shift has resulted in family becoming the main care providers of relatives with long-term, chronic and disabling mental disorders, who would have previously been institutionalised (Awad & Voruganti, 2008; Baronet, 1999). A large number of studies have shown that the burden of caring for a family member with major mental illness is associated with reduced quality of life and has a significant impact on the mental health and functioning of caregivers (Gutierrez-Maldonado, Caqueo-Urizar, & Kavanagh, 2005). However, positive impacts of caring are also documented and family can play an important role in recovery (Perkins, Winn, Murray, Murphy, &

Schmidt, 2004; Veltman, Cameron, & Stewart, 2002). Such research demonstrates the importance of understanding the complexity of the experience of family caring for an individual with schizophrenia. This study uses a qualitative framework to develop a more in depth and detailed understanding of factors that affect the coping strategies of carers, aid recovery and enhance the rewards of caregiving (Huang, Sun, Yen, & Fu, 2008). Such information has important implications for developing effective intervention strategies that can help both a family and individual to better manage long-term and severe mental illness (Veltman, et al., 2002).

Reference

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Gutiérrez-Maldonado, J., & Caqueo-Urízar, A. (2007). Effectiveness of a psycho-educational intervention for reducing burden in Latin American families of patients with schizophrenia. *Quality of Life Research, 16*(5), 739-747. doi: 10.1007/s11136-007-9173-9

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Veltman, A., Cameron, J. I., & Stewart, D. E. (2002). The Experience of Providing Care to Relatives With Chronic Mental Illness. *The Journal of Nervous and Mental Disease, 190*(2), 108-114.

THE NEUROVISCERAL CORRELATES OF NOISE SENSITIVITY

JOSEPH MULGREW

AUT,
DEPARTMENT OF PSYCHOLOGY

Noise Sensitivity (NS) is a debilitating condition that has been linked to numerous mental disorders, including traumatic brain injury, autism, schizophrenia, and anxiety disorders. Exposure to noise is unavoidable in modern society, and as such an understanding of the underlying mechanisms of NS is of great clinical significance. However, to date the mechanisms of NS remain unclear and under-researched. Thayer and colleagues (e.g., Thayer & Brosschot, 2005) have proposed a neurovisceral integrative model of homeo-dynamic regulation and through this model a link between autonomic nervous system balance and NS is hypothesised. Heart Rate Variability (HRV) provides a non-invasive index of the balance between the sympathetic and parasympathetic branches of the autonomic nervous system. The current study aimed to employ

self-report measures of NS, specifically the Noise Sensitivity Questionnaire (Schütte, Marks, Wenning, & Griefahn, 2007), and electrocardiogram data to explore this link. A sample of 105 Auckland University of Technology staff and students were recruited from which NS and baseline HRV were recorded. Following baseline measures heart rate (HR) reactivity was recorded under experimental conditions involving the exposure of 14 sounds (7 pleasant and 7 unpleasant). It is hypothesised that there will be a negative correlation between HRV and NS, and that noise sensitive individuals will have a greater response in HR when exposed to negative sounds, and a longer return to baseline post sound exposure than non-noise sensitive individuals. Data is currently being analysed.

References

Thayer, J. F., & Brosschot, J. F. (2005). Psychosomatics and psychopathology: Looking up and down from the brain. *Psychoneuroendocrinology, 30*(10), 1050-1058.

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ADOPTION WEBSITES: A CRITICAL ANALYSIS

MICHELLE COYNE

AUT,
DEPARTMENT OF PSYCHOLOGY

Adoption in New Zealand has become a fairly common practice that touches the lives of many people—adoptive parents, birth (or relinquishing) parents, and the child, around whose care the entire institution is built. For the people personally involved in adoption, and the many professionals who work to support this population, the Internet will likely be the primary source of, or portal to, adoption-specific information. Yet little is known about the type, quality and accuracy of information available to people in the field of adoption—whether they're looking to adopt a child , place a child for adoption, find a self-help organisation, or just blog about their experiences. This presentation describes our study into the role of the Internet in the field of adoption.

GROWING UP WITH AN ADOPTED SIBLING: A RETROSPECTIVE STUDY OF THE RESIDENT CHILDREN'S EXPERIENCES

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

LUZAAN NEL

AUT,
DEPARTMENT OF PSYCHOLOGY

This presentation is based on a study that aims to investigate the experiences of resident children (children already in the home before an adoption takes place) who have grown up with an adopted sibling. The study uses a qualitative methodology, conducting semi-structured, open-ended interviews with 4 grown "children". It is a retrospective study, therefore, adult's were interviewed on their experiences, rather than prospectively interviewing children who may still be adapting to having adopted siblings in their homes. The interview questions were derived from the fields of adoption and sibling studies. Interviews were digitally recorded and transcribed, and the data will be analysed using a thematic analysis approach. Initial themes identified will be discussed.

Study abroad: Students' perceptions and expectations of their return home

Elizabeth McAllister

AUT,
Department of Psychology

Extensive research has focused on international students experiences during their initial arrival into their host country; however, little research has been conducted around international students' perceptions and expectations of returning home. It has been found that students may experience culture shock during their initial arrival into their host country, similarly, international students' may also experience something similar when they return home, this is known as reverse culture shock. Various studies have suggested that relatively more distress is experienced during the lead up and initial period after returning home following study abroad; this is known as repatriation distress. Furthermore, it has been suggest that universities around the world, and more specifically, here in New Zealand, are great at supporting international students' during

their arrival into their host country, however, lack in preparing and supporting these students for their return home. This is an issue for international students as it may result in the individual feeling as though they are a stranger in their own country and have trouble readjusting. Therefore, this study reviews the literature that has been conducted on repatriation distress, and aims to fill gaps in the literature through the exploration of international students expectations and perceptions in regards to their return home. A qualitative approach will be undertaken, and interviews will be conducted in order to gain an in depth understanding of these students' experiences. The data will then be analysed through the use of Braun and Clarke's (2006) six-step the guide for using thematic analysis; it is hoped that this methodology will allow themes to emerge. This study wishes to inform Universities of future practices, guidelines, and/ or policies that will prepare international students' for their departure home.

Reference

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

MINDFULNESS TREATMENT OF EATING DISORDERS: A QUALITATIVE ANALYSIS OF THERAPISTS' EXPERIENCES

NADIA MYSLIWIEC

AUT,
DEPARTMENT OF PSYCHOLOGY

The aim of this research is to gain some in-depth knowledge into the lived experiences of therapists using mindfulness as a therapeutic tool with clients diagnosed with an eating disorder. The area of research is relatively new, and in such cases it can be beneficial to focus on actual lived experiences to gain a deeper understanding of the use of mindfulness. Mindfulness has been successfully used to treat a variety or medical and psychological disorders; therefore this research focuses on therapists' use of mindfulness to treat clients diagnosed with an eating disorder. Five therapists have been interviewed and the transcribed protocols will be analysed using thematic analysis to elicit the common themes in therapist's experience. It is hoped that the research will build on the current knowledge of the application of mindfulness-based strategies to eating disorders.

DOES LENGTH OF TIME ANSWERING A QUESTIONNAIRE AFFECT QUESTIONNAIRE RESPONSES?

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

SZEMAN LAM

AUT,
DEPARTMENT OF PSYCHOLOGY

Is it possible that respondents' answers to questionnaires are influenced by the time given to them to answer the questions, especially if the questions reflect emotional states? This pilot study will examine whether the results of two groups (Group A required to complete the questionnaire within 10 min, Group B 50 min) are different. In addition, participants of both groups (n=10) will attend a focus group to discuss their reflective strategies when answering questions during the longer as opposed to the shorter session. The questionnaire to be used will be the New Zealand WHOQOL-BREF, which is a generic scale asking individuals about their perceived quality of life. It is hypothesized that there will be less variability of ratings within the group having longer to answer compared to the group with less time.

VIOLENCE AGAINST WOMEN AND MAJOR SPORTING EVENTS: A QUALITATIVE ENQUIRY OF THE PERCEPTIONS OF PROFESSIONALS WHO WORK WITH VICTIMS OF VIOLENCE

ABSTRACT BASED ON TALK GIVEN 4 OCTOBER 2013
AUT, Annual Psychology Postgraduate Presentations

CRISTINE COWAN-JAMES

AUT,
DEPARTMENT OF PSYCHOLOGY

Violence against women is a significant social and economic problem in New Zealand. International research has highlighted a positive correlation between major sporting events and an increase in violence against women. New Zealand recently hosted the Rugby World Cup and concerns were raised at the time of an associated increase in violence against women. This qualitative research study aims to identify themes and perceptions of professionals working with women victims of violence in relation to sport and in particular, major sporting events.

RELATIONSHIPS AND TRANSACTIONS

KEITH TUDOR

AUT,
DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

Transactions are central both to transactional analysis and to relationships. In this workshop, which will combine didactic input with experiential exercises and group discussion, Keith reviews the literature of transactional analysis with regard to transactions: from "TA Proper" to more recent narrative and relational perspectives about transactions, including a co-creative perspective on transactions.

Lessons learned. The occupational contributions of older Asian immigrants to New Zealand community

<small>Abstract based on talk given 18 October 2013</small>
The Society for the Study of Occupation: USA Annual Research Conference, Kentucky, USA

Valerie Wright-St.Clair

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Department of Occupational Science and Therapy

Shoba Nayar

AUT,
Centre for Migrants and Refugee Research

The National Institute for Public Health and Mental Health Research

Background & Rationale

As younger immigrants stay and age in New Zealand, the absolute number of senior Chinese, Indian and Korean peoples will grow exponentially (Statistics New Zealand, 2006). This changing ethnic profile is occurring in the context of public discourses related to the ageing population as posing a significant societal burden, particularly the projected economic burden of New Zealand's universal public pension scheme, the projected increase in health services utilization, and how deserving older immigrants are of access to superannuation and health and social services (Brown, McNeill, Leung, Radwan, & Willingale, 2011). Few voices are raised in relation to valuing or measuring the economic and social contribution that seniors make. Indeed, within New Zealand, there is little recognition of how Chinese,

Indian and Korean seniors may contribute to community, resulting in a potential gap between settlement needs and social opportunities.

Purpose

This project explored how senior Chinese, Indian and Korean immigrants participate in, and contribute to, civic society.

Methods

This qualitative grounded theory study (Schatzman, 1991; Strauss, 1987) involved male and female participants, aged 60 years and over, identifying as Chinese, Indian or Korean. All participants immigrated to New Zealand aged 55 years or older; the youngest participant at the time of study was aged 60 years and the oldest 83 years. Through purposive sampling 74 participants for 9 focus groups across the three communities were recruited. A further 15 individual interviewees (5 within each community) were recruited using theoretical sampling. Semi-structured interviews conducted in English, Hindi, Mandarin and Korean were audio recorded, transcribed verbatim, and translated where relevant to English for analysis. In line with grounded theory methodology, data were analysed using grounded theory methods of constant comparative analysis, theoretical sensitivity and Schatzman's dimensional matrix in a two stage process; firstly, analysing data and developing a provisional theory within each community, secondly furthering theory development through bringing together the three communities to build one theory. Ethics approval was obtained from Auckland University of Technology Ethics Committee.

Results

Chinese, Indian and Korean older immigrants contribute to New Zealand society through a process of Building Healthy Communities; healthy communities comprising the individual, the family unit and the wider ethnic and New Zealand communities. The

participants worked towards Building Healthy Communities through engaging in occupations that sought to advance cultural connectedness, for example celebrating ethnic festivals; were a way of giving service, such as volunteering at libraries or knitting clothes for babies, and showcased caring for family through the food they cooked and providing transport for grandchildren. The participants did not seek reward or recognition for their occupational contributions; rather their payment was the joy they felt at seeing the happiness that others experienced as a result of their contributions.

Contribution to occupational science

This study reveals the richness of data that can emerge through comparing the occupational experiences of three unique Asian communities. Occupationally focussed cross cultural research is a must for occupational scientists seeking to understand the place of occupation in a multicultural society.

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Team-based-testing: Understanding student attitudes and experiences with collaborative assessments

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Academic performance in tertiary education is becoming increasingly complex with more and more students leaving university with high grades but lacking in adequate skills that enable them to enter into their professional fields with sufficient preparedness. A growing body of knowledge emphasizes the need to shift towards a new pedagogic discourse in education that draws on the importance of peer learning and collaborative assessment as a productive framework. Further research indicates that the quality of the learning experienced by students is often based on the connections made between them during the learning experience. This challenges the current dominance of supervised learning and individual assessments, instead encouraging the notion of building communities within the undergraduate environment through peer learning and assessment.

The present qualitative study explores student attitudes and experiences with two key concepts. One is collaborative learning and the other is Team-Based-Testing (TBT) as an option that enhances inter-professional and multi-disciplinary engagement between students. Data was collected using face-to-face semi-structured interviews with a small number of psychology students. Using thematic analysis, three main themes emerged from the data: the importance of early tertiary experiences, the role of individual academic purpose, and competency-based preferences. Findings of this study provide feedback on the role that student attitudes might play in shaping collaborative learning strategies and TBT settings in a tertiary environment.

Indigenous women's perceptions on community based family planning in rural Papua New Guinea

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Introduction

Not all indigenous cultural practices are detrimental to women's reproductive health. Indigenous women have cultural practices that enable women to control her fertility and survive childbirth. Papua New Guinea (PNG) is culturally and linguistically very diverse. Within an indigenous community, women play a significant role in reproduction and childcare, as well as manning their family gardens. According to the World Health Organisation reports, PNG's maternal mortality rate (MMR) and Total Fertility Rates (TFR) have been dragging behind other Asia-Pacific countries and PNG has made very little progress of improvement since 2004. Family planning (FP) is one of the keys to reduce MMR however, women's voices on current FP policies and programmes remained muted.

Aim of research

To explore women's experiences and perceptions on the community-based modern family planning in promoting women's reproductive health in rural PNG.

Methodology

An indigenous feminist research methodology was employed in this research. The in-depth interviews and focus group discussions were used to collect data from ten indigenous women who were living in a small remote village of Morobe Province of PNG.

Findings

Women's interpretation and understanding of the benefits of family planning and their attitudes toward modern family planning were largely informed by their local and practical knowledge, that are shared by women for many generations. This study found that all of the respondents were using oral contraceptive pills (OCP) to prevent or space out pregnancies, especially when there was no birthing home in the village. Women wanted to have a birthing home built; yet they received no support or cooperation from their husbands, other male village member, local government or NGOs.

Discussion

Traditionally, birthing house provided a woman with a privacy she needed during childbirth and early postpartum. Childbirth is a sacred experience for women and it defined their roles and status in their indigenous communities. The results of this study suggest that the introduction of modern contraceptive methods and family planning might have weakened and challenged existing traditions, cultural practices and norms in the context indigenous childbirth culture. Since the introduction of modern family planning, the community has stopped supporting and building hauskarim or a birthing house for

women. Traditionally, giving birth has been seen as a sacred experience and women felt that the rituals of giving birth in hauskarim should be honoured, respected and kept within their tradition.

Limitation

This study was conducted in a specific and small indigenous community of PNG. Results of this and the data collection methods used therefore, might not be relevant to other indigenous communities of PNG.

Towards a developmentally oriented movement-dance psychotherapy

BRIGITTE PULS

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DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

In this workshop, participants will experience some core movement-dance psychotherapy interventions in application for a clinically oriented movement-dance psychotherapy. These practical experiences will be discussed in the light of the above authors' contributions to the research.

The presenter's goal is for participants to understand Daniel Stern's and Allan Schore's core concepts more clearly in their relevance for a psychotherapy which is strongly body-inclusive, cross-modal and relational. Brigitte also wishes to discuss how these authors' contributions can be helpful to guide and reflect upon our work, and to communicate with professionals from other modalities. A reading list will be given.

THE STATUS QUO IS UNTENABLE BUT IT HAS A VICE-LIKE GRIP

ABSTRACT BASED ON TALK GIVEN 7 NOVEMBER 2013
AUT, School of Public Health and Psychosocial Studies Monthly Seminar

PATSI DAVIES

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The Smokefree Environments Amendment Act 2003 provides discretion for District Health Boards (DHB's) to implement smokefree service settings. Despite this and in the face of good evidence and greater health inequalities among tangata whaiora, neither the DHB's nor the Ministry of Health has acted in concert to end the normalisation and continuation of smoking by this priority population. Further, although the Government is committed to Smokefree 2025, mental health and addictions has not been specifically included in the plan to achieve this goal. A commitment to effective tobacco control makes these situations untenable.

For several decades, smoking has occupied a special and accepted place in the culture of mental health service settings in New Zealand and other Commonwealth jurisdictions. This culture includes the

supply of tobacco and cigarette to patients, staff and patients smoking together, staff opposition to smoking bans, patient expectations of an entitlement to smoke and an absence of clinical focus on smoking cessation. The recent legal challenge to the Waitemata DHB smokefree mental health setting is hardly surprising. It illustrates that the normalisation of smoking is the dominant modus operandi in a setting where health professionals have not treated smoking cessation as a priority.

In a comprehensive review of research, together with legal and ethical considerations, the Royal Colleges of Physicians and Psychiatrists conclude that health settings must be completely smokefree when used by people with experience of mental illness. The Mental Health Foundation (NZ) endorses a similar position. This presentation explores approaches to maintaining the status quo and asks whether it is time for a regulatory approach to smokefree policies in mental health settings. Getting to Smokefree 2025 requires visible leadership on policy and implementation to promote the mental, physical and social wellbeing of tangata whaiora.

IMPASSES AND IMPASSE THEORY IN CO-CREATIVE TRANSACTIONAL ANALYSIS

ABSTRACT BASED ON TALK GIVEN 7 NOVEMBER 2013
New Zealand Transactional Analysis Association Biennial Residential Training
Workshop, Kimi Ora, Kaiterteri, Motueka

KEITH TUDOR

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DEPARTMENT OF PSYCHOTHERAPY AND COUNSELLING

This brief presentation introduces a reconceptualisation of impasses and impasse theory. Based on the original work on co-creative transactional analysis (Summers & Tudor, 2000), in which both impasses and their resolution are viewed primarily as relational phenomena, this session presents impasses in three domains in which conflicts can become deadlocked: the intrapsychic, the interpersonal, and the intersubjective.

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REVEALING THE SOCIAL PROCESS OF CIVIC ENGAGEMENT BY OLDER ASIAN MIGRANTS IN NEW ZEALAND

Abstract based on talk given 9 November 2013
The 3rd Aging and Society: An Interdisciplinary Conference, Chicago, USA

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Chinese, Indian and Korean older migrants engage in a process of Strengthening Community through overcoming social barriers and participating in voluntary activities to promote individual and community health.

Thesis statement

A relationship between migrants' civic engagement and health has been demonstrated in several international studies. In New Zealand, Chinese, Indian and Korean peoples comprise the largest Asian immigrant groups, yet little is known about their experiences of civic

engagement and relationship to health and the policies that assist this social process.

Methodology

Using grounded theory methodology, 74 older migrants were purposively recruited from the Chinese, Indian and Korean communities. Participants were aged 60 and older and resident in New Zealand for at least 6 months. Data were gathered through 9 focus groups; and 15 individual interviews, determined by theoretical sampling. Audio-taped data in Mandarin, Hindi/English and Korean were transcribed and translated into English for analysis. AUT University granted ethics approval.

Results

Older migrants engage in a process of 'Strengthening Community' as a means of optimising health and fulfilling a felt duty to contribute to society. They participate in diverse voluntary activities despite encountering numerous social barriers.

Conclusions and Implications

The informal strategies used by older migrants to Strengthen Community are seemingly poorly understood or represented at a policy level. Policies aimed at enabling older migrants' civic engagement could have benefits for individual health and the health of wider society.

Eat? Love? Pray! How do Māori and Pacific whānau cope when confronted with a child's life-threatening medical condition?

Rachel Brown

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Taupua Waiora Centre for Māori Health Research

The National Institute for Public Health and Mental Health Research

The goal of this study is to explore how Māori and Pacific whānau (family) cope when confronted with a child's life-threatening medical condition. The study will aim to (a) identify how whānau maintain wellbeing, and what coping mechanisms and or strategies are used and put in place (e.g. negative, positive, intentional, and unintentional); (b) consider the cultural implications of these; and (c) examine the impact services and resources may have had throughout the journey. 'Whānau' for the purposes of this study will include members that played a significant role in the child's journey and include kaupapa-based whānau (determined by whānau members themselves). The study will utilise a whānau centred research framework stemming from a 'whole family' perspective. It will look at how whānau members cope on two levels: an individual level (e.g. as a

female, mother, partner, brother, grandmother) and; as part of the wider whānau group (e.g. as siblings, couples, parents, grandparents). The research will include Māori and Pacific families who have had access to Ronald McDonald House Auckland and Family Rooms and those who have not.

Longitudinal analysis of child behaviour in the Pacific Islands Families study

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The Pacific Islands Families Study is a longitudinal study focusing on the health and development of a cohort of Pasifika children and their parents. The initial cohort (N=1398) was selected from births in 2000 at Middlemore hospital where at least one parent identified with Pacific Islands origins and was a New Zealand resident. Maternal report of the child's behaviour was measured using the Child Behavior Checklist at interviews as the child reached the ages of two, four and six years. Problem behaviour at a clinically relevant level was indicated by scores above internationally normed cut-off values, separately for two types of behaviour: internalising and externalising.

The aim of this research project was to identify risk and protective factors of problem behaviour, including variables with effects that might vary with age. This talk will cover some methodological hurdles

encountered during analysis and will present some key results. Logistic multiple regression methods based on generalised estimating equations were used to address matters of correlated observations and missing participants. Many variables hypothesised or suggested by literature were introduced into the models and tested for association, along with their age interaction terms. The model selection process will also be described.

STILL DEALING WITH INSTITUTIONAL RACISM WITHIN THE PUBLIC SECTOR

HEATHER CAME

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DEPARTMENT OF PUBLIC HEALTH

"The crown will lie, it will manipulate, it will change the law, it will do everything to maintain its power and that is the overt face of institutional racism. We know they will not muck around, if it comes to anything they will take whatever they need off us, to ensure they maintain their power... Policy is a reflection of the crown ensuring it will maintain its position, always, be in no doubt" (Berghan, cited in Came, 2012, p. 169).

Institutional racism was first exposed within the New Zealand public sector in the 1980s with the release of the landmark Puao te Ata Tu report. Twenty five years on despite the concerted efforts of many it appears that institutional racism against Māori remains widespread within the administration of the public sector.

Disturbed by racism I witnessed while working in Māori health, guided by a Māori research whānau from Te Tai Tokerau for the last few years we have examined how institutional racism manifests within the public health sector and how it might be transformed. The research uncovered entrenched and debilitating examples of institutional racism across ten discrete sites within public health policy making and funding practices which systematically disadvantage Māori.

This presentation will provide an overview of the research findings and share our progress to date on mobilising to eliminate institutional racism within the administration of the public health sector.

BUILDING HEALTHY COMMUNITIES: SENIOR ASIAN IMMIGRANTS AT WORK IN NEW ZEALAND

SHOBA NAYAR

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VALERIE WRIGHT-ST.CLAIR

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DEPARTMENT OF OCCUPATIONAL SCIENCE AND THERAPY

Introduction

Changing demographic and immigration patterns mean an increase in many nations' age and ethnic group profiles; yet little is known about how older migrants in New Zealand contribute to communities and the implications for their wellbeing.

Method

This grounded theory study included Indian, Chinese and Korean men and women, aged 60 or over. In total 74 participants were recruited through purposive sampling across the three communities. Focus groups and individual interviews in language of choice were audio

recorded, transcribed verbatim, and translated where relevant to English for analysis. Data were analysed using grounded theory methods. Ethics approval was obtained from Auckland University of Technology Ethics Committee.

Results

Senior Asian immigrants seek to engage in activities that both serve community and contribute to personal healthiness. They do this through a process of fulfilling one's duty. Participants expressed a moral obligation to repay society through undertaking activities such as educating their own and others' grandchildren, doing voluntary work at libraries and a homeless shelter and providing cultural education to New Zealanders.

Conclusion

Senior Asian immigrants participate in activities within their families, ethnic communities and wider society. Ultimately the outcome of their actions is a desire to build healthy communities.

HEIDEGGERIAN ANGST AND A PSYCHOTHERAPIST'S EXPERIENCE OF HER ONGOING LEARNING

Abstract based on talk given 27 November 2013
AUT, The Hermeneutic Phenomenology Conference

KERRY THOMAS-ANTILLA

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The German word "Angst" can be loosely translated as "anxiety". In this presentation I explored the notion of "Angst" as discussed by Heidegger in Being and Time (1962), particularly in relation to material from an interview with a Psychotherapist on her personal experience of ongoing learning.

During this interview the Psychotherapist described how it had been important to connect with and stay with her feelings of anxiety during her sessions with her clients. She noted what she felt had been an evolution in her practice from a substantially technical way of practicing – which began to feel more to more to her like a performance - to what she described as a more spacious way, which then led to "more fruitful territory" and a deepening of the therapeutic experience for both therapist and client.

Anxiety was thus experienced as helpful, though of course uncomfortable; this resonates with Heidegger's suggestion that anxiety liberates us from possibilities which 'count for nothing', and lets us become free for those which are authentic. He further suggests that wanting-to-have-a-conscience becomes a readiness for anxiety. It would appear that a readiness for anxiety (Angst) has been this therapist's companion in her resoluteness to move from a performance-based way of practicing - which had become increasingly dissatisfying - to developing a way of being more authentically present in the room, that is, an increased ability to be with herself in the presence of the other.

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Effectiveness of voluntary counselling and testing model in India: A critical policy study

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The spread of Human Immunodeficiency Virus (HIV) / Acquired Immuno Deficiency Syndrome (AIDS) has given rise to a worldwide pandemic. World Health Organization (WHO) estimates that 34 million adults worldwide are living with HIV/AIDS with most of the cases from developing countries of Asia and Africa. Total number of people with HIV/AIDS living in Asia is estimated to be nearly 4.8 million of which around half (2.4 million) are in India, a country where poverty, illiteracy and poor health are rife. These factors make controlling the spread of HIV, a daunting challenge.

HIV counselling becomes an essential component of the HIV testing process aimed at enabling a positive person (referred as client) to cope with stress and take personal decisions related to his/her condition becoming a key entry point for HIV prevention and care.

Voluntary counselling, testing and prevention of parent to child transmission (PPTCT) services in India are delivered through Integrated Counselling and Testing Centers (ICTCs) under National AIDS Control Organization (NACO). NACO claims that activities like reaching out to high risk population, scaling up of preventive strategies and improvement in counselling, treatment and care services are the reasons for decline in HIV prevalence in India. But surprisingly the preliminary results of recent HIV Sentinel Surveillance (HSS) monitoring programme revealed an increasing trend of the epidemic in lesser priority districts. Such a trend requires an in-depth understanding of the existing model of HIV counselling, prevention and care.

The current study aims to understand the current VCT Model in India and to critically analyse the policy associated with it and to know how effective it was in reducing the burden of HIV on the country. This study will involve exploring the existing documentation on HIV counselling and testing policy and services from sources like Policy Documents, National Family Health Survey reports, District Action Plans, NACO Annual Reports and published literature. I would be discussing about the existing Voluntary Counselling and Testing Model, priority areas and achievements after the commencement of HIV programme in India and also would be highlighting certain issues and challenges related to them.

NIGERIAN MOVIES AS A PARTICIPATORY RESEARCH TOOL IN HIV PREVENTION RESEARCH WITH YOUNG PEOPLE IN BULAWAYO, ZIMBABWE

CAROL MAIBVISIRA

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The sexual lives of young Zimbabweans are governed by norms confining socially acceptable open expressions of sexuality to marital heterosexual relationships. Current norms shaping HIV prevention sex education targeted at youth focus on the dangers of sex, such as HIV infection and pregnancy, and exclude youth voice. Beneath the surface of sexual conventionality is the reality that significant numbers of youth are engaging in pre-marital unprotected sexual activities. This paper explores the potential of using clips from locally popular Nigerian romantic movies to include youth in participatory research [PR]. Using such clips as an Applied Theatre [AT] tool facilitates the examination of difficult issues such as sex in expressive ways with youth.

This study employs PR to include and strengthen youth voice in the research space by partnering with young people aged 18-24 years living in Bulawayo, Zimbabwe as co-researchers. The research utilises the focus group technique to interactively bring together youth to discuss images and clips. Visual drama is a useful tool for enabling silenced youth to freely speak out and express personal views on sensitive issues, such as sex, in tangible ways. Participant-determined stories based on the characters and key themes from the movies will be used to further facilitate open dialogue on sexual matters.

This paper calls for research from a youth perspective to inform HIV prevention policy and programmes. AT has the potential of providing young Zimbabweans the platform to question current sexual norms and explore alternatives. Using innovative collaborative approaches such as AT, enables youth to participate and shape sexual health research. Participant viewpoints will be used to inform key sexual health education policy and practice recommendations.

POTENTIAL OF APPLIED THEATRE IN PARTICIPATORY ACTION RESEARCH WITH YOUNG GAY MEN IN BALI FOR HIV PREVENTION

DINAR LUBIS

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Young gay men in Bali suffer from multiple dimensions of oppression; economic, social and policy related. There is social neglect and voicelessness of those in same sex relationships as well as a lack of access to healthcare suited to their needs. This paper will discuss the possibility of using drama on the internet involving young gay men in a participatory action research. The aim of the research will be to inform HIV policy in Bali, building capacity and facilitating involvement in HIV policy and programmes.

This study will employ participatory action research methodology which involves participants as co researchers at each stage of an applied study. Participants of this research will be young men who have sex with men aged between 18-24 years in 3 regions of Bali which are Denpasar, Badung and Gianyar.

The research process will start with inviting co researchers to design an intervention for HIV prevention to be used on social media websites. Interventions are likely to include music videos, mini soaps or other performance related methods. Interventions will then be piloted and evaluated by young men as part of the research project. Participatory action research puts emphasis on collective phenomena in researching participants own situations. Applied Theatre may be valuable in promoting safe sex behaviours, increasing visibility and impact. Whilst safe sex behaviours are often known there is a reluctance to discuss with sexual partners due to the taboo value of the subject and issue of powerlessness. Applied Theatre is a potent means for promoting dialogue and openness.

'Holding on', and 'letting go': Donor and recipient constructions and experiences of embryo donation in the New Zealand context

ABSTRACT BASED ON TALK GIVEN 27 NOVEMBER 2013
AUT, School of Public Health and Psychosocial Studies 2013 Doctoral Conference

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Embryo donation (ED) practice in New Zealand is considered unique in that it differs from many other countries in its requirements: case-by-case ethics approval, information-sharing, disclosure of donor identity, and mandatory individual and joint counselling for donors and recipients. 54 applications had been received by the Ethics Committee for Assisted Human Reproduction (ECART) by July 2012, and 14 births recorded. My PhD study explores the constructions and experiences of ED in the New Zealand context, through an analysis of legislative and policy documents, counselling practice, and interviews with donors and recipients.

In this paper, I will present some of my findings from interviews with the 21 donors (9 couples, 3 individuals) and 15 recipients (5 couples, 5 individuals) participating in this study. Discourses that were

identified include that of the 'welfare of the child' and a 'genetic' discourse. These discourses invite parallels to be drawn between ED and adoption: Donors frame ED as 'adoption light', and recipients construct ED as 'adoption with benefits'. Whilst donors are aware of their limited rights with respect to the donor-conceived child, they frame themselves as having an ongoing link and responsibility towards the child. Likewise, recipients regard donors as having an enduring connection to the child, and see themselves as responsible for ensuring that offspring have access to information about the donors. ED may thus be constructed as a form of creating extended families. However, donors and recipients also frame ED both as 'last resort' and as 'embryo gifting' with further implications for donor: recipient relationships. ED enables new forms of family building that that are potentially ambivalent and complex, involving both a 'holding on', and a 'letting go' for donors and recipients.

The implications of results for relationships, counselling needs, and legislative and policy challenges surrounding recipient selection and strategies to facilitate disclosure, are discussed.

THE COLLECTIVE CONSCIOUSNESS OF MĀORI AS PARTICIPANTS

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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 informs the conduct of the research process and interpretation of the grounded theory generated. Kathy Charmaz's (2006) constructivist grounded theory guides the simultaneous collection and analysis of data. The research seeks to understand what is happening, and how the players manage their roles. Little is known about the perspective of patients and their whānau when they are engaging with healthcare services. The data in this study is grounded in, and reflective of the reality of patients and whānau participants. The participants move effortlessly in their interviews from talking about themselves and their condition or treatment through to talking about the collective such as "As Māori were do things this way or that way". The use of the word "we" implies talking about the consciousness of Māori.

HAVING A HUMBLE BET: TAIOHI PERSPECTIVES ON GAMBLING

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This study is located in te ao Māori–within a Māori worldview. Up to 20 urban-based young people, who identify as Māori, were invited to take part in focus groups (wānanga) about their perspectives on gambling over a period of a year. The research question was what are the taiohi Māori perspectives on gambling among their whānau, hapū, iwi and communities? The two aims of the study are to:

a)   explore the perspectives of taiohi (aged between 16 and 25 years of age) about gambling and

b)   interpret these perspectives as they relate to a public health approach to preventing and minimising harm of problem gambling among Māori whānau, hapū, iwi and communities.

I will describe and discuss kaupapa Māori as a decolonising methodology and some of the issues I encountered in the selection and recruitment process for this group.

Pacific perceptions of under-utilisation, late presentation, and longer hospital stay in New Zealand mental health services: The Tuvaluan people's perceptions and experiences of mental health services in New Zealand

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The purpose of this proposed doctorate study is to investigate explanations for why Pacific people in New Zealand persistently underutilise mental health services and examine the associated adverse implications of late presentations and longer hospitalisation in acute care or forensic provisions. According to the available literature, there are visible patterns of multiple sets of barriers that influence help-seeking behaviours amongst Pacific people for the treatment of mental disorders/illnesses. These influential factors are grouped under the categories of: Availability, Affordability, Accessibility, and Alienation in relation to their effects on mental health service utilisation. A conceptual framework has been proposed

to guide this doctoral study, assisted by relevant models: Bronfenbrenner's Ecological Systems Theory (1992) in collaboration with Andersen's Behavioural Model of Health Service Use (Andersen, 1995). The research design is guided by a qualitative phenomenological philosophy based research framework to unearth Tuvaluan perceptions of their experiences and attitudes of mental health service utilisation in New Zealand with the premise that people at stake provide the best information about a phenomenon. The expectation is that underlying dynamics that are normally hidden in quantitative studies will be exposed. The study will evolve around the significance of holistic ecological indicators that are expected to be conveyed by the stakeholders as Pacific people living in a western multicultural country like New Zealand. Despite the current interest in this issue by government, academic, medical and even public discourses, sufficient research has not been forthcoming. Therefore this proposed study will seek to influence policymakers and researchers to acknowledge it as a complex multifaceted problem that prior research in New Zealand has failed to consider effectively. The study will also argue that despite its complexity, potentially it can be solved, and when dealing with Pacific people's problems, the holistic nature of the problem must be considered in any aspect of investigation to understand it.

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THE RESPONSES OF PSYCHOTHERAPISTS WHEN THEY MEET ASPECTS OF A CLIENT'S RELIGIOUS/SPIRITUAL PRESENTATION WHICH TRIGGER THEIR OWN RELIGIOUS/ SPIRITUAL VULNERABILITY

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Psychotherapists explore their clients' religious/spiritual material until they meet aspects of a client's presentation which they deem unacceptable, either because their own religious/spiritual vulnerability is triggered, or it does not align with their modality, work philosophy or ethics. In this presentation I will be explicating the process which occurs when psychotherapists meet aspects of a client's presentation which trigger their own religious/spiritual vulnerability. Today I am presenting an aspect of part three of a four phase process which explains all that is involved in solving the problem of "How psychotherapists attend to religion/spirituality in the therapeutic process". The methodology employed in this research is grounded theory (dimensional analysis variant), underpinned by social constructionism and the theoretical perspective of symbolic interactionism.

DEVELOPING A MENTAL HEALTH RECOVERY MODULE FOR THE WHOQOL-BREF

Abstract based on talk given 27 November 2013
AUT, School of Public Health and Psychosocial Studies 2013 Doctoral Conference

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Dissatisfaction with quality of life can motivate people to seek health care intervention. The WHOQOL-BREF is a cross-cultural health-related quality of life assessment designed to measure the effect of health-care interventions on people's quality of life across 26 facets and 4 domains. It was developed by the World Health Organisation from a longer 100 facet, 6 domain measure. The WHOQOL-BREF has been used extensively as an outcome measure in physical health services. Several modules that assess for unique quality of life issues relevant to recovering from specific health conditions have been developed. Modules for different cultures have also been developed to capture important idiosyncratic quality of life issues specific to different cultures. Recently a New Zealand module was developed, which includes 5 additional quality of life facets important to New Zealanders.

The Ministry of Health in New Zealand requires that health services include outcome measurement within their service provision and reporting processes. A number of non-government mental health services have started to use the WHOQOL-BREF, as an outcome measure, in response to this requirement. Although the WHOQOL100 and the BREF have been used as outcome measures in mental health research, no research to date has identified whether further precision could be added by including additional facets to the WHOQOL tools when using them to assess changes to people's quality of life during their recovery from mental illness. The recovery literature and experience suggests there could be.

The method of this research will follow the WHO standardised procedure for module development which involves focus groups with service users and relevant stakeholders. Participants will be asked which of the current WHOQOL-BREF items are most relevant to mental health recovery and whether any additional quality of life facets should be included. Any items generated will be tested for reliability and validity as potential mental health recovery module items to be used with the WHOQOL-BREF. A mental health recovery module could improve the suitability and specificity of the WHOQOL BREF tool for use in mental health.

SIMILARITIES AND DIFFERENCES BETWEEN BUDDHISM AND PSYCHOLOGY IN THE CONCEPTUALISATION OF MINDFULNESS

ABSTRACT BASED ON TALK GIVEN 27 NOVEMBER 2013
AUT, School of Public Health and Psychosocial Studies 2013 Doctoral Conference

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Mindfulness has been employed as a central element of some psychological interventions from 1979. Since then, a variety of definitions and measures of mindfulness in psychology have emerged in the literature. Although mindfulness in psychology is generally portrayed as non-judgmental awareness of immediate experience, different researchers hold different views on the most suitable definition of this psychological construct. Disagreements surround the question of whether mindfulness is uni-dimensional or multi-faceted, a state or a trait, or whether it refers to self-regulation attention processes/metacognitive skills or broad, purely receptive awareness.

Recently, mindfulness as typically conceptualised in psychology has been heavily criticised by Buddhist scholars as a distortion of the concept from its original Buddhist roots. In response to these

criticisms and discrepancies in the conceptualisation of mindfulness within psychology, the present study aims to investigate the similarities and differences between psychology and Buddhism in approaching mindfulness - both theoretically and empirically. Literature review and preliminary evidence from interviews with Buddhists have revealed that mindfulness in classical Buddhism involves appropriate attention, ability of recollecting, and remembering the "right path" to "ultimate happiness". Classical mindfulness is based on morality, essential for establishing concentration and coupled with wisdom. Mindfulness in psychology is closely related to techniques of modern Burmese insight meditation, which may have limited the scope and the original multi-layered meaning of mindfulness. The present PhD thesis will examine the content validity of existing mindfulness questionnaires from psychology with Buddhist practitioners, and based on these results will construct and evaluate a modified mindfulness questionnaire suitable for Buddhists. The development of this new scale will function as an empirical investigation of the hypothesis that mindfulness is indeed conceptualised and practiced differently by Buddhists. It will contribute to a more detailed understanding of the concept of mindfulness, and thus help in the search for mechanisms through which mindfulness exerts its commonly reported health benefits

INCREASING THE VALUE OF VALUES AND ETHICAL DECISION MAKING IN BUSINESS EDUCATION AND PRACTICE

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Increasingly, companies are adopting formal statements of corporate values and these are featuring in their annual reports, their business stationery and signage as well as in employment and supplier contracts. In surveys by consulting firms and academics, senior executives readily and routinely identify ethical behaviour, honesty, integrity and social concerns as top issues on their companies' agendas. This recognition of values and ethics is at a surface, "for consumption" level. It does not address the increased wave of public and other stakeholder disapproval of financial scandals and incidences of corporate wrongdoing that have been identified in recent years. The list of disgraced companies is growing and has recently included Olympus (Japan), UBS (Switzerland), Siemens (Germany) and Poly Implant Prothese (PIP) (France).

In the past, companies have tended to be reactive, blaming "a few bad apples" or dismissing values as "not central to what we do." However, now many companies are looking inward to see what has gone wrong and looking outwardly for answers. Additionally, in an attempt to shape the values and ethics of tomorrow's business leaders, there have been widespread calls and efforts from bodies such the AACSB to include and increase the emphasis on ethics in the education of business professionals and students. Therefore there is a distinct and identified need to find ways of enhancing business professionals and students' engagement with ethics and values in a manner that is at a deeper level and is also professionally relevant for them.

There are concerns that ethics is difficult to teach with many students blindly accepting what is taught whereas what is needed is the cultivation of introspective, reflective skills and an awareness of personal and professional values. This heightened awareness has the potential to create professionals with more openness, understanding and clarity about the decisions they make, allowing them to work more effectively with others.

This paper details two models the Rings of Uncertainty and the Ethical Grid and how they are combined in web-based ethical decision making software; The Values Exchange. Predominantly used in the education of health professionals, the tool's use has more recently expanded to fields such as business, law and management.

Results from a small study exploring the extent to which the Vx tool can be transferred across disciplines, comparing student responses and experiences in the disciplines of business and health will be presented. This has significant relevance as it enables the researchers to explore the nature of decision-making within and between these two educational groups. Given that all professionals will work as part of multi-disciplinary teams in practice, there is also merit in facilitating ways for different professional groups to better understand the decision-making processes of others in the work place .

Exposing institutional racism within the public health system in Aotearoa

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Institutional racism is incongruent with public health values of equity, social justice, and the upholding of Te Tiriti o Waitangi. My research findings uncovered entrenched and debilitating institutional racism within public health policy making and funding practices in Aotearoa. Systemic racism was first exposed within the New Zealand public sector in the 1980s with the release of the landmark Puao te Ata Tu report. Deeper historical delving and a review of Waitangi Tribunal claims exposed patterns of state discrimination against Māori dating back to 1840. Racism against Māori has over time become normalised to the point of invisibility.

Using activist scholarship, critical race and kaupapa Māori theory, my research, guided by a Māori research whānau (family), isolated ten distinct sites of institutional racism. These are also potentially potent

sites for anti-racism interventions. This presentation will provide an overview of my doctoral findings and share the progress made so far by the public health sector to eliminate institutional racism within the administration of the public health sector by 2017.

PART II— SYNOPSES

The *synopses* are abstracts from the oral presentations that have been expanded on with additional information. Typically, the authors have included their reflections on the presentation. Some authors may also speak to emerging themes from the talks, feedback received after the talks, outcomes resulting from the presentations, and/or plans for future research, etc.

The contributions in this section have not undergone peer-review, given the subjective nature of the expansion of thought, and the fact that the work is based on oral presentations that took place in the past.

There are 10 contributions in this section of the book, presented in chronological order of the date of the talk, along with a brief note about where the original presentation took place. Again, we have provided a full reference for each abstract, should the reader wish to cite from any of the contributions.

ACTIVIST SCHOLARSHIP IN AOTEAROA: ADVANCING SOCIAL JUSTICE AGENDAS

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Abstract

Activist scholarship is an emerging research methodology focussed on utilising research to advance social justice agendas. Activist scholarship is generated through horizontal dialogue with activist communities to ensure research is politically useful. The focus of such scholarship goes beyond what Cram (1997) calls procedure empowerment (that is, research participants feeling positive and safe about being engaged in a research process), to focus on outcome empowerment (achieving tangible political change). Historically, activist communities have variously used evidence to advance social justice agendas. Activist scholarship seeks to strengthen this use of evidence and foster collaboration between activists and academic communities to enhance social change action.

This presentation/workshop seeks to introduce some core ideas of activist scholarship and foster activist/academic collaboration.

Reflection on the Talk

The presentation/workshop attracted a hard core of highly motivated activists. The whakawhanaungatanga process revealed most participants were doing post graduate study with broad-ranging activist orientated research interests. Those present welcomed the opportunity to talk about the intersection of activism and academic writing. Working across multiple universities and disciplines, the leaderful group had extensive experience to draw on and inform the conversation.

My presentation outlined the social justice value base of activist scholarship. We then discussed the process of managing multiple accountabilities to the academy, activist communities and, in the context of my work on racism, to Māori as Tangata Whenua. We explored the underutilisation of formative, process, impact and outcome evaluations to social justice campaigns. I reaffirmed the importance of Te Tiriti o Waitangi in relation to research within a New Zealand context and encouraged engagement with the Te Ara Tika (Hudson, Milne, Reynolds, Russell, & Smith, 2010) Māori ethical framework. I concluded by sharing the story of Ngāpuhi Speaks (Huygens, Murphy, & Healy, 2012) and my own research (Came, 2013) as exemplars of activist scholarship to critique and benchmark against.

The passionate korero that ensured was such that at the formal end of our session we negotiated with the summer school organisers to have an early morning follow up session to pursue our conversation further. Within this additional space we shared our individual aspirations about activist scholarship and strategised about the practicalities and possibilities of various projects we were involved with. We debated the distinction between academic supervision and the desirability for activist scholars to develop governance structures to enable activist oversight of our work. We challenged each other to move beyond describing problems within contemporary society into

the realm of applied research and what Freire (2000/1970) would call conscientisation.

The second session culminated unexpectedly in the birth of an activist scholarship network that has committed to regular writing retreats for the foreseeable future. We plan on writing, critiquing, and strategising together about how to disseminate our work and generate new activist scholarship projects. So watch this space…

Future Direction for the Work

Within the second session I shared my dream of reinventing an academic/activist journal that I was associated with in the late 1980s into an open-access web format, building on that historic work. In its time I maintain that journal powerfully connected social justice agendas broadly related with issues of race, gender, class, environment, sexuality, disability and globalisation. Alongside peer reviewed academic articles, the journal had political cartoons and interviews with busy activists where writing was not necessarily their genre. I suggest it has a niche in the political/academic landscape that twenty years on sadly has not been filled.

I hope to contribute to a movement of activist scholars committed to advancing social justice issues, If not by this journal but in other yet to be foreseen ways. As a new academic I am still finding my feet, but as an activist I am an old hand. This interface between the academy and activist circles may be my emerging new place to stand. It is more than time for me to formally write the paper about how I do activist scholarship tailored to the New Zealand socio-political context.

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Towards a Tiriti o Waitangi based constitution

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Abstract

Pākehā Tiriti workers supporting the Tino Rangatiratanga Movement have been working towards a Tiriti o Waitangi based constitution for decades. I maintain amongst the most impressive contributions to this body of work has been the Tiriti based constitution the Kāwanatanga Network (1996), crafted in the mid-eighties after extensive consensus based negotiations. Sadly, their radical vision centred on establishing transitional arrangements to guide devolution towards hapū sovereignty has yet to come to volition twenty years on.

As part of their coalition agreement with the Māori party, the National-led government are currently undertaking a major consultation process in relation to New Zealand's constitutional arrangements

(http://www.ourconstitution.org.nz/). The review has received little coverage in the mainstream media and the process itself has maintained a low profile. The parameters of this review are narrow and are predicated on the legitimacy of the current kāwantanga (governing) arrangements which is currently being contested by the major Ngāpuhi Waitangi Tribunal claim (Huygens, Murphy, & Healy, 2012).

In response to the review and in parallel with the work of Aotearoa Matike Mai; Peace Movement Aotearoa, in conjunction with the Rowan Partnership and the Quaker Treaty Relationships Group (2012) have developed a framework to lead community discussions on Treaty-based constitutional arrangements. This presentation/ workshop is an exploration of what might be included within a Tiriti o Waitangi based constitution.

Reflection on the Talk

As with all Kotare summer school events, those that attended the session were passionate social justice activists, affiliated broadly within the political left. All those that attended acknowledged they were new to discussions about constitutional change, but they were clearly well versed in critical theory, socialism, anarchy, feminism, and committed to environmental justice and the end of poverty.

I assumed a base-line understanding of He Wakaputunga o Te Rangatiratanga o Nu Tireni (Declaration of Independence of New Zealand) and Te Tiriti o Waitangi and the impact of colonisation on Māori, but fed in new insights gleamed from the recently released Ngāpuhi Speaks (Huygens, et al., 2012). Those present were aware of the practicalities of working with a constitution through a wealth of experience working in community groups and were broadly familiar with both the United States and the Bolivian constitution - the latter because of its notoriety for incorporating the rights of nature.

Based on the Time for a change framework and informed by work done by Tamaki Tiriti Workers, the session focussed on three core questions:

- What are our core values?

- What outcomes do we want from constitutional arrangements?

- What arrangements will achieve these desired outcomes?

Moving beyond the Crown defined scope of the constitutional review and starting from strong shared core values, the conversation was rich, at times uncomfortable and the ideas collected were definitely decidedly revolutionary! Participants were of a generation that meant they were hard-wired into assorted global movements fuelled through social media, so were able to weave in radical and inspired ideas from across the planet. Time was not on our side, so for now the conversation remains unfinished.

Future Direction for the Work

Ironically, constitutional change is not the focus of my activist energies at this time; but I recognise we have a once in a generation opportunity right now to make strides towards securing a Tiriti based constitution. This session reminded me of the need for further and wider conversations about what New Zealanders want from our constitutional arrangements and the need for Te Tiriti o Waitangi and hapū sovereignty to be front and centre in those conversations. As an experienced Tiriti worker, I hold knowledge that could helpfully inform such conversations amongst my comrades on the wider left and within the health sector.

Inspired by the radical vision of my class mates at Summer School, I plan on talking frequently about constitutional change this year and I see a speculative paper coming on what a Tiriti based, health promoting constitution would look like.

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APPLYING TE ARA TIKA ETHICAL FRAMEWORK IN ACTIVIST SCHOLARSHIP

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Abstract

Kaupapa Māori was once, and still is for some, ordinary in the context of Aotearoa. Active processes of colonisation and assimilation led by the settler government in New Zealand have served to significantly displace Māori to the marginalised position of exotic and other in a range of contexts. Te Ara Tika (Hudson, Milne, Reynolds, Russell, & Smith, 2010) powerfully reaffirms Māori experience as ordinary and embeds Te Tiriti o Waitangi and core western ethical principles into an ethical framework uniquely of this land.

This workshop is a response to on-going challenges by Māori for Tauiwi to do research that is acceptable, accountable and responsible beyond the requirements of western-dominated ethical requirements.

Within this interactive session as a Pākehā Tiriti worker, I share my application of the Te Ara Tika framework within the context of research into institutional racism within the public health sector as an exemplar for others to benchmark against and critique.

Reflection on the Talk

Although my research does not focus directly on women, I have been attending Women's Studies Association conferences for a number of years, as for me it is a chance to spend time with other (academic) feminists interested in social justice. Women from their early twenties to their early nineties (!) attend these conferences that attract mainly second wave feminists (who set up the association) and some newer third wave feminists. The crowd is usually predominately Pākehā with some people of other ethnic backgrounds.

As an activist scholar, my engagement with Māori ethical frameworks is complex and multi-layered. My work in this area is informed by i) the desire to honour my/our Te Tiriti o Waitangi obligations, ii) a response to calls from (some) Māori that all research within New Zealand is of interest to Māori so therefore must be relevant and appropriate, iii) and a political recognition that (some) Māori argue strongly that kaupapa Māori is an exclusively Māori domain. My motivations to present on Te Ara Tika at the Women's Studies conference were attempts to fracture some of the dominant monocultural discourses that sometimes prevail in that setting, refresh debate about the place of Te Tiriti o Waitangi in feminist research and articulate a Pākehā response to the challenge of kaupapa Māori theory.

In managing these tensions I contacted the authors of the Te Ara Tika framework and sought their permission to share my application of their work. I also discussed the merits of presenting in this area with a kaumatua (elder) who acts as a kaitiaki (guardian) for my research and its dissemination.

Our boutique session was intimate due to the structure of the programme. After a weekend of being talked at, we shifted gear by

doing a whakawhanaungatanga round, taking time to establish the various connections within the group. This revealed many of those present had Māori whakapapa and/or had worked within Māori led environments. I carefully introduced my understanding of kaupapa Māori theory and we discussed its importance and that of Te Tiriti o Waitangi in the context of feminist research in Aotearoa.

Participants shared their understandings of kaupapa Māori theory, including one older woman who had been involved in the landmark Rapuora (Murchie, 1984) Māori health research project initiated by the Māori Women's Welfare League in the 1980s. Her korero proved to be a powerful example of kaupapa Māori research that resonated with the group and helped build a shared understanding.

The response to the Te Ara Tika framework was positive, with participants being clear about how it could be applied in both a research and practice context to ensure robust engagement with Māori. As time permitted I shared my own research into institutional racism within the health sector and the detail of my methodology and method as it pertained to the framework.

Despite having prepared a carefully crafted full paper that attempted to describe the dynamics and tensions inherent in the research, my story ended up to mine (and others) ears somewhat reductionist. It seems (English) words can be one-dimensional when translating experience from te ao Māori. To my disappointment, the way I told the story that day served to strip (somewhat) the wairua (spirit) out of the story. Tight conference timeframes do not serve complex multi-layered stories well.

Future Directions for this Work

As someone raised within a monocultural dominant environment, it is always challenging working cross culturally. Likewise, addressing issues of power and privilege are uncomfortable and awkward. If Pākehā are to get better about working cross culturally and wrestling with Te Tiriti o Waitangi, I think we need to share our stories so we can steadfastly lift the game. A lot has happened in the last 170 years

but I maintain any time is the right time to step up and be the honourable Tiriti partner that Māori believed they negotiated Te Tiriti with, even if it is one researcher or one health professional at a time.

Presenting this paper reminded me of the complexity of demonstrating how wairua fits within my research process and within my journey as a Pākehā Tiriti worker. This is the point of learning I take away – academic words on paper aren't as powerful as a song or an image. I need to find a way to weave wairua into my work more clearly so from the outside it will not be perceived as ticking the box.

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CHALLENGING THE WESTERN PEDAGOGY: HELPING UNIVERSITY STUDENTS THRIVE THROUGH COLLABORATIVE LEARNING AND ASSESSMENT

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Abstract

Increasingly universities are embracing collaboration as a component of teaching and learning. This is particularly so for interdisciplinary programmes, with collaboration exercises built around real-world problems. Despite the move toward more cooperative learning, most universities continue to operate under a traditionally western worldview where assessments are undertaken individually. Yet many students come from collectivist cultures where collaboration is the norm. In the context of the dominant western pedagogy, the mechanisms by which collectivist cultures pass on knowledge is minimised, reducing the primacy of the cultural norms that are meaningful to the people of these minority cultures. For these students, university can be extra challenging, and well-being—measured in academic achievement, and personal and social growth—is comprised.

There is some research on collaborative assessments primarily focused on group projects. One area of assessment that has lagged behind with regard to collaboration is examination. It is the last bastion of individual assessment. Yet, collaborative examination would both assess knowledge and present learning opportunities fostering problem-solving, decision-making and team-work. Aiming to explore this empirically, we undertook a scoping project that invited university undergraduate students of different ethnicities to comment on the idea of team-based examination, with the aim of implementing such an assessment protocol in an upcoming social psychology course. The qualitative pilot study asked students about their experiences with collaborative projects, the degree to which they enjoyed in-class group exercises, feelings about team–based assessments and reliance on others for grades, and their notions of the challenges versus benefits of a team-based examination protocol.

This roundtable considers the idea of universities adopting a more collectivist approach to assessment. Participants will discuss the possibility of bringing cooperation and collaboration to university learning and assessment contexts with the aim of enhancing the well-being and positive outcomes of minority student groups— thereby promoting community thriving within these student populations.

Reflection

As a *roundtable*, this event was intended to be participatory, with the attendees coming together to share their own experiences in this academic context. Our presentation was placed within the confer- ence's thematic track of *Community thriving through organizational and school transformation.* As such, it was hoped that the event would spark lively debate and group discussions of the value of using collectivist pedagogies to enhance student well-being.

To establish a context, the outcomes of our small study were initially shared, after which participants were asked to critically consider the merits of collaborative assessments, and then to offer their own ideas, experiences, and even other projects that involve collaborative

learning in school and university settings.

It was a small group of about eight participants from Auckland, New Zealand; Ontario, Canada; and from the states of Georgia, California and Pennsylvania in the U.S.A. As such, it was an intimate, conversational style workshop. It was not difficult to spark conversation, as everyone who came along was involved in some aspects of university teaching and collaborative assessments. As each participant's academic context was different, we were treated to a real diverse set of collaborative contexts.

One of the early discussions was related to the use of peer assessments, and the challenges of maintaining objectivity when asking students to assess one another in the course of their shared activities: some students will be honest whereas others will not want to offend the classmate and thereby, may give better marks than the classmate deserves. In many cases, these peer-assessments are primarily about the other students' contributions, at which point it was suggested that there is a need to also assess the quality of the content being undertaken as a group. It was suggested that making collaboration a *Learning Outcome* within a group assessments would help to bring some objectivity to the group assessment, especially where the lecturer (or marker) does not have any insights to the group processes undertaken outside of his/her view.

One attendee described a collaborative presentation that had three elements to the marks: A grade from the students on how well they worked together on the project; a grade from the lecturer on the actual presentation; and peer-evaluation marks from the class based on the quality of the presentation. At this point, I described my own use of peer-review in my *Critical Evaluation in Psychology* paper, where the students critique their classmates' shared presentations. However, in this context, the critiquer is given a mark, based on the quality of the critique, but the comments themselves do not contribute toward the presenters' marks.

In terms of the practicalities of group work, there was some discussion of building in group-work time during class time, as it was suggested that students might feel that it was asking too much for them to meet outside of class for collaborative work.

A variety of collaborative activities were shared and discussed: group seminars, one-off and semester-long group projects, action research projects, and group quizzes. Most of the attendees talked about having assessments that included a presentation element but also individual written work. This highlighted the tension between individually assessed work and group elements—some of which had their own individual elements—and how this was managed in light of overall marks and students' attitudes toward the shared marks.

We spent a lot of time considering how to judge the collaborative aspects of a project, as this was noted to be the most challenging aspect of including collaborative assessments. Many of the attendees used peer-review as a major component, which brought us back to the opening topic. For some, the peer-review was graded whereas for others, it was merely an aspect of reducing "social loafing" (Latane, Williams & Harkins, 1979). One participant in the roundtable described how he used *reflection* in the peer-review process: early in a group project, in the context of the entire class, he would ask an individual student, "John, how do you think you're doing in the group?" Following John's answer, he would then ask the same question to the group, "How do you all think that John is doing?" This was said to bring some explicit awareness of group processes to the entire class, whereas otherwise, any one student might not actually realise how the group perceives her/his contribution.

Team-based quizzes were also considered. For one attendee, these were framed like a trivia game: A question was asked of the entire class, then each group/team was given a certain amount of time (e.g., two minutes) to work out an answer. How to assess in this context was the biggest issue. Some said they would not actually assess, but rather, would use it as a learning context only. Another example was offered of an in-class test setting where the lecturer gave a question, then instructed the class that they must work it out, in groups or individually. The lecturer would leave, and the students could, at that stage, group together and solve the problem, or choose to work individually. After a period of time, the lecturer returned and collected the answers. In this context, we all agreed that the main value of such an example was that students could choose to work in groups or individually—since it is well known that some students do not like to

work collaboratively. It was suggested that to undertake such a feature of an assessment, the students would need to be warned in advance, and that the question being worked on should only be for a small percentage of the grade.

It was suggested that a similar context could be created with the use of a "take-home test", which students could work on alone or groups—again, demonstrating the awareness of the importance of allowing students to decide whether or not to work in groups, and with whom to work with.

A final discussion was generated on the basis of another example from an attendee, who taught a research methods paper. In this context, she had multiple group assessments that the class would peer-review, in the same way that (e.g.) a journal offers blind peer-review. All group projects underwent peer-review by others in the class, and in the end, the lecturer (attendee) reported improvements in the quality of work submitted.

In summary, it was clear that many academics from different disciplines value and preference collaborative assessments. How to balance individual work with collaborative work was a shared issue, as was how to keep fairness of group marks and give objective marks for collaborative elements. One of the outcomes of the roundtable workshop was the creation of a shared "Dropbox" where we could continue to share ideas with each other, long after the conference ended. This was developed and a number of collaborative assessment protocols have been shared through this site.

It was an extremely rewarding workshop to be apart of!!

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The environmental quality of life of university students in New Zealand

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The wellbeing and quality of life of university students has been receiving increased attention in recent academic research. Most of this work has focused on the physical, psychological, and social aspects of quality of life as well as the types of psychological resources used by students to cope with the effects of stress. Here we present data from a series of studies that have explored the quality of life of university students in New Zealand.

This research used the World Health Organization Quality of Life instruments, which define quality of life in terms of a wide range of diverse facets, ranging from physical, psychological, social, to environmental quality of life. Assessing environmental quality of life, which includes aspects such as opportunities for leisure, safety, and transport, helps understand the challenges that both domestic as well

as international students face when engaging in tertiary studies, and thus how spaces and locations of study contribute to the quality of life of students.

The above was our abstract for the 2013 conference of the *Higher Education Research and Development Society of Australasia.* One of the conference themes was "spaces and places", which was the reason for this presentation's focus on environmental quality of life. We presented results from a series of studies in our research programme. This work also laid the foundation to one of our group's book projects. We are pleased that the edited book "Student Motivation and Quality of Life in Higher Education" will be published by Routledge in December 2014 (http://www.routledge.com/books/details/ 9780415858052).

THE STATE OF ADOPTION KNOWLEDGE: COMPREHENSIVE ANALYSES OF ADOPTION LITERATURE PUBLISHED IN THE SCHOLARLY JOURNALS FROM 2000-2012

SYNOPSIS BASED ON TALK GIVEN 8 JULY 2013
The 4th International Conference on Adoption Research, Bilbao, Spain

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Abstract

As academics and professionals who research and publish in the field of adoption, we are faced with numerous challenges when choosing who we research or write for. For example: do we choose advancement—and publish in scholarly journals, or service to the end -user—and publish in more accessible locations like books and magazines? If we choose the former, what are the best journals to publish in?

With so many disciplines publishing in adoption (psychology, sociology, medicine, law, social work, woman's studies, anthropology, etc.), there are now hundreds of journals that one can publish in—as well as seek out adoption-related studies. How easy is it to locate the

best studies? Can we rely on the databases and search engines, or should we go directly to the journals?

In this paper, we present the results of our stock-take study of adoption literature: a comprehensive review of adoption-related scholarly publications from 2000 to 2012. We'll present a summary of the publication trends, rankings of the primary authors to publish in the field, and a list of the top 100 journals that publish adoption research. We also discuss the results of search engine, database and keyword analyses, to enhance successful search strategies and minimise manual screening of results.

Reflection

It was particularly rewarding to present this research to this audience, as many of them were named in our findings of top researchers. In fact, it was quite funny to see their reactions as I went over that aspect of the study. It was reminiscent of the posting of marks on the wall, and the jostling that students would do in order to see how each had scored.

One aspect of the discussion that was unexpected but extremely valuable was a point raised by a member of the audience who was from one of the non-English speaking countries. She brought to light the challenges for her—and others like her—in trying to compete with native English speakers when writing manuscripts in English. This turned into a full-on discussion about the challenges of dissemination generally, and in particular, the difficulties of those from more marginal topics and countries, who struggle to compete with the "A team" of leading researchers, whose papers are often chosen by editors over the lesser known or skilled authors. The messages were clear:

(1)   there is great research "out there" that is never seeing the light of day; and

(2)   there are not enough mechanisms for researchers to disseminate their findings, which are not biased toward English speakers.

We went on to discuss some possible solutions. One was the creation of a type of "clearinghouse" for adoption research and literature. The Evan B. Donaldson Adoption Research Institute (now called *The Donaldson Adoption Institute*: http://adoptioninstitute.org/), whose then-Executive Director was part of the presentation panel, was mentioned as previous central location that used to invite people to share their dissertations and other scholarly works. That is no longer the case.

The Child Welfare Information Gateway (https://www. childwelfare.gov/) is another website, put out by the U.S. Department of Health and Human Services, that used to disseminate adoption-related literature. It is not clear if they still do.

After the conference had ended, another idea occurred to me. I have been building an adoption library of my own. This is currently an Endnote library with 2000+ citations of adoption-related research. I've had ideas about making it into a subscription-based website resource, where one could log in and search for a comprehensive, inter-disciplinary set of adoption-related literature. This might also serve as a clearinghouse for people to send their works that are not otherwise published in the scholarly journals. I will continue to develop this idea, as I think that the issue raised at this presentation is an important one, which requires honest consideration and resolution.

ETHNIC SOCIALISATION WITHIN INTERCOUNTRY ADOPTIONS: HOW MUCH INFLUENCE DO ADOPTIVE PARENTS HAVE?

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Abstract

This portion of the symposium explores the complex relationship between adoptive parents' interest in their internationally adopted children's birth culture and the children's identification and interest in their culture. It also examines the role of exposure to the birth culture. The study, from which the data were taken, focused on a racially congruent (non-transracial) group of international adoptive families, which allowed the authors to consider the topic of parental ethnic socialisation with a population where racial difference would not be a factor.

Context

This paper was part of a symposium entitled: ***Ethnic Identity, Cultural Socialisation and Well-being of Transracial Adoptees***, which was proposed and chaired by Dr Rosa Rosnati, with the esteemed Dr Hal Grotevant as Discussant.

Our other symposium topics were:

The Ethnic, Racial, and Adoptive Identity Profiles of Adopted Korean American Adolescents

> presented by Richard Lee, PhD (and co-authored by Reed Reichwald, Ph.D., Oh Myo Kim, M.Div., and Alison W. Hu, B.A.) from the University of Minnesota, Twin Cities, U.S.A.

Ethnic identity and psychological well-being: A curvilinear relationship

> presented by Dr Jayashree Mohanty, Assistant Professor from the Department of Social Work, the National University of Singapore in Singapore.

Bicultural Identity Integration of Transracial Adoptees: Antecedents and Outcomes

> presented by Laura Ferrari, Rosa Rosnati, and Claudia Manzi from the *Athenaeum Centre for Family Studies & Research*, from the Catholic University of Milan, Italy.

Reflections

It was extremely rewarding to be part of such a powerhouse set of adoption researchers, and from across the globe! The symposium attracted a good mixture of academics and scholars who were attending the *4th International Conference on Adoption Research*. The set of four papers in the symposium covered a range of aspects within the broader field of ethnic socialisation, which were diverse enough, but also integrated, creating a cohesive look at the topic within adoption. We considered both transracial and inracial placements as well as biracialism, and how adoptees combine their two different cultural backgrounds in a synthesised whole. We looked at identity development and its relationship to well-being, as well as the role that

parents play in the socialisation of their adopted children. Across all of the presentations, we explored the outcomes for children, adolescents and young adults.

Throughout the symposium there was an appreciation for the fact that the process of identity development can be more complex for adoptees who do not share the same ethnic identity as that of their adoptive families. It was also understood that, in many cases, the birth ethnicity of internationally-adopted children actually becomes their second culture, which has to be learned rather than acquired through more standard ethnic socialisation means like experience and parental modelling.

The collective aim of our symposium was to identify how developmental and critically discuss the contextual factors that facilitate adoptees' ethnic identity development and overall psychological well-being. I believe we achieved this aim.

CARE-GIVING ACROSS BORDERS

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Introduction

This abstract is one in a linked series for a panel presentation on research priorities for occupational science. With an increasingly mobile population globally, understandings of the types of occupations and the place within which occupations are performed are being challenged. Thus migration is a rich field for occupational science research.

Objective

The aim of the presentation is to call for research that focuses on the occupation of care-giving as it unfolds within transnational contexts for immigrant families.

Method

Care-giving as an occupation has received much attention in the occupational science and therapy literature. However, the cultural aspects of care-giving as an occupation performed by immigrant families across different locations, nationally and internationally, is less well understood. I will draw upon examples of care-giving as enacted by migrant populations to demonstrate the complexity of care -giving across borders.

Results

I argue that occupations have been traditionally conceptualised as occurring within a defined environment; for example, parenting within the home environment – or a building with four walls. However global migrant communities means a single occupation is now occurring across multiple spaces. Family occupations, in particular care-giving across generations – grandparent/grandchild or parent/child relations – are occurring in several homes and countries as family members become more dispersed.

Conclusion

Care-giving across borders is a growing global phenomenon that has implications for individuals' health and well-being across generations. Greater understanding of the socio-cultural and environmental dimensions of this occupation are required in order for occupational therapists to effectively work with immigrant populations.

Reflections

I presented this paper as part of a panel discussion titled: *Occupational Science: Setting Research Priorities.* The panel discussion replicated a similar presentation which I was part of at the New Zealand Association of Occupational Therapy Conference (Hocking et al., in press). The aim of both the panels, at the

New Zealand and the Australian occupational therapy conferences, was to raise questions pertinent for occupational therapy that could be researched by occupational scientists.

Occupational science was established in the late 1980s in the United States and has been described as a "basic science, which would explore the phenomenon of occupation in its entirety" (Molke, Laliberte-Rudman, & Polatajko, 2004, p. 270) and seek to study the human as an occupational being. In 1996, Zemke and Clark stated that the aim of occupational science was to "generate knowledge about the form, the function, and the meaning of human occupation" (p. vii). In 2000, Primeau added that "as an academic discipline occupational science seeks to understand…its [occupation] centrality in people's lives through generation of knowledge that captures occupation's richness of meaning" (p. 20). The common essence of these definitions is the need to understand occupation, and the role of occupation in people's lives. It is, therefore, understandable that many occupational therapists may turn to occupational science research as the foundation for informing their practice and furthering their understanding of occupation.

My presentation was one of five in the Australian panel discussion. The first presentation by Stanley and Wicks was titled *Establishing foundation knowledge for occupationally-focussed practice.* The aim of this presentation was to introduce the purpose of the panel and the respective speakers to the audience. Panel members were invited to consider an issue, be it political, economic, social, health, or ecological and argue for the necessity for research in answering the questions raised by their issue in conjunction to practice. The knowledge generated from such research will potentially inform occupational focussed practice to address key issues for Australians. The session had a moderator and the decision was made to not accept questions from the floor until all panel members had presented their respective issues.

Following the introduction, I was the first occupational scientist to present a chosen issue. As indicated in the abstract above, the issue I was raising related to the increasing rise in immigrants and refugees

globally, which has seen the traditional family structure give rise to new formations as grandparents, parents and children may find themselves residing in different locations. Such an international trend challenges current understandings of group, in particular family, occupations, and value and meaning they have for health and wellbeing.

The second speaker was Dr Wicks. Her presentation was titled *Fostering sustainable occupational therapy practice and environmental sustainability: which occupations are green?* In this presentation, Wicks honed in the person, occupation, environment triangle and argued for research on 'green' or eco-friendly options for daily living, to not only promote sustainable practice within occupational therapy but also environmental sustainability. The underlying premise of her argument was that people experience improved wellbeing when their occupations are good for the planet and are sustainable over time.

The third panellist was Dr Molineux who addressed *Understanding occupation: a research priority for occupational science and occupational therapy.* His presentation addressed the complexity of occupation and occupational engagement, and therefore, the inherent challenges in occupation focused research. He argued that despite this we must find ways to conceptualise occupation that enable research into both the components of occupational engagement as well as the holistic experience, contending that powerful articulation of the benefits of occupational therapy that can be used with clients, colleagues, and funders.

Moving from a direct articulation of occupation, to a more general discussion on the impact of policy on occupation, Dr Sellar, presented next on the *Intersectoral health policy and the occupational perspective of health.* He noted that Australian policy makers are responding to so called 'wicked problems' in health by developing intersectoral approaches to policy and asked the questions Why should all sectors be concerned with health? What's in it for them? Furthermore, how can we prevent health from unilaterally dictating the priorities of other sectors and alienating important partners? He

argued that policy analysis represents both a timely opportunity to critically engage with intersectoral health policy developments and fosters critical, multi-disciplinary, and interdepartmental engagement with the occupational perspective of health itself.

Next Dr Stanley presented on *Risky occupations: challenging the emphasis on meaningful occupations.* There is an inherent belief in occupational therapy that occupation is used to promote health and wellbeing. However, not all engagement in meaningful occupations supports health. Stanley drew on examples of risky occupations such as extreme sport, crime, violence, taking illicit drugs and prostitution to call for research into the meaning of occupations that might not be good for health.

Rounding out the panel presentations, Dr Rodger presented a discussion on *Life course transitions: navigating new occupations, identity and meaning.* The aim of this presentation was to call for research that focuses on occupational changes that occur during times of transition throughout life, such as impending parenthood, starting school and retirement. Rodger proposed that by their very nature, times of transition can be challenging for people to traverse. The intersection of changes in environments, roles and occupations, and personal sense of identity during transitions is an ideal time for engagement in occupational therapy.

Prior to the panel presentations, Stanley, Sellar and I, had met to share our papers and discuss how we though the audience might react to the panel overall. We felt that they were likely to engage with the presentations by Stanley and myself; however might have a harder time understanding Sellar's argument. Indeed Sellar was the presenter who was most concerned about not being well understood by the audience. I, on the other hand, felt confident in the argument I was making. Indeed, the timing of my presentation seemed particularly pertinent as all that week Australian media had been filled with news of the 'refugee boat people' who were being detained and caught trying to enter Australian shores; an immediate example highlighting how families are torn apart and the difficulty of engaging in family occupations.

So at the end of our presentations we all lined up to face the audience and answer questions.

As we supposed, there was an immediate and heated discussion in relation to Stanley's presentation. In particular members of the audience were interested in knowing who decided whether an occupation was 'risky or not'. Rodger, Wicks and Molineux were also asked questions, although these questions were more aimed at clarifying the argument rather than contending with the issue itself, as seemed to be the case with Stanley's presentation.

The two surprise responses were in regards to the presentations by Sellar and myself. Whereas we expected Sellar's paper not to get much response and my paper to draw more audience interaction; in fact the reverse happened. Many people in the audience were intrigued by what Sellar had to present and asked a number of questions regarding the impact of policy on their work. It was obviously an issue that they had not previously thought about and, now being raised, was stimulating many members of the audience to question what such knowledge meant. Alternatively, when it came to question time, there was not one question from the audience directed to me as regards my presentation. I have to admit that I was astounded, especially given the current political and media environment surrounding refugees in the country. Thankfully I was not the only one to be surprised, my fellow panellists were also amazed that my presentation had not raised more debate.

So what does it mean? What happened on the day? After some reflection, I wonder whether the issue I was raising was too close to home. Perhaps the notion of families being torn apart and all the media representation of the refugee 'boat people' was too political an issue to put voice to. On the whole I feel that occupational therapists are not very politically oriented and perhaps to talk about the impact of such an issue was in itself a 'risky occupation'. Alternatively, perhaps my issue just did not make an impact on the imagination and there were more 'juicier' topics to be discussed. Nonetheless, it is an issue that I feel passionate about, and one I will continue to research!

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REFLECTION ON "THE PLACE OF 'THINKING' AND 'LOGIC' IN THE ECOLOGY OF CLINICAL THINKING"

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Abstract

This paper is a discussant paper written in response to Farrell's (2013) paper "The place of 'thinking' and 'logic' in the ecology of clinical thinking", presented at the same symposium. In it, I begin by acknowledging the cross-fertilisation between different psychological and psychotherapeutic modalities or approaches; the common ground between approaches through "common factors" research; the zeitgeist of intellectual pluralism; and the importance of humility with regard to the limitations and critiques of our respective approaches. In the substantive discussion of Farrell's paper, I offer some initial reactions and responses to the paper; some thoughts about the role of the discussant; and six associations with the themes outlined. I conclude by identifying a number of common ground and differences between the two papers.

Reflections on the presentation

This discussant paper followed a paper presented by Farrell in which he discussed – and extended – the requirements of creativity in clinical thinking to include an ecology that could support such thinking. In doing so, he draw on work on thinking by the British psychoanalyst, Wilfred Bion (1897–1979) (Bion, 1962), and work on thinking and logic by the Chilean mathematician, psychiatrist and psychoanalyst Ignacio Matte Blanco (1908–1995) (Matte Blanco, 1988). Farrell introduced the work of these theoreticians; shared some vignettes of his own clinical work; and, drawing on the work of Sanchez-Cardenez (2013), also discussed Matte Blanco's framework with regard to Alfred Hitchcock's film Vertigo (Hitchcock, 1958).

In response, in the substantive part of my discussant paper, I developed six associations:

1) With the word "clinical", the Indo-European source of which, "cline", is the ancestor of the English words: client, clinic, lean, ladder, incline, recline, and, of course, decline – the need for clinical philosophy.

2) With logic, modernism and postmodernism – the point that Matte Blanco's logic is more modernist than postmodernist.

3) With creativity – the organisational, administrative, cultural, and political dynamics that support or compromise our clinical ecology.

4) With the container and the contained – Winnicott's concept of holding.

5) With Matte Blanco's five strata of human experience – a critique of depth (see Tudor, 2014), and the importance of language and metaphor, of construction and deconstruction.

6) With ecology – the significance of developments in ecopsychology and ecotherapy (see Tudor, 2013).

Following the presentations of the two papers, the facilitator of the particular session of the symposium then invited the (some fifty) participants to discuss their responses to the two papers. A number of people spoke, most of whom were positive about the dialogue that the two papers stimulated.

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CRITICAL PERSPECTIVES IN AND FROM WESTERN PSYCHOTHERAPY

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Abstract

Western psychology and psychotherapy encompasses a rich and diverse tradition. Alongside its more conservative, parental and colonising theories and practice, there is a more radical tradition, influenced by political movements such as feminism, socialism, and anarchism, and informed by critical theories, and theories which emphasise context such as social constructivism – theories and practice which cuts across psychoanalytic and humanistic psychology. In this presentation, Keith presents and reflects on more critical perspectives in and from Western psychotherapy, including radical psychiatry, social action psychotherapy, and social relations, and invite participants to make connections between these and their own traditions and influences, including indigenous ontology, methodology, and practice.

Reflection on the talk

Following a powhiri and welcome, the presentation, which took the form of a number of talks interspersed with discussion over the course of a day, encompassed: 1) The context of psychotherapy and politics; 2) Some reflections on politics and therapy in Aotearoa New Zealand; 3) A framework for the interplay between politics and psychotherapy; and 4) A specific focus on radical psychiatry and social action psychotherapy.

On the basis that the personal is – and influences – the political, I began my first talk by sharing my personal, professional, and political background. This included my upbringing, which includes an intergenerational tradition of public service, liberal values, and the influence of my father's conscientious objection during the Second World War; my education, which was traditional/liberal, included a first degree in philosophy and theology, and a first professional training course in social work which both radicalised me, and prompted my interest in writing; and my political development, influenced by parents who voted Liberal, by feminism, by my membership of a libertarian socialist organisation that, in turn, was influenced by Italian politics of autonomia and feminism, which placed movement and class before party, supported autonomous struggles such as anti-racist and anti-fascist politics, and which promoted personal and prefigurative politics (see http://bigflameuk.wordpress.com/). I also shared my therapeutic journey which encompasses training in three forms of humanistic psychotherapy: gestalt therapy, transactional analysis, and person-centred therapy, and, through various trainers, supervisors, personal therapists, and friendships, places me only two handshakes away from the founding fathers of these approaches, i.e., Fritz Perls (1893–1970), Eric Berne (1910–1970), and Carl Rogers (1902–1987). Following this, some of the participants shared their own stories and connections between their own journeys and the ancestors of the mind (Traue, 1990/2001).

In my second contribution to the day, I shared some critical reflections on arriving in Aotearoa New Zealand with regard to the

psychotherapy "scene" and community. These include(d):

- The lack of a strong humanistic psychotherapy scene and, therefore, identity, and the dominance of psychoanalysis and psychodynamic psychotherapy.

- A lack of familiarity with contemporary person-centred psychology, specifically with regard to holism, relationality, autonomy and homonomy, and how it interfaces with neuroscience (see Tudor, 2008).

- The separation of and between psychotherapy and counselling.

- The impact of the state registration of psychotherapists (for a critique of which see Tudor, 2011).

- The representation of indigenous wisdom and models (as being holistic, collective, relational, contextual, etc.), and contrasted with Western models (which were/are characterised as being atomistic, individualistic, and acontextual) which, for the most part, I did not recognise.

This led to some discussion amongst participants who shared some of the differences they had experienced and noticed, for instance, about the presence – or absence – of spirituality in psychotherapy training in this country.

In the third section of the day, I presented a framework for understanding the relationship or interplay between psychotherapy and politics (see *Table 1*) and, specifically, for locating the radical tradition in Western psychotherapy, and gave examples.

→ **Psychotherapy in*(to)* politics**	↗ **Psychotherapy *of* politics**
i.e. the range of interventions by psychotherapists in the political process, through: 1. therapists acting as therapists on the basis of clinical experience and concluding that a political programme or action is required; and 2. therapists acting as citizens, using their therapeutic understanding and skills at the service of a political goal.	i.e. "a range of attempts to *understand* and to *evaluate* political life through the application of psychotherapeutic concepts." (p. 6)
↙ **Politics *of* psychotherapy**	← **Politics in*(to)* psychotherapy**
This includes: 1. the power relations and structures that operate within psychotherapy; and 2. the effect that political systems have in the ways in which psychotherapy as an institution functions.	Thus includes 1. "the various ways in which political concepts and viewpoints are used to criticize or change the theory and practice of psychotherapy" (p. 7); and (my addition) 2. *the introduction of "political" material into therapy.*

Table 1. Four categories of the interplay between psychotherapy and politics (Totton, 2000)

I did this in a way which invited participants to add their own examples, which we did as I went through and elaborated the four quadrants.

In the fourth and final session, I presented two examples of radical theory and practice: radical psychiatry (Steiner, 2000), and social action psychotherapy (Holland, 1990), and invited participants to make connections between these and their own traditions and influences, including indigenous ontology, methodology, and practice.

The linked talks, and, indeed, the whole day, was well-received: the participants appeared to relate easily to the material and to make connections with their own experiences; and appreciated gaining some insight into a less well-known aspect or tradition of Western psychology and therapy.

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PART III—WORKING PAPERS

In this section, we present the *working papers.* These are fuller papers, still based on the topics of the oral presentation, but which have begun to be developed into scholarly manuscripts. They remain, however, somewhat incomplete, in the sense that they are still conceptual, preliminary, or they represent only a fraction of the main body of work.

Contributions to this section of the book undergo a double-blind quality assurance process by two research staff from within the School of Public Health and Psychosocial Studies. The decision to subject the working papers to a peer-review process is two-fold: (1) it offers the author valuable feedback on the work, while also mirroring the quality assurance features of publication in the more scholarly journals; and (2) it affords some staff members in the School the opportunity to engage in the activities of reviewing—a feature of academic life that is not always explicitly fostered at some institutions of higher education.

There are two working papers offered in this edition of the book. Again, we provide the full references at the start of each contribution for any readers wishing to cite from the works.

Sandtray approaches in psychotherapeutic work with adult trauma survivors: A new clinical model

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Abstract

This study explored the psychotherapeutic literature on the use of sandtray approaches with traumatised adult clients. The research focused on how practitioners and scholars across different therapeutic modalities have written about their application and understanding of sandtray work with adult trauma survivors. The research method was qualitative descriptive. Fourteen publications in English and German were examined using thematic analysis (Braun Clark, 2006). The analysis revealed three meta themes: *Safety, Communication* and *Active Work*. These themes were developed and evaluated in their relevance for enhancing clinical practice. Sandtray work as an adjunct therapeutic tool was found to increase safety, to foster communication of the often 'unspeakable' experience of trauma, and to provide a physical medium in which active work with

trauma can be contained. Based on these three meta themes and eight core themes, a clinical model for sandtray therapy with adult trauma survivors was developed. Implications for clinical practice and education are discussed.

Introduction

The purpose of this qualitative descriptive study was to gain a deeper understanding of the theoretical and conceptual framework of practitioners and scholars who wrote about the use of sandtray in trauma work with adult clients. Trauma survivors pose very specific challenges to the psychotherapist (Homeyer & Sweeney, 2011). They present with a set of needs in response to the trauma they have faced: the need for therapeutic safety (Labovitz Boik & Goodwin, 2000; Spooner & Lyddon, 2007), affect modulation (Daniels & McGuire, 1998; Ludwig 2007) and empowerment in the face of overwhelming trauma memories (Herman, 1992). The difficulty of communicating the often 'unspeakable' experience of trauma (Troshikhina, 2012) is an additional problem to overcome. This article summarises and discusses the findings of a Master's Dissertation (Kosanke, 2013) applying thematic analysis (Braun & Clark, 2006) to fourteen relevant publications to the research questions:

- How have practitioners and scholars across different therapeutic schools written about their work with trauma survivors using sandtray work?

- What may be specific ways in which sandtray work fosters therapeutic work with this client group?

The study aims to increase knowledge about the use of sandtray work with adult clients experiencing the impact of trauma, to enhance training in trauma work, and to improve the quality of clinical practice with traumatised adult clients.

Sandtray work in psychotherapy

The use of sandtrays and miniatures in psychotherapy originated with the work of Margaret Lowenfeld, who was inspired by H. G. Wells' (1911) book *Floor Games*. Wells gave a detailed description of dramatic imaginative scenes created by his sons using miniatures and small toys on the floor, and his realisation that his sons were working out their problems with each other and with other members of the family (Pearson & Wilson, 2001). Lowenfeld adapted the technique (later known as the Lowenfeld World Technique) for her therapeutic work with children, by adding sand and water and confining the play to a metal tray (De Domenico, 2002). The new technique involved the client spontaneously arranging the sand and/or miniatures in wet or dry sand to create an image, a fantasy or their entire world.

Dora Kalff, a Jungian analyst, who worked with Lowenfeld, further developed the tradition in the late 1950s when she adopted the World Technique into her own analytic therapy and extended the use of sandtrays to the work with adult clients (De Dominco, 2002). Kalff (1980) called her new technique Sandplay therapy. She found Sandplay activated the natural healing forces of the psyche whereby conscious and unconscious parts of the self develop a more harmonious relationship with each other through externalisation, in symbolic form, into the sandtray. This, in turn, leads to the restructuring and strengthening of the ego (Cunningham, as cited in Zhou, 2009).

While Kalff's Sandplay therapy remains the dominant approach to the use of sandtray work, contemporary psychotherapists implement a variety of different methods of sandtray work into the work with clients. Gisela de Domenico (2002) developed and taught a more humanistic-based method, which she calls *Sandtray-Worldplay*. She incorporates Kalff's ideas along with spiritual and cultural awareness. In art therapy, sandtray work is often used as a concrete creative way to express internal processes (Steinhardt, 2000) and authors from different psycho-therapeutic schools link "sandplay with psychodrama ..., music ..., [and] dance-movement therapy" (Steinhardt, 2000, p. 42).

Regardless of the different approaches to sandtray work, most therapists provide two sandtrays, measuring 57cm x 72cm with a depth of 7cm (19 x 28 x 3 inches), one with wet and one with dry sand, with blue bottoms and sides to represent water and sky (Labovitz Boik & Goodwin, 2000). This size allows clients, without using peripheral vision, to see every part of the tray (De Domenico, 2002) and to reach every part of the tray comfortably. The therapist provides an additional bowl of water that can be used by the client to form the sand or to create a combination of sand and water. The therapy room is filled with a variety of miniature models, including people, animals, buildings, vegetation, vehicles, structures, natural objects, symbolic objects, and so on (Mitchell & Friedman, 2003). The collection should ideally represent "everything that is in the world, everything that has been, and everything that can be" (Amatruda & Simpson, as cited in Moon, 2006, p. 65). The assortment of miniatures is supposed to hold the possibility for clients to capture and spontaneously symbolise their internal and external world. The therapist provides a camera to capture the sandtray picture at the end of each session to record the client's therapeutic process. These photos are usually held by the therapist and can be used for later therapeutic work, such as revisiting the client's therapeutic journey over time. In some cases clients are allowed to take their photos home.

Because therapists are embedded in different modalities, they might have significantly different understandings of the therapeutic process. The research presented here used a qualitative approach to find the underlying themes that unite the different authors in their therapeutic work with adult trauma survivors.

Method

This qualitative descriptive study used thematic analysis to explore publications relevant to the use of sandtray approaches in psycho-therapeutic work with adult trauma survivors. Research and publications in the area of sandtray work with adult clients in combination with the issue of trauma are sparse and widely

dispersed, and themes in this area have not been systematically identified and interpreted. The research followed a six-step process for thematic analysis described by Braun and Clark (2006): data collection, generation of initial codes, search for themes and review of themes, reflection on the process of defining and naming the themes, and the production of the final report. The literature search was limited to publications written in English and German (as the primary researcher is bilingual) that fulfilled the inclusion criteria of "sandtray work AND work with adult clients AND trauma". A data set of fourteen publications that fulfilled these criteria was found and systematically coded and analysed. Seventy 1st order themes, eleven 2nd order themes, eight 3rd order or core themes were developed by using the rigorous sorting, revising and reduction process for thematic analysis outlined by Braun and Clark (2006). Through further analysis, three meta themes were discovered that represent distinct sub-groups of the original codes in each of the eight core themes.

Research Findings

In the process of sorting and resorting, reviewing and revising the codes and themes the eight core themes combined started to tell a story. In order to structure the findings of the core and meta themes, a diagram has been created (see *Figure 1.*), that orders and illustrates how Sandtray work with adult trauma survivors has been written about. The three meta themes *Safety, Communication* and *Active Work*, provide the cornerstones of a "Clinical Model for Sandtray Therapy with Adult Trauma Survivors" that contains each of the eight core themes.

Figure 1: Clinical Model for Sandtray Therapy with Adult Trauma Survivors
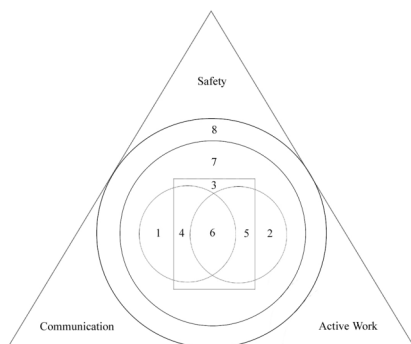
Core themes: *1. Traumatised Client, 2. Resourceful Client, 3. Sandtray, 4. Wounded Client in the Sandtray, 5. Healing Client in the Sandtray, 6. Sandtray Process, 7. Therapist, 8. Theory*

Meta themes: *Safety, Communication, Active Work*

The following section elaborates this new clinical model.

A *Traumatised Client (1)* is coming to therapy in the hope of becoming a *Resourceful Client (2).* Both positions are represented in the diagram with circles, symbolising each person's inherent wholeness at all times of the therapeutic process. In the beginning of the therapy, the sandtray creations predominantly reflect the *Wounded Client in the Sandtray (4).* Over time, more and more of the *Healing Client in the Sandtray (5)* becomes visible. The *Sandtray (3),* in holding the wounded and the healing parts of the client at the same time, makes the *Sandtray Process (6)* possible and visible. The *Sandtray's (3)* rectangular shape is reflected upon by Amman (1991), who describes that "the inequality of measurements [of] the rectangular space creates tension, unrest, and a desire for movement, a desire to go forward" (p. 18). While there is a visible movement of the client in sandtray work from wounded to healing themes over time, there is also the acknowledgment of the existence of all parts of the client at every moment of the therapeutic process. The traumatised and wounded client is already engaged in his or her own healing process

and comes with inner resources right from the start of therapy. Sometimes these resources are not consciously available, which makes it difficult for the client to access them. Sandtray work provides the possibility to project the underdeveloped, but wished-for, qualities onto the miniatures (Toscani, 1998). These miniatures now become symbols of strength and support (5) that allow the client to enter the often painful process of confronting the trauma in the sand (6). But not only the "good" parts of the client find a place in the sand; the "dark and evil" side, the internalised perpetrator, the parts that need to be disowned and dissociated, can be projected onto the miniatures (4) and be included in the process (6). The client's psyche as a whole is invited into the sand. Past, present and future lose their linearity when they become part of the sand creation. The Therapist (7) functions as a holding container (Troshikhina, 2012) for this integration process, offering a free and protected space for the client's trauma work. The therapist is part of the process and outside of it, participant and witness at the same time (Homeyer & Sweeney, 2011), illustrated by the circle surrounding the client's sandtray process, without being a direct part of it. While the therapists hold the individual sandtray processes of their clients, they themselves are held by the Theory (8) of their own individual psycho-therapeutic modalities, allowing them to make sense of the clients' processes and to understand the implications in a wider theoretical context.

The triangle illustrates the intrinsic dynamic of the three meta themes. *Safety* is positioned on top of the triangle, as it is the first and most important aspect to be attended to. A client who continues to feel unsafe in the therapeutic process will not be able or willing to communicate or actively engage in the work needed for the healing of trauma. The diagram also reflects a dynamic relation between the themes *Communication* and *Active Work*. The active creation of sandtray pictures is often followed by the clients' verbal description of their creative process and/or the description of their completed sandtray creation. Verbal processing in return can be the predecessor of enacted change in sandtray creations (Wiese, 2007).

Three Cornerstones of Trauma Work

Following traumatic events all of the three meta themes that were established in this research can be affected, namely *Safety*, *Communication* and *Active work*. Consequently, trauma work needs to find ways to address these themes in the therapeutic process to help the client to regain a sense of personal power and resourcefulness.

Safety

The first meta theme describes *Safety* as one of the cornerstones of trauma work, necessary to counteract the impact of trauma on the clients and to embark on a healing process that allows clients to regain and access their strength and resources.

A review of the codes contained in the theme Safety reflects that a high number of traumatised clients coming to therapy display a wide range of symptoms that are directly connected to an intense feeling of being unsafe. The feeling of threat and being overwhelmed continues to exist even when the traumatising event is long since past. While clients cognitively understand that the initial trauma is over, this knowing seems to have little effect on their feeling of being unsafe. It has been proposed that most traumatic memories are stored as implicit memories (Goodwin & Attias, 1999), containing emotions, physical sensations, images and sounds rather than facts, dates and details. Homeyer and Sweeney (2011) describe that these memories are stored in the limbic system and the brain stem, two of the oldest parts of the brain, and are unavailable for cognitive processing. Instead, significant neurological activities in the form of hyper-activated chemicals responsible for different brain and body functions produce a high level of emotional and physiological arousal which continues to activate fight, flight or freeze responses. Threat is perceived even when it is no longer there. "The resultant hypervigilance seen in trauma victims can cause them to go immediately from stimulus to an arousal response, without being able to make the intervening assessment of the source of their arousal" (Homeyer & Sweeney, 2011, p. 80). The continuing feeling of being unsafe can impact on the clients' ability to form trusting

relationships. Often embedded in the context of intimate and familiar relationships, interpersonal trauma can leave clients with a fear of intimacy, resulting in ambivalent feelings towards forming a close relationship with another human being, including a therapist. While human contact, attunement and understanding might be desired by the client, these simultaneously hold the danger of activating traumatic memories and intense feelings of horror and fear (Homeyer & Sweeney, 2011). In an attempt to reduce the feeling of being unsafe, clients try to avoid any trigger that might activate the traumatic memory and consequently the attached overwhelming feelings. Traumatic experiences get cut off and dissociated to protect the client from the internalised traumatic feeling of terror and powerlessness (Ludwig, 2007; Teegen, 2008). Without the ability to process the traumatic event, the normal transformation of a traumatic experience into a traumatic memory that is clearly positioned in the past is hampered, and the feeling of being unsafe and powerless that clients experienced during the traumatic event continues to render them feeling powerless and unsafe in many areas of their life (Spooner & Lyddon, 2007).

Trauma therapy needs to be able to provide an experience for the client of being in relationship and feeling safe at the same time. It needs to foster clients' ability to access their internalised strength to observe, contain and integrate traumatic memories (Toscani 1998), which reduces the feeling of being overwhelmed and allows for a regained feeling of being in control. It needs to provide a safe space where clients can develop a safe place inside of them and a knowing that they have the power to protect themselves. Sandtray work naturally provides a therapeutic distance which allows for a gradual tailoring of the therapeutic process depending on clients' individual needs and abilities. In the work with traumatised clients, ego-strength and the ability for self- and stress-management need to be developed, and the accessibility of resources needs to be secured before the trauma can be safely confronted (Ludwig, 2007). Sandtray work allows a direct experience of safety as there is "no right or wrong way to construct the scenes" (Spooner & Lyddon, 2007, p. 61). The position of the client outside the sandtray provides clients with the

opportunity to be in "mirror position" (Toscani, 1998, p. 28), to observe the sand creation while allowing an emotional distance that protects them from feeling overwhelmed. The sand as a medium can provide clients with a tactile experience of being grounded (Ludwig, 2007) whereby the physical aspect of the tray (Toscani, 1998) and the figurines offer additional anchors for the client's psyche (Homeyer & Sweeney, 2011). All of the different parts of the client can find their space. Placing symbols of strength and protection in the sand allows clients to bring these qualities into the work with their traumatic memories, even if these parts are not fully developed and internalised by the clients. With this, the healing client in the sandtray can have enough ego-strength and resources available to engage in a safe confrontation with traumatic memories. By returning the control back to the client, the client can "gradually uncover and process traumatic memories in a manner that is not overwhelming" (Daniels & McGuire, 1998, p. 216) which allows gradual re-association and integration of trauma memories into a more "unified and organized sense of self" (Sachs, 1990, p. 1046).

Communication

The second meta theme describes *Communication* as one of the three vital components of trauma work.

Communication has been described as the imparting or exchanging of information by speaking, writing, or using some other medium. As a theme in this research, the data set describes *Communication* as the transfer of information in the widest possible sense. It not only includes verbal and non-verbal communication between the client and the therapist, it also includes communication through and with inanimate objects and the communication of meaning through the inanimate objects themselves.

Van der Kolk (as cited in Homeyer & Sweeney, 2011) states that "[t]rauma by definition involves speechless terror: patients often are simply unable to put what they feel into words and are left with intense emotions simply without being able to articulate what is going on"(p. 80). Some clients feel physically unable to find or create words

to express the trauma, as the "… verbal narrative is the channel most often blocked or damaged by death threats, bodily pain or traumatic anxiety that overwhelms the ego…" (Goodwin & Attias, 1999, p. 173). For example, veterans often do not speak about their traumatic experiences because some things like "the horror of war cannot be expressed through words" (Troshikhina, 2012, p. 1).

Being able to communicate, to reflect verbally on the trauma, is described as one of the goals of trauma therapy. "Most recent neuropsychological and physiological research supports the need to develop a link – one that had been broken from the trauma – between the experience of trauma and a narrative that provides a cognitive framework" (Van der Kolk, as cited in Toscani, 1998, p. 29). Goodwin and Attias (1999) describe "when explicit memory is lost or unformed and traumatic experience exists primarily as implicit or behavioural memory… psychotherapy may need to focus more on nonverbal or mimetic communications" (p. 180). Letting their hands tell the story, using symbols to express their speechless pain, allows clients to be in contact with their experiences and to communicate processes that are non-verbal by nature. With the help of the sandtray and miniatures clients can bring their internal world to the outside which allows them to "… see troubles and fears which terrified (…) [them] inside and look them in [the] eye" (Toshikhina, 2012, p. 2).

Clients communicates their inner world to the therapist through their sandtray creations. This communication is described as having different layers. While there is a unique message in each sandtray picture and a personal meaning attached to specific miniature items, there is also a "universal" meaning of the sandtray, the sand and the miniatures themselves. The sandtray is seen as representing the client's internal world. Homeyer and Sweeney (as cited in Spooner & Lyddon, 2007) have described the sand as a symbol for the powers that have formed the client:

> Many forces have come to bear on every person, some from the family of origin, some from other socio-environmental factors, and some from crisis and trauma. The "internal deformation" of a grain of sand speaks metaphorically of the intrapsychic pain

that many of our clients bring to us. Sand is a product of its history, and so are we (p. 53).

The blue sides and bottom symbolise wideness and depth as well as containment and holding. The sandtray communicates to the clients the possibility of creating their own world, to form and shape their life.

Clients communicate to the therapist how far they are in their healing process with the choice of symbols and the way they create their sand worlds (Sachs, 1990; Wiese, 2007).

Clients also communicates with themselves. By putting their inner world into the sand it becomes visible and "speaks" to them – "the created world confronts its maker" (De Domenico, as cited in Labovitz Boik & Goodwin, 2000, p. 7). Spooner and Lyddon (2007), coming from a constructivist's view-point, describe that the sandtray provides a "conversational forum" (p. 82) in which clients can explore, discuss and validate their internal pictures, stories and beliefs.

Sandtray can be used with couples and families. Moon (2006) describes that PTSD symptoms "are often severe and can cause major disruptions to the family system" (p. 64). Sandtray therapy offers the family or couple a new way of communicating how each member feels affected by the identified trauma and how the family or couple as a unit copes with the identified trauma (Labovitz Boik & Goodwin, 2000). Sandtray allows members to communicate and to 'see' each other's perspectives.

Active Work

The last meta theme, *Active Work*, describes the reconstruction and confrontation of the traumatic experience as the third cornerstone of trauma work.

The theme *Active Work* captures the clients' unconscious and conscious attempts to achieve the resolution of trauma. Traumatic nightmares (Daniels & McGuire, 1998), flashbacks, a preoccupation with the traumatic event (Labovitz Boik & Goodwin, 2000), and a

compulsion to recreate the trauma in their life (Toscani, 1998) have been described as trying to undo and change the outcome of the original trauma.

Throughout the codes the case material shows that in the early trays clients tend to be occupied with recreating the traumatic memory in the sand (Sachs, 1990; Spooner & Lyddon, 2007; Teegen, 2008), sometimes working through identical scenes over and over again (Troshikhina, 2012). It seems as if the trauma takes up all the psychological space in the mind of the client (Wiese, 2007). Mitchell and Friedman (2003) found that the active creation of trauma scenes in the sand showed gradual changes of themes and symbols, a process of movement towards healing, over time. Through the repeated creation of sand scenes the client "...revives lost memories, releases unconscious fantasies, and in course of time, constellates the images of reconciliation and wholeness of the individuation process" (Daniels & McGuire, 1998, p. 216). The client, by using sandtray, is actively involved in the creation of an environment for healing (Toscani, 1998). This involvement directly changes the clients' position from passive victim to active creator of their own world and the recreation of their trauma memories has an empowering and therapeutic effect by itself (Moon, 2006). The client can enact internalised roles from the impact of the trauma, and the recreation of the traumatic event can lead to the re-experiencing of emotions, which holds the opportunity for healing and transformation.

A significant number of practitioners and scholars have written about *Active Work* with trauma-related nightmares (Coalson, 1995; Daniels & McGuire, 1998; Moon, 2006). Daniels and McGuire (1998) highlight that "it is important to note that veterans may have discussed these nightmares in general terms several times before, in therapy sessions over the last decades with other treatment providers without ever actually 'working' the nightmare's content" (p. 220). Working the nightmare content means to re-create and to re-enact the dream in order to face and conquer the unresolved trauma memories expressed in it. Sandplay can then be used "as a projective medium through which nightmares can be re-enacted, story-line alteration procedures staged, and face-and-conquer approaches rehearsed" (Coalson, 1995, p. 387).

Implications for Clinical Practice

The research findings *Safety*, *Communication* and *Active Work* as cornerstones of psycho-therapeutic work with adult trauma survivors can heighten the awareness of practitioners regarding the impact of trauma on their traumatised clients. The research highlights persistent hyperarousal, avoidance of trauma material (Homeyer & Sweeney, 2011) and the inability or unwillingness of trauma survivors to talk about their experiences as being common trauma symptoms (Moon, 2006; Toscani, 1998; Wiese, 2007).

Trauma agencies often provide play therapy and sandtray work for children who have been affected by trauma. The therapy rooms have been designed to meet the children's needs in the therapeutic setting. The findings *Safety* and *Active Work* highlight that it is equally important to tailor sandtray work to the individual needs of adult clients. In the work with traumatised adult clients, ego-strength and the ability for self- and stress-management need to be developed (Ludwig, 2007). The adult part of the client that is able to hold the internal wounded child needs to be nurtured and strengthened, in order to be able to revisit the traumatic memories safely without being overwhelmed and re-traumatised (Toscani, 1998). Based on the research findings, a sandtray therapy room especially for adult clients with "grown up" furniture and pictures is vital to reduce uncontrolled regression, which can be triggered by the specifically designed environment of a child therapy room.

The findings of this research describe a gradual healing process of the client that is reflected by a change in the sand pictures over time from more wounded themes to more healing themes. If the therapist is able to understand the non-verbal communication of the clients through their sand pictures, sandtray can be used by the trained therapist as an additional ongoing assessment tool in the therapeutic process whereby "scenes serve as touchstones to indicate how [the client] is progressing in treatment" (Mitchell & Friedman, 2003, p. 222). The observation of how the client makes the sandtray, and the choice and handling of miniatures by the client, holds additional information for the therapist. It provides clinicians with an additional diagnostic tool

to their own therapeutic modality that has been described in the research findings as a "useful way of organizing, integrating, and understanding developmental changes in the patient's behaviour over time" (Sachs, 1990, p. 1047).

The research findings suggest that sandtray work as a regular part of trauma work also helps to protect the therapist from burn-out and vicarious traumatisation (Ludwig, 2007), as the introduction of the sandtray allows client and therapist to concentrate the focus of the re-enactment of trauma-related "relational matrices" (Davies & Frawley, 1994, p. 167) on the sandtray. Davies and Frawley (1994) describe the risk of the often intense transference/countertransference "relational positions and constellations [that] are enacted rather than verbally identified and processed" (p. 167) that might lead to therapeutic failure, re-traumatisation and compassion fatigue. The findings of this research outlined in the diagram illustrate the position of the therapist outside the client's sandtray process, holding the process without being a direct part of it. In contrast to other modalities, sandtray facilitates a process whereby the client's projection of unconscious emotions and split-off parts get directed onto miniatures and into the sand rather than onto the therapist (Homeyer & Sweeney, 2011). Through the client's *Active Work* in the sand with these projections, "all combinations and permutations of relational roles are experienced and worked through...[which] eventually allows the patient to identify, tame, and integrate long split-off elements of her self and object worlds" (Davies & Frawley, 1994, p. 168). The changed focus of the projection away from the therapist into the sand reduces the intensity of the transference/countertransference interplay in the therapeutic relationship thus reducing the risk for the therapist of burn-out, compassion fatigue and vicarious traumatisation.

Implications for Education

The research has outlined the common difficulty that trauma survivors have in verbally expressing their trauma, and has highlighted the role of the therapist in fostering an open and authentic

expression of the client's inner world. The research concludes that "matching the correct therapeutic activities to the developmental stage and physiological needs… is the key to success" (Homeyer & Sweeney, 2011, p. 82). Sandtray as an adjunct active therapeutic tool to verbal psychotherapy allows the client and therapist to uncover and confront traumatic material in a gradual way that is suited to the client's ability to process traumatic experiences without being overwhelmed. Additionally, it can serve as an ongoing diagnostic tool to monitor the progress of the client in the therapeutic process.

The findings of this research can be used to inform education providers of the importance of cross-training trauma therapists and counsellors in expressive, non-verbal therapies, like sandtray, in order to enhance the therapist's capacity to suit the specific needs of the traumatised client, such as accessing trauma in clients that cannot be reached by verbal therapy alone.

Sandtray has been described as a potent and powerful tool that must be "used with respect, sensitivity and clinical awareness" (Toscani, 1998, p. 21). The research findings embedded in the theme *Safety* are valuable for education providers, as this raises the awareness that in order to allow for the safe use of a Sandtray with adult trauma survivors adequate training and supervision in the areas of trauma and sandtray should precede the use of these modalities by professional mental health workers. Depicting trauma in the sandtray has the potential for being an intensely powerful experience. The therapist is responsible for ensuring safety by providing a protected space for clients; therefore, therapists should be trained in trauma intervention with a thorough understanding of abreaction, containment, vicarious trauma effects, and compassion fatigue (Spooner & Lyddon 2007, p. 81).

The research findings stress the importance of therapists' personal experience with their own sandtray work when using sandplay as an adjunct therapeutic tool to their primary therapeutic approach. Only when they are "intimately familiar with their own journeys in the tray" (De Domenico, as cited in Spooner & Lyddon, 2007, p. 81) can therapists teach their clients to honour their sand creations as a

creative expression of their innate capacity to heal. Whilst the research findings outlined in the diagram describe the therapist as holding the client and the sandtray process, they also suggest and highlight the importance of therapists remaining and being held themselves through their individual training background and theory underlying their primary therapeutic approach.

Further Research

Further exploration into the use of sandtray with adult trauma survivors is justified following the outcomes of this study. Through this secondary research, Sandtray as an adjunct therapeutic tool is found to increase *Safety*, to foster the *Communication* of the often 'unspeakable' experience of trauma, and to provide a physical space where *Active Work* with trauma can be contained. Additional empirical research, such as systematic interviewing of clients and therapists about their experiences with sandtray and trauma work, could provide first-hand evidence for the validity of these research findings that could inform education providers and government organisations about the importance of providing sufficient training, supervision and equipment for sandtray work with adult trauma survivors.

Further research on how the developed "Clinical Model for Sandtray Therapy with Adult Trauma Survivors" fits across different cultures, particularly indigenous and minority groups, would enhance the understanding of the influences of culturally specific concepts such as family/whānau and environment on the psycho-therapeutic work with adult trauma survivors.

Conclusion

This research study investigated the literature on the use of sandtray in psycho-therapeutic work with traumatised adult clients. The research focus was on how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of sandtray in the therapeutic work with adult

trauma survivors.

A diagram that orders and illustrates the core themes *Traumatised Client, Resourceful Client, Sandtray, Wounded Client in the Sandtray, Healing Client in the Sandtray, Sandtray Process, Therapist, and Theory* and the meta themes *Safety, Communication* and *Active Work* was developed, resulting in a "Clinical Model for Sandtray Therapy with Adult Trauma Survivors". This was founded on the most relevant finding of the thematic analysis: Practitioners and scholars across different psycho-therapeutic modalities describe sandtray work as being particularly well suited for trauma therapy with adult clients.

The study confirmed the authors' initial idea that working with sandtray as an adjunct tool in trauma-work may be a helpful approach, and went far beyond it. The research findings provide a "Clinical Model for Sandtray Therapy with Adult Trauma Survivors" that is distinct from, and additional to, the primary psycho-therapeutic framework of the therapist.

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Researching culturally sensitive topics: Issues and strategies

Working paper based on talk given 3 December 2013
AUT, Department of Public Health Workshop

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Abstract

This article is developed from a presentation made during the Writing and Publication Workshop led by Dr. Cath Conn in December, 2013. The core ideas discussed at this workshop and the subsequent feedback, have contributed to the development of this article. The article provides points for consideration by researchers interested in conducting research on culturally sensitive topics. It draws on observations from my doctoral study which focused on the antiretroviral treatment process of HIV infected men in Jamaica. The sensitive nature of the study was largely determined by the impending vulnerabilities associated with studying a population often marginalised on the basis of their health status, gender and sexuality. The article commences with a discussion of the definition of the term 'culturally sensitive topic'. It then examines the issues encountered

and lessons learnt in engaging in culturally sensitive research. Finally, a series of strategies are presented as potential guidelines for prospective health researchers intending to study culturally sensitive topics.

Introduction

Research on culturally sensitive topics is perceived to entail any research that addresses issues which can result in risks to the participants and/ or the researcher due to the nature of the topic and the socio-cultural and political environment in which the research is being conducted. Sieber and Stanley (1988) presented a similar definition for what they termed 'socially sensitive research', which was defined as "studies in which there are potential consequences or implications, either directly for the participants in the research or for the class of individuals represented by the research" (p. 49). It is suggested that research be considered sensitive "if it requires disclosure of behaviours or attitudes which would normally be kept private and personal, which might result in offence or lead to social censure or disapproval, and/ or which might cause the respondent discomfort to express" (Wellings, Branigan, & Mitchell, 2000: p. 256). Others discuss sensitive research to be related to personal issues that individuals would not generally divulge to others such as sexual preferences, stigmatised conditions, illegal activities and illness status (Liamputting, 2007).

The sensitive nature of my doctoral study was largely determined by the impending vulnerabilities associated with studying a population often marginalised on the basis of their health status, gender and sexuality. The focus on the antiretroviral treatment process of HIV positive Jamaican men required participants to divulge information surrounding their HIV infection, a disease which remains stigmatised in Jamaica. The retained stigma surrounding HIV infection was compounded by the prevailing norms surrounding masculinity and men's health (Carr, 2004). The research was also deemed to be culturally sensitive given the likelihood of unearthing issues of sexuality, more specifically for those men who identify as engaging in

same sex relationships. This proved quite sensitive in a socio-cultural context that strongly abhors same sex relationships, especially amongst men (White & Carr, 2005).

Issues Surrounding Conducting Culturally Sensitive Research

A range of issues emerged in preparing for and conducting the fieldwork for my doctoral study. This included ethical considerations due to the nature of the topic and the inclusion criteria for the participants. It also involved questions regarding my role as a female researcher researching men as well as a range of other logistical considerations that emerged during the planning and data collection phases. These will now be examined.

Ethical considerations

Researching culturally sensitive topics raise an awareness of the ethical, legal and political frameworks guiding research (Sieber, 1993). Ethical frameworks require individuals to consider the benefits, costs and risks associated with research. Students are guided by the research standards of their respective universities which are monitored by established ethical bodies within such institutions. Depending on the focus of the research, students may be required to seek further ethical approval from external ethical bodies that preside over research surrounding specific topics. In New Zealand the guidelines for determining which studies require additional approval from an accredited Health and Disability Ethics Committee are outlined by the Health Research Council of New Zealand.

Ethical dilemmas emerge when ethical approval is required from different ethical bodies across different cultural contexts. It requires researchers to carefully negotiate the terms governing ethical research as prescribed by each ethical committee. At times, the logistics involved in obtaining approval from each entity can prove time consuming and detract from the timelines and objectives of the study. Thus it is important that sufficient time is allocated to obtaining ethical approval.

Given the sensitivity of the research topic, issues of privacy, informed

consent, confidentiality and anonymity are paramount for the research. Extensive literature has been presented on both the importance and strategies used to ensure the protection of research participants, thus this will not be deliberated in this paper. It is however prudent to emphasize that decisions regarding the minimization of risks to participants (such as the use of pseudonyms, storage of data and intellectual property rights) should be carefully considered and discussed with the participants before obtaining their consent. It is the researcher's responsibility to ensure that the identity and safety of research participants are protected, especially given the sensitivity of the research topic. Participants are at times dubious to the extent of potential risk incurred by participating in some studies, thus the onus is on the researcher to act in the best interest of the participant.

The relevance of the Treaty of Waitangi across cultural spaces

The Treaty of Waitangi signifies the formal relationship between the British Crown and Māori, and protects the values and traditions of tangata whenua (people of the land) (Hudson & Russell, 2009). The realm of influence extends beyond its symbolism to govern research processes in ensuring the protection of the rights and dignity of indigenous groups. Though not specific to the Jamaican context, the Treaty of Waitangi, was quite useful in guiding a research framework that was suited to the social and cultural contexts of the study.

The Treaty's emphasis on social and cultural sensitivity addresses the unique cultural practices of New Zealand's indigenous population, the Māori, and also acknowledges the increasing diversity of ethnic groups and cultures within the New Zealand society (Health Research Council, 2002). As such, there is a need to respect the practices, traditions and beliefs of diverse populations. It is purported that socially and culturally sensitive research should be done "in full discussion and partnership with the research participants whatever their ethnicity or religious affiliation, and the results of any investigation should be appropriately disseminated in a full and frank manner" (Health Research Council, 2002, p. 21). Though my research was not based in New Zealand, the standard of social and cultural

sensitivity proved relevant in acknowledging the uniqueness of the Jamaican culture and the distinct traditions surrounding Jamaican men especially in the context of their HIV infection. It guided my in-depth research into a taken-for-granted assumption of the culture surrounding Jamaican men, and more specifically Jamaican men living with HIV. This unveiled intersecting issues of stigmatization, discrimination and isolation due to gender and sexuality (Carr, 2004) that were likely to emerge in the study, thus reinforcing the sensitivity of the research and the need to respect and protect the participants.

The principles of partnership, participation and protection were pertinent in both the planning and execution phases of the study. The principle of partnership allowed for adequate consultation with select members from the HIV community who were medical practitioners and HIV lobbyists. This gave me greater insight into areas for further research such as the importance of sexuality in understanding the men's antiretroviral treatment choices. Partnership also emerged during the data collection phase when one participant introduced an emerging sub-population of men whose views were likely to add value to the research. The recommendation was accepted and the participant further assisted in the identification of potential participants from this sub-population.

The principle of protection does not solely address issues of participant anonymity and confidentiality. It also addresses the researcher's responsibility in protecting and respecting the rights and dignity of participants, which can be breached if researchers are unaware of the cultural differences of the groups being studied (Hudson & Russel, 2009). The principle of participation suggests the inclusion of research groups in the design and implementation of the research process (Kingi, 2007). This is not always feasible pending the methodological framework being adopted for a particular study. However, participation can still be afforded by ensuring that the ideas of participants are duly captured and represented. In my study, this was achieved by providing the clinic with a summary report of the research findings and recommendations put forward by the participants. This was important in ensuring clinicians had insight to the perceptions and experiences of the men, whilst noting their

suggestions for further improvement.

<u>Insider/ outsider and the researched space</u>

Being identified as an insider or outsider in the research context is important when considering the requisite knowledge and awareness of the socio-cultural context of the study. As a Jamaican, I had the advantage of background knowledge of my country's culture and prevailing norms, as well as experience with working with persons living with HIV. This engendered an early sensitivity to some of the issues that could be encountered during fieldwork and thus allowed me to plan accordingly. I would, however, hasten to caution that researchers should never consider themselves completely prepared for research involving culturally sensitive topics such as someone's HIV illness. The atmosphere of questioning and sharing narratives on sensitive topics are often times teemed with emotions and content that can impact both the participants and the researcher (Lee & Renzetti, 1990; Liamputtong, 2007; Sque, 2000).

As an insider by virtue of nationality, I shared a collective identity with the men and women attending the clinic daily. The ability to be identified as a member of the collective removed the fascination and wariness often meted to researchers from different ethnic and national backgrounds. Not being seropositive, however, distinguished me from the group of participants I was interested in interviewing. Being HIV negative identified me as an outsider for some of the men, thus causing them to perceive me as being incapable of understanding their personal experiences. In such instances, it became necessary to acknowledge the difference whilst also presenting myself as an empathetic listener and someone having a genuine interest in the narratives of the men. Further, my daily attendance at the place of recruitment eventually identified me as a 'regular' which made it increasingly comfortable for men who initially declined participating in the research to return and express an interest in being interviewed. This experience highlights the importance of cultural awareness of the group being studied which will guide the development of skills and approaches to garnering the trust, comfort and acceptance of participants.

<u>Research flexibility</u>

Though it is expected that researchers enter the field with a well-defined and established research design, sensitive topics may often require the researcher to modify particular areas of the research. Such flexibility may surround the timeline for data collection, the venues for conducting fieldwork and the mode of data collection. The main determinant of such modifications should always be the well-being of those being researched.

Prior to entering the field, I established a rigid timeline for data collection. This ideal framework was soon modified as I encountered administrative challenges that directly impacted the recruitment process. Beyond additional time being allotted to the data collection process, it was also necessary to adjust the participant recruitment process without significantly shifting from the original pathway which obtained ethical approval. A key lesson here is preparing for likely eventualities that may alter timelines and participant recruitment procedures.

Similar to timelines and participant recruitment procedures, the venues for data collection are often predetermined. In researching sensitive topics however, researchers are encouraged to identify an environment that is both comfortable and safe for the participant without imposing a risk to the researcher (Liamputtong, 2007). Despite the general assumption that private spaces provide increased security for participants, some persons may opt for public spaces. This was encountered for three of the twenty-four interviews conducted for my study where the men opted to do the interviews in public parks. In order to ensure the privacy and safety of the men, I modified my approach to interviewing. The usual notepad and interview schedule were abandoned and replaced with memorized questions and total reliance on a micro-recorder which was disguised to eliminate the curiosity of onlookers. This approach had the limitation of my being unable to make notes throughout the interview, especially regarding physical cues or other key observations. This was, however, addressed by ensuring that researcher memos were written immediately following the interviews.

The importance of research flexibility also impacted the data collection methods. Though face-to-face interviews were outlined as the preferred mode of data collection, three men indicated their preference to be interviewed via the telephone. This was due to the increased convenience of not travelling to the research venue, as well as calling at a time that best suited their schedules which included the weekend for one participant and late evening for another participant. One individual indicated that the telephone interview guaranteed his anonymity as I would not be meeting him in person and would thus not be able to identify him post the interview. Though some ethical concerns exist regarding the use of telephone interviews for sensitive topics (Mealer & Jones, 2014), it is felt that the benefits to the participant far outweigh the risks once measures are taken to ensure privacy and confidentiality.

Research flexibility also extends to the time allotted for interviews. In general, it is recommended that interviews do not extend beyond 90 minutes to avoid fatigue for both the researcher and participant. This strict time span may not always be feasible when researching sensitive topics however as a significant portion of time is often spent establishing trust and comfort with the participant (Cowles, 1988). Though an initial timeframe of 90 minutes was established for the interviews, I often spent approximately 15-20 minutes establishing a rapport with the participants before commencing the formal interviews. In some instances this allowed the participants to garner a more in-depth understanding of my background, my research interest and prior work with the HIV community. It resulted in the identification of common interests for some persons, on topics that were external to HIV/AIDS. Often these discussions led into the participants discussing their experiences surrounding living with HIV without the formal commencement of the interview, indicating an accessed threshold of comfort.

Flexibility in the time allotted to interviews was also important given the emotional sensitivity of the topic being examined. A range of emotions can be anticipated in interviews surrounding sensitive topics that can initially appear to derail the focus of the study but should nonetheless be respected. Cowles (1988) shared the

experience of her participants, survivors of murder victims, going through a series of emotions including uncontrollable crying and anger which altered the timeline for interviews. This experience was mirrored in my own research as there were noted instances where the interviews were paused to allow the men to regain composure. In one instance, the decision was made to terminate the interview given the apparent emotional effect on the participant. This echoes a participant-centred approach amidst maintaining research flexibility.

It was also important to maintain flexibility in concluding the interview. Though the formal closure was indicated by turning off the tape recorder, dialogue would continue thereafter on any topic of interest, including encouraging the participants to maintain their treatment which was the central theme in the study.

<u>Researcher vulnerability</u>

The emotional bearing of researching culturally sensitive topics does not weigh solely on research participants. Researchers are often noted to become emotionally or psychologically affected due to the nature of the research (Liamputtong, 2007; McCosker, Barnard, & Gerber, 2001; Sque, 2000). This is also impacted by the frequency and length of the interviews which can lead to researcher fatigue (Cowles, 1988). This proved relevant for my own study where on given days I had three to four interviews scheduled. Though it is important to consider participants' availability, it is more paramount to ensure the time scheduled for interviews are mutually convenient to maximize the experience of the interview for both the researcher and participant.

It is also important to consider the physical safety of the researcher (Lee & Renzetti, 1990). Researchers at times become exposed to physically threatening situations due to either the nature of the research or the environment in which the research is being conducted. In such instances, it is recommended that researchers develop a safety protocol outlining measures to be taken to ensure personal safety and well-being throughout the fieldwork. My personal safety protocol outline strategies that included the identification of a contact person who was aware of all scheduled interviews, anticipated timeline for

each, and was given a timeline within which I would make contact, after which steps would be taken to ensure my safety. Other strategies included the selection of venues that minimized risk to both researcher and participants.

Strategies for Researching Sensitive Topics

The following strategies are proposed, not as generic steps to be replicated, but guidelines to assist in determining the best approaches when engaging in culturally sensitive research, especially in different geographical settings.

Adequate preparation for the field

Rather than the usual information outlined in a research proposal, I encourage fellow researchers to go further and garner an in-depth understanding of the socio-cultural contexts in which their studies will be based. This should not be based solely on extensive reports written and published by 'experts' in the field but should also include discussions with grassroots individuals from the communities of focus. This reiterates the importance of networking with relevant stakeholders whose expertise can contribute to the design and execution of the study.

Practice data collection methods

It is generally helpful to pilot your data collection method and instruments with a group that closely resembles the population being studied. This not only provides you with some experience of doing the data collection but may also provide invaluable insight to strengths and limitations within your approach, thus giving you the space to make amendments as deemed necessary prior to commencing fieldwork.

Identify a field supervisor/ mentor

This is particularly important when data collection is being conducted in an area that is external to the site of your university. Having a supervisor in close proximity to the area of data collection allows for immediate feedback and intervention as might be deemed necessary.

Research on sensitive topics may likely involve sporadic challenges that require speedy consultation and decision-making. Further, some external ethics committees require that a supervisor or senior investigator be identified in the country in which the study is being conducted.

<u>Develop safety protocols</u>

Safety protocols should be developed to guide the protection of both the physical and emotional well-being of those involved in the research. This includes researcher, participants and other individuals who may interact closely with the data, such as transcribers. Guidelines should address research venues, counselling or intervention options for participants and mandatory debriefing sessions for researchers. Journal writing is suggested as a useful form of self-reflection and de-briefing (Mealer & Jones, 2014).

Conclusion

Doing culturally sensitive research requires ample preparation to ensure the well-being of all involved in the research process. Often sensitive research is done on a topic or with a group about which very little is written. Though the intrinsic value of such knowledge can inspire great enthusiasm for researchers, it is prudent that we remain cognizant of the responsibilities attached to working with vulnerable or marginalised populations. The issues and strategies examined in this article should help researchers avoid typical pitfalls in working with vulnerable populations. Importantly, adequate knowledge and preparation for doing sensitive research ensures an enriching experience for both the researcher and those being researched.

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