Refereed Proceedings of

Doing Psychology: Manawatū Doctoral Research Symposium

Volume 2

Edited by Ann Rogerson and Stephanie Denne

School of Psychology - Te Kura Hinengaro Tangata

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Refereed Proceedings of Doing Psychology: Manawatū Doctoral Research Symposium Volume 2

Refereeing Statement:

All papers published in these proceedings have been blind peer reviewed by a minimum of two referees.

Doing Psychology: Manawatū Doctoral Research Symposium: 22 November, 2012, School of Psychology, Massey University, Palmerston North, New Zealand.

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Name, Initial. (Year). Title of paper. *Refereed Proceedings of Doing Psychology: Manawatū Doctoral Research Symposium, 2,* x-y. Retrieved from http://mro.massey.ac.nz/10179/2645

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Editorial

We are again delighted to present to you the Refereed Proceedings of the *Doing Psychology: Manawatū Doctoral Research Symposium.* The Symposium was held on November 22, 2012, at the School of Psychology, Manawatū campus. The number of presentations increased from 8, in our inaugural year, to 13 and again saw a diverse range of presentations from Doctoral candidates at all stages of their study.

The Symposium is a student initiative that not only gives students the chance to present their work in a supportive environment, but also to gain experience in writing a concise paper for publication. All papers are peer reviewed by Doctoral peers and/or new PhD recipients, and the editorial team comprises solely of Doctoral candidates, who have gained valuable skills from the copyediting and publishing process. Indeed, the mission statement of this publication must be that the Symposium and proceedings publication is run by students, for students with a commitment to enable and develop presentation, writing and publication skills.

Due to increased interest and support, the proceedings are now a serial publication, and we have increased our organising and editorial team for the upcoming 2013 Symposium to be held on November 29. Our team now comprises of Maria Benschop, Stephanie Denne, Ross Hebden, Melissa Rangiwananga and Ann Rogerson.

Thanks once again to our Head of School Associate Professor Mandy Morgan for opening the proceedings and for her continued support for our venture. We also recognise the support and commitment from all staff within the School of Psychology, in particular Harvey Jones for his assistance with the publication process.

ANN ROGERSON AND STEPHANIE DENNE
Editors and Symposium Co-ordinators

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The Politics of Policing Family Violence in New Zealand: An Overview

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Abstract

In 2012, the New Zealand Police introduced a new Family Violence Policy to guide police response to family violence occurrences including a new tool for assessing situational risk factors. The Ontario Domestic Assault Risk Assessment (ODARA) is a 13 item actuarial measure for intimate partner assault recidivism developed in Canada (Hilton, Harris, Rice, Houghton & Eke, 2008). It is crucial to understand how the changes in police policy and procedures that involve ODARA affect the safety and wellbeing of domestic violence victims. Victim safety and protection are policing priorities. The police response and understanding of family violence has changed over the last 40 years from police viewing the domestic incident as a private relationship matter with minimal police intervention, to a criminal investigation developing from the pro arrest strategy (Ford, 1986; Ford, 1993). This paper traces the history of policing policy changes in family violence that led to the introduction of ODARA in 2012. Four key turning points are identified, with the aim of gathering an understanding of how policy emerges in policing family violence.

Keywords: Policing, Family violence, ODARA, Risk assessment, History

Introduction

How police respond to family violence is crucial to the safety and wellbeing of victims, therefore it is imperative that police policy and procedures are effectively protecting victims from harm and holding offenders accountable. The most recent development in nearly four decades of changes in police policy is the introduction of a new risk assessment tool for frontline officers, the Ontario Assault Risk Assessment (ODARA) (New Zealand Police, 2012). Tracing the history of policing policy changes in family violence that led to the introduction of ODARA in 2012, this paper identifies key turning points that show evidence of connections between policing policy, research and social change.

Traditional Approach

Prior to the 1980s policing domestic violence took a minimalist approach as police only intervened if serious physical harm or death had occurred (Ford, 1986). Regarded as a traditional approach, early non-intervention policy was influenced by the public private divide (Edwards, 1989). This divide develops from societal views of women as subordinate in the marital relationship and assumes that what occurs in the home is private (Dobash & Dobash, 1979). Since policing was about the public good and crime against strangers, intimate violence was not a police concern. This is highlighted by the fact that marital rape was legal in New Zealand until 1985 (Adamo, 1989). This form of violence occurred in the home so state intervention was not considered appropriate (Department of Social Welfare, 1980). The public private divide decriminalised domestic violence, due to police treating intimate violence differently from stranger violence. For example, research conducted by New Zealand Police found that police attend domestic violence cases to keep the peace and protect life (Ford & Marsh, 1980), not to investigate a criminal offence.

The impact of the public private divide on the police response suggests that societal norms influence policing. Therefore, the first turning point in the history of policing domestic violence connected with the social context at the time and changes in society during the 1970s and 1980s. For example, in the early 1980s there was more criticism of a non-interventionist police response due to the feminist movement which encouraged speaking out about the reality of domestic violence (Hann, 2001). By 1983, 25 women's refuges were established across New Zealand whose main aim was to provide protection and safety for victims and bring domestic violence into the public arena

(Hann 2001; Synergy Applied Research, 1983). This social movement influenced the introduction of new domestic violence legislation.

The Domestic Protection Act (DPA) 1982 introduced non-violence and non-molestation orders for victims and provided police the authority to arrest without warrant any breaches of an order (Busch, Robertson & Lapsley, 1992; Tapp, 1983). Therefore, this Act was a shift from the noninterventionist approach to introducing a criminal offence for domestic violence. Even though there was a shift, in effect the Act criminalised a breach of an order not the violence itself. Section 10 of the Act stated the criteria police must consider when arresting for a breach of an order (Newbold & Cross, 2008) which does not occur for stranger violence. This is consistent with previous legislation and continues an approach that treats intimate abuse differently from stranger violence. The DPA 1982 did not counter the public private/private divide, even though it introduced a more interventionist approach.

At this time in the United States, litigation against police for insufficient action at domestic violence cases was occurring, which led to a review of their response (Melton, 1999). The Minneapolis experiment assessed whether arrest would act as a deterrent for future family violence (Sherman & Berk, 1984). Three police responses were investigated; arrest, separation of the parties and mediation/advice. The results showed arrest led to lower recidivism compared to separation or mediation and advice. In the six-month follow up 13% of those arrested re-offended according to police data, however victim interviews reported 19% re-offending. This difference in recidivism data may be due to the under reporting that occurs within domestic violence (Fanslow & Robinson, 2010). The result influenced the police response in New Zealand and in 1986, a pilot project was conducted that was modelled on the Minneapolis experiment (Ford, 1986).

The 1986 project trained frontline staff in a new approach to domestic violence cases which included; improved recording of domestic incidents, informing victims of social service agencies who could assist them and police arresting wherever a case has been established without the requirement of an official complaint from the alleged victim (Ford, 1986). Results found an increase in arrests during the six-month study period from 24% to 42%. The majority of police in the study reported the policy was effective and 94% of complainants supported the arrest approach. From this report Ford (1986) recommended that arrest be the first response, complainants should not be required to make an official complaint and where possible not give evidence at a defended hearing. This differs from other offences as generally police take a complaint from a person that then initiated court action against another (Ford, 1986). Therefore, this recommendation suggests police were considering the complexities of domestic violence by acknowledging the victim and offender were not strangers and how their relationship impacted on the prosecuting process. Consideration around a more coordinated response was identified, with police to provide the link between victims and social service agencies. These recommendations indicated a move towards policing domestic violence as a criminal offence and an attempt to change police practice due to the complexities of domestic violence. This was the second turning point with the introduction of the pro arrest policy.

1987 Pro Arrest Policy

Due to Ford's (1986) research, New Zealand Police introduced the pro arrest policy which aimed to change their response by holding offenders accountable and ensuring victims received the appropriate support from the police and the community (Commissioners Circular, 1987). The policy stipulated police were to arrest where there was sufficient evidence and where physical force or threats of physical force have occurred. Asking victims to make a complaint or attend court is not required if good investigative techniques are used. The investigative techniques were not defined in this policy, however based on my previous experience as a Police Officer I would interpret this to mean ensuring you have appropriately documented the evidence available. In addition, referral to appropriate services for victims and aggressors is required, acknowledging that support is needed for each party given that their relationship often continues. Even though the policy encouraged arrest, it did allow for officers' discretion by including the caveat that "Common sense should always prevail where incidents are extremely minor or police intervention is clearly inappropriate" (Commissioners Circular, 1987, pp. 2-3). This affirms the value of dominant common sense understandings of domestic violence. If common sense understands a "push" as minor then it suggests that little harm is done. The idea

is that domestic violence mirrors stranger violence in as much as it involves only physical violence and each violent incident is a discrete act that fits on a continuum from minor to extremely serious or lethal. It also resonates with the common sense view that domestic violence is a private affair unless there is extreme or lethal physical violence involved. Subsequently no one should interfere in an intimate relationship involving 'minor violence', as the minor incident is harmless and just between the couple. Therefore, even though this policy was a significant shift for police, in effect the public private divide continued to affect its development, which highlights how policing is not separate from societal norms.

Research on the 1987 policy found that even though police officers supported the policy the implementation was inconsistent (Busch et al., 1992; Ford, 1993; Marsh, 1989). For example, in a one-month study period, 317 assaults resulted in only 52% arrests (Marsh, 1989). In addition, social support agencies and victims reported an inconsistent police response due to some police not taking action and putting the decision of arrest onto the victim (Ford, 1993). Furthermore, there was inconsistency in referring victims to social support agencies (Marsh, 1989) and women's refuge workers reported some women had stopped ringing the police due to officer's attitudes (Busch et al., 1992). These inconsistencies were linked to frustrations with the judicial process as well as the public private divide. In relation to the judicial process, officers reported reluctance in arrest as a first response due to victims being unwilling to give evidence in court and having no support from the court process (Marsh, 1989). Busch et al. (1992) found officers were reluctant to arrest due to frustration with low rates of prosecution and the courts leniency towards offenders. Ford (1993) argued that some police, prosecutors and judges were unenthusiastic about accepting cases without the victim giving evidence. In effect, the policy attempts to consider the complexities of domestic violence however, the judicial process does not. Even though the policy stipulates the use of good investigative techniques there can be a mismatch between police policy and the type of evidence needed for a conviction. For example, police may take photographs of the victims injuries however if the victim is not prepared to make a statement then how the injuries' were received maybe questioned. This may cause tension for police between providing safety for victims and meeting the evidence requirements of the judicial process. It also highlights inconsistencies between policing and the judicial process that has implications for holding the offender accountable.

The public private divide influenced inconsistencies due to minimisation of the abuse. Some officers viewed types of assaults as minor, for example a slap in the face (Marsh, 1989) even when part of a more threatening overall pattern of behaviour. Repeated calls to the house were regarded less serious (Ford, 1993) and officers were unwilling to arrest as they started to view the victim as partly responsible because she did not take any action (Busch et al., 1992). There tended to be a difference between police officers interpretation of the situation and the victims' experience (Busch et al., 1992). Busch et al. (1992) suggests some police officers had anti women attitudes and felt sorry for the offender. Furthermore, police had an unofficial rule of a minimalist approach and did not view domestic violence cases as "real" police work. These findings resonate with the traditional approach where police did not view violence in the home the same as stranger violence. Due to concerns around the implementation of the pro arrest policy, the early 1990s saw several changes to police policy.

Early 1990s Policies: Taking Domestic Violence Seriously

In 1992, police amended their policy by stressing that domestic violence cases should be policed as a criminal investigation and reemphasised the arrest provision (New Zealand Police, 1992). Restating these two points highlights the importance of the criminal justice system and suggests the outcome of the court is primary, therefore the way police understand success is through rates of conviction. This highlights a tension between providing safety and prosecution outcomes. In addition, the policy stated, "The history of the relationship and alleged provocations are of little relevance" (New Zealand Police, 1992, p.1). Including this in the police policy indicates a shift in how police policy makers understood the complexities of domestic violence and concerns around the police response at the time. For example, there was evidence that some police had anti women attitudes, sympathised with the aggressor (Busch et al.,1992) and treated repeated calls to the house less seriously (Ford, 1993). Therefore, the policy change recognises that the prior call-outs and alleged provocations had

influenced the policing response. This recognition could be due to the collaboration between police and women's refuge since 1985 as this relationship would have improved police understanding of domestic violence (National Collective of Independent Women's Refuges, 1986). These two concerns resonate with the common sense understandings of domestic violence of women being the subordinate in the marital relationship, blaming the victim for provocation, considering violence as only being physical and minimising certain types of violence in the home. It highlights how the traditional approach was still prevalent in the early 1990s as the policy explicitly addressed this as a concern.

As with the 1987 policy, good investigative techniques were outlined to reduce the need for the victim to give evidence in court (New Zealand Police, 1992). This policy specified some techniques, which included the complainant stating the allegations in front of the offender and identifying the offender. This highlights the tension between rules of evidence and complexities of domestic violence. Stating the allegations in front of the offender does not consider violence as a means of power and control (Pence & Paymar, 1993) where retaliation might result. It puts the victim in a vulnerable position.

At this time, the Family Violence Prevention Coordinating Committee considered a multi-agency approach to domestic violence (Smith, 1991). This was due to concern around society viewing some acts of violence as more acceptable than others, and marked the beginning of an understanding that this type of violence was not a discrete act but on-going in nature (Smith, 1991). It was a necessary move to take into account the victim's circumstances. The multi-agency approach was about realising that there needed to be wider change so involving agencies in the community aimed to help sustain this change. To address this shift in the understanding of domestic violence the Hamilton Abuse Intervention Pilot Project (HAIPP) was set up in 1991.

The HAIPP was modelled on the Duluth Abuse Intervention Project approach in Minnesota (Smith, 1991). This approach has three main components, police are to bring domestic violence cases to court, the abusers were to attend structured programmes and victims' details were to be referred to support agencies. HAIPP was to provide a coordinated response to domestic

violence and reduce offending (Dominick, 1995). Research evaluating HAIPP found that police arrests increased by 67% between the first and second year (Roberston & Busch, 1993). Overall, victims reported positively on the police response; however, in the two-year evaluation period there continued to be concerns around certain police personnel being unsympathetic to the victims and viewing the domestic violence case as an isolated incident (Robertson & Busch, 1993). Nonetheless, more women were contacting the police and, in general, received an improved service. Therefore, with a coordinated approach, there appeared to be a more consistent response in policing of domestic violence. Robertson et al. (2007) identified external monitoring as important to ensure criminal justice responses were consistent around victim safety and offender accountability. External monitoring enabled police performance to be scrutinised by community agencies, making police accountable to victims and their advocates. In effect, to have a consistent police response, external monitoring was required to counteract the inconsistencies in policing that were linked to common sense understandings of domestic violence, the public private divide and on-going tensions around the rules of evidence. The HAIPP outcomes influenced the next police policy change in 1993 (New Zealand Police, 1993).

As part of the 1993 police strategic plan, police implemented a new set of guidelines within the existing arrest policy. These guidelines reaffirmed arrest and that protection of victims was paramount (New Zealand Police, 1993). The policy defined family violence as "physical, emotional, psychological and sexual, and in this context will relate equally to de facto relationships and also to violence, intimidation or threats of violence against any members of a family, or other persons connected by relationships" (New Zealand Police, 1993 p.1). Police were starting to shift their understanding of family violence to include psychological abuse. Furthermore including "connected by relationships" explicitly acknowledged that this violence is different to stranger violence. The policy also stated, "Offenders who are in breach of non-violence and non-molestation orders, or who are responsible for family violence offences must, except in exceptional circumstances, be arrested. In the rare cases where action other than arrest is contemplated supervisors must be consulted" (New Zealand Police, 1993, p. 1). In effect, this

introduced monitoring of officers' discretion in family violence cases. However, even though the policy stipulated consulting a supervisor for family violence offences, officers were still able to use discretion to decide whether an offence is a family violence offence.

Research found the majority of officers supported the policy and the pro arrest approach however; implementation by frontline staff appeared to be difficult due to the complexities of the family violence case (Schollum, 1996). For example, 60% of officers surveyed reported they would warn in circumstances where the victim did not want an arrest. This decision was influenced by failure of a conviction without the complaint or concern the victim would not call the police again because of the arrest. The policy stipulated that protection of the victim was paramount so non-conviction would not be a failure if evidence-collecting techniques would put the victim in danger. However, this highlights the tension for police officers between providing safety and protection and the requirement for a conviction. Officers also demonstrated insufficient understanding about the dynamics of family violence and minimised this abuse. For example, describing domestic cases as "one off" isolated incidents and hesitancy in completing full reports when they believed the incidents to be minor and the victim provoked the abuser (Schollum, 1996). As found in earlier research (Busch et al., 1992; Marsh, 1989) officers reported frustration with the courts response to the pro arrest policy and concern around judges not allowing hearsay evidence from victims even where there was supporting evidence (Schollum, 1996). Therefore, the tension between police policy and the judicial process remained.

In 1993, the Ministry of Justice reviewed the Domestic Protection Act 1982 (Department of Justice, 1993) which led to the introduction of the Domestic Violence Act (DVA, 1995). This Act defined domestic violence to include psychological, sexual abuse and children witnessing domestic violence. It also stated one act or a pattern of behaviours that seem minor in isolation were abuse. The Act showed progression in the understanding of the complexities of family violence however, past tensions between policing and the judicial process may not reflect the intention of the Act. The Act introduced protection orders, which replaced non-violence orders, and police had the power to arrest without warrant any person who breached the order. The new protection orders had several advantages over the non-violence and non-molestation order. For example, the orders applied if the respondent was living with or separated from the applicant (Robertson et al., 2007). This extended protection to victims who had left their relationships but were still under threat. Therefore, the new protection orders were a strategy for providing better safety for victims and inclusive of the different situations and experiences of each victim. Research on women's experience with protection orders since the implementation of the new Act found inconsistencies in enforcement, especially with breaches involving psychological abuse (Robertson et al., 2007). There were also inconsistencies in officers' knowledge of the DVA 1995 and some victims were receiving advice that was not correct. Police were failing to investigate breaches of non-contact provisions and the violence was still being minimised. These findings suggest common sense understandings of family violence that blamed the victim for provocation, considered violence as purely physical, and minimised certain acts of violence perpetrated at home, still influenced the police response. After the introduction of this legislation, police launched the 1996 policy, which was the third turning point in policing domestic violence.

1996 Policy: Broadening the Scope of Intervention

In 1996, police updated their policy, reemphasising victim protection as paramount and for the first time, acknowledged children who are present or have witnessed abuse as victims of violence (New Zealand Police, 1996). The policy also reemphasised the importance of officers consulting their supervisor if deciding not to arrest where there was sufficient evidence. This policy introduced the position of family coordinator who would be responsible for managing inter-agency communication, family violence training and monitoring police personnel. These changes suggest police were concerned with the inconsistencies in policing family violence and attempted to improve their response by increasing accountability and internal monitoring.

Overall, research found there was an improvement in the police response; however, it did vary among officers (Barwick, Gray & Macky, 2000). Interviews with statutory agencies and community groups suggest this variation could

be due to differences in familiarity with the Act, knowledge of the complexities of family violence, organisational culture of the station and work stress. Some police were not viewing psychological abuse as family violence, would only warn the respondent and did not treat the situation seriously (Barwick et al., 2000; Hann, 2004). This suggests increased accountability and internal monitoring did not counteract inconsistencies linked to common sense understandings of family violence as less serious if it did not involve physical assault. While section 50(2) of the Act provides guidelines for officers to take into account when making an arrest for breach of a protection order (Robertson et al., 2007), this has been differently interpreted by officers (Hann, 2004).

In 2002, the Te Rito strategy was released outlining the major areas of action that government had identified to reduce family violence (Ministry of Social Development (MSD), 2002) In relation to policing, enforcement of the DVA 1995 was highlighted due to concerns with inconsistencies around protection orders. In addition, improvement in risk screening and assessment was required to enhance identification of people most at risk for family violence (MSD, 2002). In 2006, guidelines were produced for screening and risk assessment in family violence (Standards New Zealand, 2006). At this time, the fourth turning point in the history of policing family violence occurred.

2008 Policy: Assessing Risk

In 2008, police introduced a risk assessment model, which included three risk assessment tools in the Family Violence Investigation Report (Grant & Rowe, 2011). Frontline staff completes these assessments, which quantify risk and are used to assess and screen family violence cases. Research found that officers supported this new initiative; however, there were again inconsistencies in the implementation (Grant & Rowe, 2011). In 2012, a new risk assessment tool was implemented: the ODARA (New Zealand Police, 2012).

If police are to use this new risk assessment tool in their frontline response to family violence it may shift the focus from protecting victims to managing risk. In the first case, police focus is on the victim whilst risk assessment focuses on the offender. If police are focusing on the offender, they are not necessarily noticing what is going on for the victim, and it is the safety of victims that is paramount. Frontline staff may not be aware of

this shift if risk management is reduced to discrete events. The focus on discrete events and their management ignores the complexities of family violence and victim safety.

Police Safety Orders (PSO) were implemented in 2009 with the introduction of the Domestic Violence Amendment Act (DVAA, 2009). PSOs differ from Temporary Protection Orders as police at the scene issue them where there is insufficient evidence to arrest. In deciding to issue a PSO, a Constable must believe the victims' safety is at risk. As research has shown in the past whilst police policy attempts to consider family violence complexities, there is tension between policy implementation and the judicial process. The introduction of ODARA may be addressing this tension, as this tool is a standardised risk assessment, which may appear more robust than an operational assessment for evidential purposes. However, the concern with utilising the ODARA is it considers family violence as a discrete act and privileges evidence of physical assault and it does not take into account the complexities of family violence and the scope of risk that is involved.

Over the last forty years, four turning points in the police response to family violence have occurred; the traditional approach, pro arrest, broadening the scope of police intervention and the introduction of risk assessment. During this time, policy has evolved amongst tensions around the public private divide, evidence and the judicial process. It is in this context of change that ODARA has emerged as a frontline tool. The history has shown even with policy and legislative change inconsistencies continue which seem influenced by the public private divide and the judicial process. Therefore, the next phase of this research project will explore how the public private divide and judicial tension are influencing current policing of family violence.

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Wade in the Water:
Awash in the Sense of Adoption

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Abstract

A discursive approach to knowledge contends that language is the constitutive force of experience and lived reality. Meaning is created through language use within relationships, while discourses function as the statements that produce knowledge, power and truth claims. We cannot step outside of the discourses through which our knowledge of experience is produced, though their complexity always allows us to resist particular identities that are discursively available to us. Based on interviews with 12 adoptees constituted within the 'closed' adoption period between 1955 and 1985, this narrative analysis represents the way in which the adoptive body matters to participants' experiences of adoption and their resistances to the discourses that produce knowledge of adoption: Embodiment needed to be incorporated into this discursive work. Knowing, accessing and being-in-the-world are achieved through our senses in everyday life. We engage and shape cultural norms that enable and constrain corporeality. The adoptive experience is lived and felt through bodies that struggle to articulate their corporeality through discourse. Without discourses fit for purpose, speaking embodiment in and through adoption is precarious and adoptees attempt to articulate subjectivities beyond those allowed. This paper discusses the strategies used to materialise body matters in researching adoption.

Keywords: Adoption, Adoptees, Body, Identity, Birth family, Adoptive family, Reunion.

Introduction

Institutions use language at the political, cultural and small group level to inform social practices, such as adoption. These institutional discourses become the rules and values that govern and allow subjects to make sense of the world and to act from those positions (Danaher, Schiratio, & Webb, 2000; Parker, 2002; Ramazanoglu, 1993). Discourses do not represent some pre-existing 'reality' that awaits discovery, but are the "practices that systematically form the objects of which they speak" (Foucault, 1972, p. 49). Possibilities outside of that which it speaks are limited by the available social discourses (Gutting, 2005; Hare-Mustin & Marecek, 1988; Weedon, 1999). Stepping outside is precarious for it risks not making sense. For the adopted subject, language to represent the adoption experience is limited and bound by every-day, non-adopted knowledge of family, identity and 'self'.

A space outside of taken-for-granted family norms is rarely accessible and the stories and experiences of adoptees struggle to be told otherwise. The "paradox of untellability" where language is constitutive and "falls short of its task – it disintegrates under the strain" (Wajnryb, 2001, p. 36), was clear to the research participants in the study that the first author has conducted. For Jan, being an adoptee, displaced from her birth family was "a knowing; it is actually more than just having a house and land, it's knowing, yeah, that I haven't actually got words for really" (971)[1]. Similarly, for Maxine adopted experiences are "always hard to explain because it's kind of like a lot of, it is kind of pre-verbal you know and it's accessing that kind of stuff" (104). The adoptive body matters to how experiences of adoption are lived and any resistances to the discourses that regulate adoption.

When I (first author) ponder what being adopted means my body whispers sounds, feelings and instinct, but it is unable to enunciate from that particular place. When I attempt to theorise how my body matters, my body speaks but in a feeling sense and I cannot name those feelings. Yet here the body hurts. Just like the research participants, in producing a text about adoption and adopted experiences I am constrained in and through my positioning within the taken-for-granted language of kinship, family, body and 'self'. Similarly, while attempting to theorise the adopted body I rely on the language and theories of others, and

[1] Numbers in brackets represent line numbers of the participants' transcribed interviews.

finding words to enunciate a particular space for an adoptee is fraught when language for those experiences has not been specifically produced. As an adoptee, I too fight against the structure of language that disallows the place for me, the adopted subject. It is as if that place is just beyond my reach. And like Butler (1993) when I try to feel the "materiality of the body" I always find myself in "other domains" (p. ix). It is because of this, the materialisation of the adopted body necessarily needs to be understood within this work. The adopted body is a lived/felt body that enunciates within a particular discursive space.

By tracing the historical, social and moral practices of adoption, it became clear that the adopted body is produced the same as non-adopted bodies and the bodies that are produced in mainstream psychological research are constituted as either pathological or informative to genetic heritability, effectively silencing adopted bodies.

Silencing Adopted Bodies

The Legislated Body

In 1955, the Adoption Act came into effect in Aotearoa/New Zealand and legislated adoption as a social practice that completely severed all ties with the birth family. To enable this, Section 16(2)a of the Adoption Act (1955) established that it would be "as if the child had been born to that parent in lawful wedlock", thereby producing the child as a legal fiction. Fiction in law, a contradiction to fact, is deemed acceptable with practical implications, such as righting the wrong of illegitimacy and hiding the immorality of the birth mothers' indiscretions' (Griffith, 1991; Ludbrook, 2008). The 'complete break' climate meant adoptees were not granted any contact with 'bad' birth parents or their families, legally or socially. Over 80,000 adoptees were constituted within this legislative and social Act (Griffith, 1991).

When Vaughn described his illegitimate position, he said "I wasn't good enough … I think you'll be judged ... that you are no*body*" (272, 425, 427). To be born illegitimate, was to be born with no rights to a name, education or family and it was believed that illegitimacy posed a significant risk to public morality (Carp, 2009; Gillard-Glass & England, 2002; Griffith, 1998). To be "no-*body*" produces adoptees as less than, (not of this social world) and here they suffer an inherent shame, the embodied condition of their/our birth.

The implementation of the Adoption Act (1955) engaged social practices that served to keep signs of illegitimacy and adoption concealed. This included practices of secrecy to hide the adoptee's birth shame, to protect the adoptive family from being positioned as different to traditional families (and/or to hide infertility) and to enable a life trajectory for the birth mother without retribution for her shameful behaviour. Great effort was made to protect the birth secret and its bodily implications, including adoptive mothers creating pregnant bodies by using pillows to imitate pregnancy (Else, 1991), matching observable genetic traits between adoptive parents and the child (hair, eye and skin colour and/or intelligence), and sending the birth mother away to discrete homes to have the child (Else, 1991; Griffith, 1998).

Further, the consequences of the adoption event were not discussed, and little or no information was provided to the adopted child about their birth origins. Margaret said, "I knew I came from somewhere that I wasn't allowed to know anything about. I remember having fights when I was really little, about why won't you tell me and I actually don't think they knew very much, well they certainly weren't forthcoming and [my adoptive mother] used to get very upset saying – "why do you want to know? I can't tell you anything" (104). It was assumed that a good, loving environment would override any genetic predisposition and more than compensated for any birth family loss (Griffith, 1991). Acting *as if* would produce secure attachment with adoptive parents and enable 'stable' identities for the adopted child within the adoptive family (Watkins, 2006).

However, as some adoptees grew to maturity they began to contest the denial of any rights to a birth history, and after years of lobbying against the 1955 Act as a human rights violation, the Adult Adoption Information Act came into force in 1985. The power of that legislation was to overturn the particular strategy that had suppressed adoptees' rights to know details of their birth. Adoptees could now access their original birth certificates, which usually provided only a birth mother's name. Reunion became possible (Else, 1997; Griffith, 1982). However, the embodied silence and lived effects of being enabled and constrained in political and social discourses that shunned and disallowed a birth history made reunions problematic. And again for adoptees, this lived experience is difficult to story, as Barry testifies:

> Unless you've been separate from it and then reconnected to it you aren't going to know that … I mean like if you are not adopted then you've always had that connection … if you haven't been adopted and haven't been reconnected then you don't know you've lost it … like you have to have an awareness of having it then losing it, to know that it wasn't there (563, 566, 570, 572).

Barry signifies how living as an adoptee is not understood by others that have always had blood-as-kinship relationships and that this is a 'felt' embodied experience, an awareness of the presence of the absence.

The Psychological Body

Particular versions of adopted bodies are found in psychological research[2]. While tracing the social, moral and political history of adoption, it is apparent that where the adopted body has been discussed it is a deviant, pathological body that is only valued for its physiological character. The way in which this body is represented has mattered because psychology as a knowledge producing institution searches for a knowledge that does particular things to particular subjects in specific ways.

The adopted body is represented through the study and application of behaviour genetics. Here, traditional psychology assumes it can gain insight into human behaviour and provide universal language and criteria for mental disorders (American Psychiatric Association, 2000). Adoptees are a valued population in genetic research because it becomes possible to separate genes from contextual and environmental factors and researchers can examine early experiences and the influence of heritability of particular diseases or disorders. Birth parents pass on their genes, but another set of parents raise the child, so it is assumed that research can ascertain if variables are biologically heritable, or produced through parental patterns, or the environment (Palacios & Sanchez-Sandoval, 2005).

Within psychology, genetic research involves investigating familial patterns, examining first-degree biological relatives for a particular disorder and comparing those results to that of the general population. Within the DSM-IV (American Psychiatric Association, 2000), adoption studies highlight a three to fourfold increase in risk for

Alcohol Dependence when children were adopted out of birth families and had adoptive parents without Alcohol Dependence. Adoption studies also help demonstrate a genetic component to Somatization Disorder and Bipolar I Disorder, with first-degree biological relatives of people with Bipolar I Disorder shown to have elevated rates of Bipolar I Disorder (4%-24%), Bipolar II Disorder (l%-5%), and Major Depressive Disorder (4%-24%). Wegar (2000) recognises that a biological or genetic lens on adoption focuses on the problematic aspects of adoptees' 'inferior' genetic make-up, which resonates with the 'fears' of inheriting 'bad blood' that are evident in the arguments for legal adoption. This emphasis on causality as being 'in the blood', negates the complexity of social relations in which an adoptee is embedded.

The occurrence of Genetic Sexual Attraction as an effect of the adopted body has received research and social attention. Genetic Sexual Attraction was a term first coined by Barbara Gonyo, a birth mother who experienced an overwhelming 'sexual' desire for her birth son when they were reunited. Genetic Sexual Attraction refers to a particular relationship that occurs between two biologically related adults, after having been separated at birth or in early infancy. Although they are biologically connected, these adults have no kinship affinity because they were not raised together and legally they are no longer related since the child is reconstituted *as if born to* another family (Greenberg, 1997). Genetic Sexual Attraction and particular forms of adopted pairings are positioned as problematic because they are unusual and equated with incest, a taboo in most cultures. With the moral abhorrence of incestuous relationships, societies have strategies for dealing with those who break the incest taboo, including social denunciation and legal sanction: imprisonment. During the closed adoption period, adoption legislation attempted to protect against such incidences by providing access to information about biological identities for adoptees in special circumstances that included checks to prevent marrying a blood relative (Griffith, 1997; Rockel & Ryburn, 1988). However, this did not always work and for the reuniting bodies that experience overwhelming feelings, emotions and sensation without discourses fit for purpose, it follows that sexuality becomes a form of sense making for these events. That something happens in the adopted body is not contested here; adoption is lived

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[2]   For example see the work of Grotevant, Dunbar, Kohler, and Lash Esau (2000), Juffer and van IJzendoorn (2007) and Triseliotis (1973).

and felt at a cellular level as Maxine describes, "there's nothing intellectual about adoption and the intellectual stuff is the adult stuff, the rest is cellular and umm, you know, it's so profound" (584).

The first author also describes her experiences of a cellular embodiment, "I learnt about the cellar level when my birth mother reached out and touched my arm for the first time and I felt a surge of electricity race through my nerves. It was an overwhelmingly unforgettable experience and the significance of it still puzzles me today".

Other than representing the adopted body through and in genetic and pathological discourse, where the adopted body is reduced to genetic heritability of disorder or pathologised through Genetic Sexual Attraction, *how* the adopted body matters is ignored in research. Therefore, to enable the lived/felt experience of the adopted body to be written/spoken, theories of the body need to be taken up. The following section discusses the strategies the first author used to materialise body matters in adoption research.

Theorising Adopted Bodies

Freeman (2002, 2010) proposes a way to understand shared histories and memories effecting bodies after a poignant and heartfelt visit to Germany, which involved sights and sounds becoming "a kind of living, breathing presence... [a] monument to memory" (p. 197). He questioned the possibility of an energy field or a non-material trace of past traumatic events that linger and give rise to a sense of, and an experience of a self. Here the past becomes inscribed in the present; it remains alive and active though not consciously 'known'. This experience is named the 'narrative unconsciousness' or that which has been lived but un-thought and affects bodies. Here the cultural dimension of autobiographical narratives and cultural texts are stitched into the fabric of memory. Barry understands the importance of history and cultural texts. He wants others also to privilege this knowledge:

> I just, that's my dream, do you know what I mean? That we understand that family and our connection to it, to our genetic family, to our biological family is huge. It is who we are, it's not just who we are right now, but it's who, where we've come from, it's, it is our (tears), it is our ancestors (1745).

A 'narrative unconsciousness' is more than the private, inner dimensions understood by psychoanalytic understandings of unconsciousness; sources beyond the boundary of a subject become woven into memory. Freeman (2002, 2010) proposes that the 'narrative unconsciousness' is the mostly unrecognised and therefore uncognised part of our histories that is inherited through our status as historical beings. We become aware of this 'narrative unconsciousness' at the moment our historical and cultural situatedness comes into view. Brendon experienced this on the first reunion meeting with his birth mother:

> [It] was amazing aye and instantly there's a connection – that whole unspoken thing – there's just whole catching eyes and just, our ancestors are there, you know with us, on our shoulders (tears) (562).

While talking about this experience, Brendon began to cry, his tears represent the grief and connection that was embodied. Embodiment, according to MacLachlan (2004), encompasses an "abstract idea with a physical entity" (p. 2), for instance, the shaming action or social discourse becomes embodied when notions of shame are represented in the body (sinking feeling in the stomach, head lowered). Embodiment, rather than the body as an empirical object, is the vital condition of psychological and social life. As a medium for displaying our social-psychological conditions, our embodiment talks to the collective and individual positions we take towards one other and that shape the world in which we meet (Radley, 1996). For example, Griffith (1991) states that adoptees know they have been rejected by their birth mother and embody the fear that it may happen again. To anticipate further rejection is not only experienced as "anxiety", but because the "fear of rejection" is always present, it also represents difference. Cooley said "I do have, you know, abandonment issues as an adult … just get into a bit of a panic state of feeling really quite, sort of, you know, a bit anxious"(142, 723). Embodiment enables adopted bodies to be the conduit to display what matters and how, and is a key to the social world. The physical body is bounded to individual corporeal events involving social judgments and constraints of bodily actions (Radley, 1996). It is recognised that the body feels pain, gets sick, has desires and is dependent upon the material world; however, we are more than a physical experience through our individuated bodies (Radley, 1996). And in this sense, we engage and shape cultural norms to enable or prohibit our bodily functions.

Embodiment represents the way in which the body cannot be separated from the mind, contrary to the Cartesian mind/body split (MacLachlan, 2004). In the seventeenth century, Descartes heralded the emergence of a mind/body dualism, where mind is considered non-physical. As an epistemological assumption, this view has come to be widely accepted with the distinction between the mental and physical continuing today. As shown through traditional adoption research, the body is treated as an object in which to measure, treat and modify disorders of mind. At this site, it is also argued that empirical knowledge can only be obtained by removing human senses because they are positioned as unreliable.

Contesting this mind/body split, Merleau-Ponty (1962) argues for a body-subject because knowing, accessing and being-in-the-world are achieved through our senses in everyday life. Often taken-for-granted, perception in lived experience is how we exist; it is devoid of conscious thought, but not of subjective being. Before rational thinking, before our thoughts facilitate concepts and language, our body is always already engaged. In this theory, Maxine's pre-verbal body that was difficult for her to access becomes legitimate and valued. The body-subject is the foundation of thinking. We see, we hear, we feel - we use our perception.

Merleau-Ponty (1962), a phenomenologist, professed that we must rediscover the world though perception, a way of being we are prone to forget because rational thinking is valued. Discarding dualistic thought, Merleau-Ponty argues that the mind and body are interwoven; one cannot exist without the other. Embodied we exist in the physical, denying this is to deny our existence at all. According to Noland (2009), Merleau-Ponty is interested in how the body is implicated in what the mind thinks it knows.

Although assigning a place for the body, Merleau-Ponty is still situated within the discursive turn. Language as part of our human survival produces and reproduces the depth or quality of our experience. The body is foundational and through the actions of embodying language where it is spoken through sounds in space and time, the body is able to live and speak to others (Munro & Belova, 2009). Language cannot be conceived of as an addition to the body, with speech the conduit of thought because often we do not know our own thoughts until spoken.

Our embodied existence is in relationship to the world, our experience of the world is influenced and influences our experience of being-in-the-world (MacLachlan, 2004). We do not experience our own or others bodies as objects. However, in everyday living, we are not aware of minds and bodies separately, just of other human beings. Knowledge of ourselves and others are experienced as a unified whole (Matthews, 2002). And how we relate to our own and other bodies matters to our being in the world.

In this sense, when we understand behaviour from the 'inside' it can enable phenomena, for example illness, disability, disease or dysfunction to be understood as more than mechanical malfunctioning of an object. Some experiences have emotional meaning to give them a quality and a relationship to other qualities that enables connections among experiences that otherwise have nothing in common. We only know others through their bodies; the way they move, talk, gesture and so forth (Crossley, 1996). Phenomenology is also not a-historical, it values lived experience as historically and culturally mediated (Solomon, 2006). Merleau-Ponty represented the social and the biological as inseparable processes.

An important facet of Merleau-Ponty's arguments is the movement away from the idea of a transcendental ego (an identity that our minds create), and the meaning attached to consciousness. It involves a style of thinking that sheds what we know as existence, or what we commonly think of as existence. In doing this we do not withdraw the self (as a transcendental ego) from the world, but open ourselves up to a more explicit understanding of the ways in which we are bound to, and situated in the world. By loosening our conscious threads, a phenomenological analysis cannot become a complete reduction as we cannot separate ourselves from our embodied world (Gutting, 2001).

Merleau-Ponty's theorising of a body, according to Gutting (2001), includes intentionality or the union between the world and consciousness. This unity is the fundamental beginning of phenomenology. Merleau-Ponty interpreted Husserl's notion of intentionality to mean more than knowing and experiencing the world through acts of consciousness that are directed towards some object, it is a fundamental priority which is intrinsic to us (Gutting, 2001). Here, the body as perceiving and experiential is intimately entwined

and engaged with the world. Merleau-Ponty makes a shift in his understanding of intentionality to encompass notions of motility (Solomon, 2006) where the body inhabits time and space, and intentions are not secondary to the object. Movement matters.

In relation to adoption, Merleau-Ponty's case of the 'phantom limb', which he uses to argue the need for a being-in-the-world paradigm, provides a metaphor for an adoptees' embodied sense of their missing birth mother. In the case of the phantom limb, after an amputation, it is possible to experience the missing limb as if it is still present. Physiological and psychological theories cannot explain this phenomenon in isolation. However together, they enable a more comprehensive understanding, and remove the need to select between describing the present nerve transmissions or the not present remembered limb. Merleau-Ponty (1962) asserts that the absent limb is still in relationship to parts of the world that 'speak' to the limb and it has an ambivalent presence. The subject retains a practical knowing of action that was present before the limb was lost; the habitual body learns to do things in the world with continuous repetition, such as turning a doorknob or drinking from a glass. This impersonal response remains even when the personal experience of actually doing these things is no longer available.

The adopted subject experiences the presence of the absent birth mother in much the same sense, and here she is the phantom mother. Although removed, the birth mother remains present through bodies that question the why and how of relinquishment. For Maxine, they had "already bonded - they'd long ago bonded - it was already you know there, part of it, it already had its genetic history, it had nine months you know it was already a being" (901, 909). The connection of the body matters and for Mary, while her "birth mother was sent away…that feeling definitely goes, has to go … the feelings of the mother definitely go across to the child" (542, 544).

Our being-in-the-world is ambiguous. In the phantom limb example, the limb is a part of the past that remains quasi-present, it is more than a memory – it is a virtual experience. This experience can often remain on the periphery but at times, and in particular situations, it becomes central (Gutting, 2001). Likewise, the absent presence of birth mothers for adoptees may move from the periphery to a more central aspect of our experience.

Merleau-Ponty represents the body as 'lived' (Crossley, 1996). Here, the adopted body can be valued as constituted and constituting adoptive experiences. Being-in-the world for adoptees occurs at the site of the body, and matters to how it is lived.

Foucault provides another way to materialise the adopted body. Here, knowledge as a form of power and a model of surveillance enables the regulation and disciplining of bodies. Foucault's notion of 'bio-power' represents the way in which the human body is enmeshed in social practices which lead to processes of acculturation, knowledge and truth (Burkitt, 1999; Danaher, et al., 2000).

Power enacted on bodies is not located within a subject, institution or structure; power is ubiquitous (Foucault, 1982). Moreover, power, according to Foucault, exists only when it is enacted. To this effect knowledge becomes a practical form of power as it performs disciplinary actions on the body; it regulates thinking, controls behaviour and orders emotions (Clegg, 1997). Disciplinary power is efficient because subjects embody knowledge and rules to govern their own behaviour. When the social dictums are internalised, subjects then become their own overseers. The state does not need to exert its power through dictatorship and force, instead practices of rationality and technologies of control implement political rule (Danaher, et al., 2000; Gutting, 2001; Rose, 1999; Sarup, 1993). Power in this way involves minimal cost to governments (Sarup, 1993).

Burkitt's (1999) reading of Foucault suggests that biological life is entangled with history and emotion and narrative sense making. Each interacts and affects one another. The body is at the root of this connection between biology and history, and as the body moves with time so has the human capacity to think and know.

Foucault represents the body as inscribed (Crossley, 1996). Adoptees, for example, embody secrecy and silence as a moral code for behaviour and as dictated by the Adoption Act (1955). Many adoptees do not overtly resist that code or perform outside of the desired socially sanctioned understanding of family as different or 'other'. As bodies are inscribed by particular rules it means they are always, already there. They are

acted, often without thought. Brendon describes how feelings inhabit his body and when they overwhelm, he acts his anger:

> When these feelings are too big to process it's so easy, it's so much easier to flick into anger… and acting out angrily, being angry … 'cause it's easy man, it's nice to let the, to vent the steam you know, and it's so easy, I just so want to like 'go' society then, man – to let happen what happened. It's fucken not okay (laugh) man (440, 444, 446*).*

Body Matters

This paper discussed body matters for adoptees. These matters include the strategies of silence that occurred because of the social, moral and political discourses that regulated the adopted subject *as if born to* and thereby the same as non-adopted subjects. Concealing a birth history meant adoptees were not allowed to discuss, resist or know about the *born to* relationship. They were positioned as the same as and equal to the non-adopted body. And while the adopted body is spoken to within traditional knowledge producing institutions, the privileging of the rational, unified subject meant adoptees were only understood in genetic or pathological speak. Instead, this work suggests that the ideas of Freeman, Merleau-Ponty and Foucault offer strategies through which to understand the complexity of the multi-vocal adopted body and how that might matter to the lived experience of being-in-the world *as if born to*. That the adopted body is unlike the non-adopted body matters, and in this way the adopted body necessitates theoretical accessibility.

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Into the Void: The Gap Between N-Back and Complex Span Tasks Suggests Inadequacies in Current Models of Working Memory

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Abstract

The tasks used to assess working memory are a highly contentious issue in cognitive psychology. Previous research has found a weak relationship between two key types of working memory tasks: N-Back and Complex Span. This is commonly interpreted as evidence that one or both tasks possess poor construct validity. However, this finding may be a result of assessing different modalities of working memory. The current pilot study aimed to clarify the differences between the two tasks by assessing performance on each within the same modality. A spatial and verbal version of each task was used. Although, theoretically, these tasks assess the same construct, the pilot data revealed low correlations between them. This suggests that the current models of working memory may be inadequate, or that unidentified differences between the tasks may be influencing the results. Due to their widespread use and applications, it is important to better understand models of working memory and develop improved tasks.

Keywords: Working memory, N-Back, Complex span, Spatial working memory, Verbal working memory

Background Research

What is Working Memory?

Working Memory (WM) is a short-term store for maintaining and processing information (Baddeley & Hitch, 1974). WM is distinguished from Short-Term Memory (STM) due to its active component. STM involves simple rehearsal and is sometimes labelled as a 'passive store' (Swanson, 1994). On the other hand, WM is an active store involving rehearsal and processing of stimuli. For instance, STM is used to remember the digits of a phone number while WM would be used to maintain the same numbers while also trying to decide what to say when the call connects. A distinction between STM and WM is supported by factor analysis suggesting that the two constructs, although related, are distinct (e.g., Kail & Hall, 2001; Swanson, 1994). Furthermore, WM and STM differentially predict performance in other cognitive tasks such as word decoding and measures of fluid intelligence (Kail & Hall, 2001; Swanson, 1994).

There are numerous models of WM (See Miyake & Shah, 1999 for a review). The dominant model was proposed by Baddeley and Hitch (1974). In this model WM is composed of three key subsystems: A central executive, a phonological loop and a visuo-spatial sketchpad. The central executive essentially oversees all WM processes. The phonological loop and the visuo-spatial sketchpad are systems to rehearse and temporarily store modality-specific information. However, not all models agree and there is debate regarding the very existence of the central executive (Parkin, 1998) and the existence of separate resource pools for different modalities (Miyake & Shah, 1999).

WM is related to numerous and varied factors such as intelligence (Kane, Hambrick, & Conway, 2005), reading comprehension (Daneman & Carpenter, 1980), and ability to deal with stressful events (Klein & Boals, 2001). Furthermore, Working Memory Capacity (WMC) appears to be deficient in mental health disorders including schizophrenia and depression (Barch, Sheline, Csernansky, & Snyder, 2003; Rose & Ebmeier, 2006). The apparent usefulness of the WM construct highlights the need for valid and reliable measures to assess WM capacity. However, there is debate regarding which tasks should be used and evidence that various WM tasks are not measuring the same thing.

How is Working Memory Measured?

Two commonly used WM measures are N-back tasks and Complex Span Tasks (CST's). A CST

involves remembering a string of items while completing a secondary, sometimes unrelated, task. For example, Shah and Miyake (1996) designed a spatial CST (Figure 1) in which participants were required to indicate whether a string of letters were 'normal' or 'mirror-imaged' while also remembering the degree of rotation for every letter. The longest string of letters in which the participant could correctly recall all letter rotations was indicative of their WM capacity.
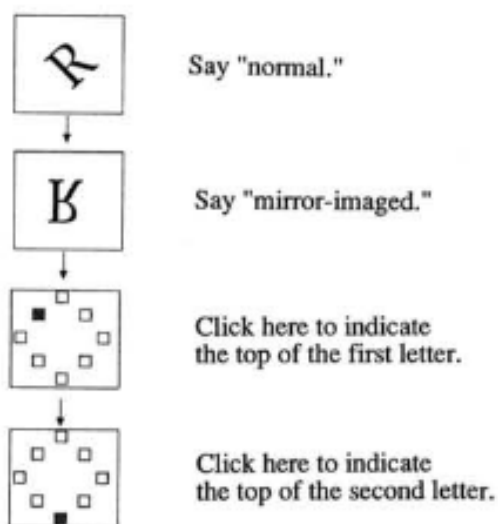
Figure 1. Example of a spatial working memory task designed by Shah and Miyake (1996). Participants completing this task must decide if a series of letters are 'normal' or 'mirror-imaged'. The participants must then click on a square to indicate the direction that the top of the letters were pointing.

N-Back tasks involve a continuous string of items in which the participants' task is to identify if the currently displayed item is the same as the one displayed a set number of items ago (Figure 2).

Comparison of N-Back and Complex Span

Proponents of the N-Back task commonly justify its use claiming that it possesses face validity (Jaeggi, Buschkuehl, Perrig, & Meier, 2010; Kane, Conway, Miura, & Colflesh, 2007). During N-Back tasks participants must rehearse/store a set of stimuli while continuously updating this set and responding to all of the presented stimuli. This set of tasks appears to satisfy the two key components of WM theory: simultaneous storage and processing.

However, there have been few empirical evaluations of N-Back tasks and the results that do exist provide mixed findings (Jaeggi et al., 2010). N-Back tasks have been found to correlate more strongly with simple, STM tasks than CST's (Jaeggi et al., 2010; Roberts & Gibson, 2002) and account for the same variance in language comprehension performance as STM tasks (Kwong See & Ryan, 1995). This suggests that N-Back tasks may be assessing STM capacity rather than WM. Jaeggi et al. (2010) also provided evidence that N-Back tasks suffer from poor reliability. On the other hand, performance in N-Back tasks correlates well with performance in domains thought to be influenced by WM capacity such as intelligence (e.g., Aronen, Vuontela, Steenari, Salmi, & Carlson, 2005; Gevins & Smith, 2000). Additionally, N-Back tasks may elicit similar patterns of brain activity as other tasks used to assess attention control in WM tasks (Gray, Chabris, & Braver, 2003). Given such mixed evidence regarding the validity of the N-Back task, the results of studies relying solely on it to assess WM are called into question.

In comparison, CST's have been extensively validated. CST's also have face validity due to the dual storage and processing requirements (Kane et al., 2007). CST's correlate more strongly with memory tasks involving manipulation of the stimuli than simple STM tasks (e.g., Engle, Tuholski, Laughlin, & Conway, 1999) and predict abilities on domains thought to require WM performance but not domains that do not (Engle
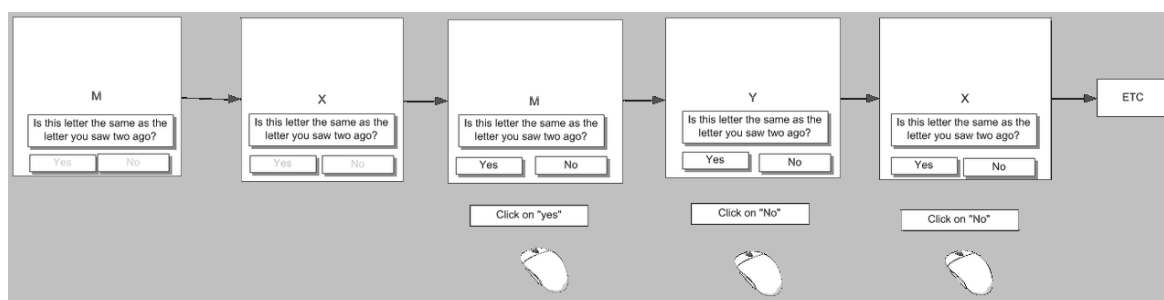
Figure 2. In a verbal N-Back task, the participant is shown a continuous string of letters. For every letter displayed the participant must state whether the letter displayed matches the one displayed a set number of items ago. This figure displays a 2-back version of the task.

& Kane, 2004). These findings suggest that CST's possess good construct validity. Additionally, a review focussing on automated versions of several CST's found good test-retest reliability, construct and criterion-related validity, convergent validity and internal consistency (Redick et al., 2012).

While there is evidence that both types of WM tasks possess validity, the relationship between them is substantially weaker than would be expected ($r \sim .2$) if they were both assessing the same construct (Jaeggi et al., 2010; Kane et al., 2007; Oberauer, 2005; Roberts & Gibson, 2002). Furthermore, although both tasks explain variance in performance on tasks requiring WM, they may do so independently (Jaeggi et al., 2010; Kane et al., 2007). That suggests the two task types may be measuring different constructs.

Why, if both tasks possess face and construct validity, do they not show a higher correlation? It is possible that the relationship between the two tasks is being masked by the N-Back task's poor reliability (Jaeggi et al., 2010). However, it is likely that the low correlation results from uncontrolled, task-specific variance.

One of the most striking problems is that modality or content-specific task variance has rarely been taken into account. Many dominant models of WM propose multiple pools of resources for different modalities (Miyake & Shah, 1999). Evidence supports these theories as WM performance has been found to be dependent upon the modality which the stimuli in the task belong to (Perlow, Moore, Kyle, & Killen, 1999). Modality-specific brain activity has also been observed (Jaeggi et al., 2010; Smith & Jonides, 1997). Previous research comparing CST's and N-Back tasks has rarely controlled for modality-specific effects. For instance, Kane et al. (2007) conducted research comparing Operation Span (a numerical and language-based CST) with a letter-based N-Back task. Such a comparison may have been confounded by individuals' performance in the non-shared numerical component of the CST. In an effort to resolve this problem, two methods have been used. Firstly, some research has used data averaged across multiple versions of each type of task covering a variety of modalities. For example, Shamosh et al. (2008) found higher correlations than those comparing performance on a single version of each task (e.g., $r=.55$). However, averaging data across multiple tasks limits the potential for comparison of different modalities and can only reduce, not eliminate, the impact of task/modality-specific variance.

A second method used to assess the impact of modality employed a latent variable approach (e.g., Schmiedek, Hildebrandt, Lövdén, Wilhelm, & Lindenberger, 2009). This method is thought to minimise the impact of error and task-specific variance allowing for an unbiased comparison of tasks. Using three versions of each type of task, assessing multiple modalities, Schmiedek et al. found evidence of a single latent factor common to both task types. This factor was thought to represent an aspect of WM such as controlled attention. Schmiedek et al. interpreted this result as evidence that the N-Back tasks assess essentially the same construct as CST and are therefore equally as valid.

Despite attempts to clarify the cause of the poor relationship between N-Back and CST's, no conclusion has been widely accepted and further research is required. If no task-specific factors can be identified as the source of the low correlations between the tasks, this may indicate that the theories of WM upon which these tasks are designed and validated are incomplete.

Pilot Research

Overview

As part of a larger research project investigating the role of brain activity in WM deficits in depression, two sets of WM tasks were piloted. These tasks were devised in order to compare spatial and verbal WM function. After reviewing the literature regarding the best WM task to use in this context, it was decided to develop two tasks (CST and N-Back) for each type of WM (Verbal and Spatial). This approach ensured that all aspects of WM were captured and also provided material for the on-going debate regarding the use of these tasks in WM research. To provide an accurate comparison between verbal and spatial WM it was important that the tasks were equivalent in difficulty and design.

Method

Participants

Data from 16 participants were used for analysis. The participants for the pilot study were students at Massey University. No other demographic data were recorded.

Materials and Procedure

Four WM tasks were required for this study. Two tasks were used to assess Spatial WM and two tasks were used to assess Verbal WM. For each modality of WM both an N-Back and a CST was required. Due to the requirement of matched tasks, both N-Back tasks were designed from scratch for the current research.

For the N-Back tasks the participants were required to judge whether the stimulus presented on the screen matched the stimulus displayed a set number of items ago - designated 'N'. Each N-Back task consisted of four blocks of trials. Two blocks presented the 2-back condition and two blocks used the 3-back condition. Each block contained 40 stimulus presentations. Eight stimuli were presented in a counter-balanced order in a continuous string of 40 stimuli. For the verbal N-Back task (Figure 2) the stimuli were eight phonologically distinct letters: M, H, K, Q, X, R, F, and B. For the spatial N-Back task (Figure 3) the stimuli were squares located in one of eight equidistant locations surrounding a fixation cross in the centre of the screen. The squares were located at 0°, 45°, 90°, 135°, 180°, 225°, 270°, and 315°. Each block began with a fixation cross in the centre of the screen for 500 ms. Each stimulus was then displayed on the screen for 3000 ms. If participants did not respond during this time they were recorded as incorrect and the next stimulus was displayed. The inter-stimulus interval was 500 ms. The participants responded by using their mouse to select 'yes' or 'no' in response to the question: "Is this (stimulus) the same as the one displayed n-back ago?" For each task the participants were provided with a set of instructions and were then given two short practice blocks. During the practice blocks participants were provided with immediate audio feedback for their performance. A 'ding' signified a correct answer while a 'dong' sounded if the participant was incorrect or failed to respond within the time limit. This helped to ensure participants had understood the instructions.

A pre-existing verbal CST, known as the Automated Reading Span Task, was acquired for this research (Unsworth, Heitz, Schrock, & Engle, 2005). In this task the participants were shown a sentence and were asked to decide if it made sense (50% did) or not. Those that did not contained a single word that did not make sense in context. After verifying the sentence, the participants were shown a letter. The participants were asked to complete this pair of tasks a number of times before recalling the letters in the correct order. The number of verification/letter pairs within a block ranged from two to five. Each block length was repeated three times during the experiment resulting in 12 blocks of trials.

Finally, the spatial CST was designed using Shah and Miyake's (1996) task as a guide (Figure 1). In this task the participants were asked to indicate if a series of rotated letters were 'normal' or 'mirror-imaged'. Following a series of these decisions, the participants were asked to recall the angle of rotation for each of the letters from the previous string by using arrows (See Figure 4). Three phonologically distinct letters were used as the stimuli: F, P and R. The stimuli were rotated around a fixed point. With 0° representing an upright letter, the stimuli were displayed at seven different orientations: 45°, 90°, 135°, 180°, 225°, 270°, and 315°. Each stimulus could be presented in the 'normal' position or 'mirror-imaged'. Therefore, there were a total of 42 unique stimuli. Based on findings by Shah and Miyake (1996) it was determined that the maximum string of letters should be 6. Each string size (1, 2, 3, 4, 5, or 6) was presented twice to give each participant two chances to correctly recall the letter orientations within the string resulting in 12 blocks of trials.

For both CST's, the absolute and total scoring methods were used. An absolute score is
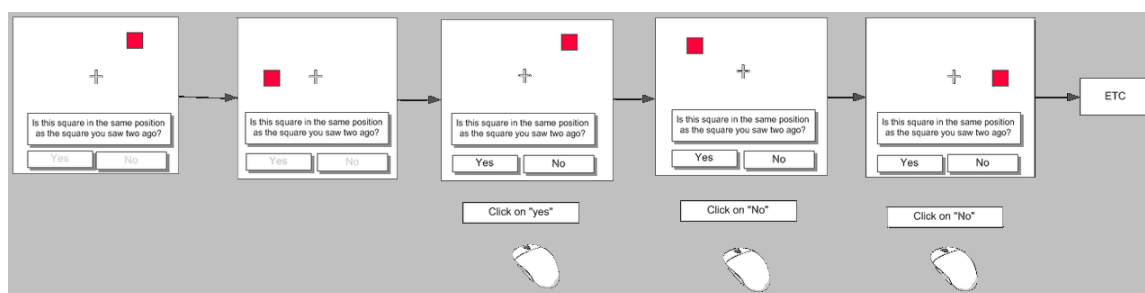
Figure 3. In this spatial N-Back task the participant must decide if the square is located in the same position as the square two screens previous.
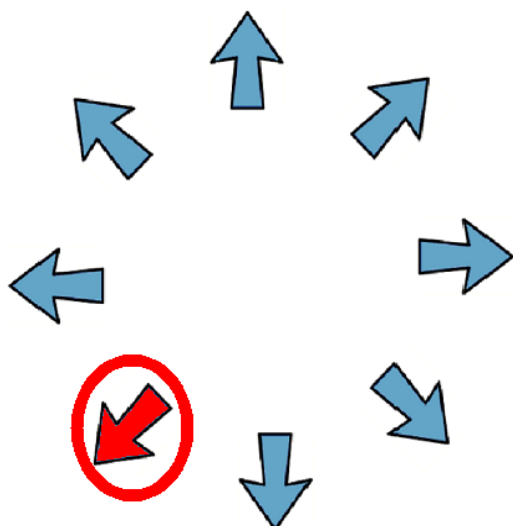
Figure 4. During the recall of rotation phase of the spatial CST the participants use arrows to indicate the direction that the top of the letters were pointing.

determined by adding up *only* the stimuli recalled from perfectly recalled blocks (i.e., blocks in which *all* items are recalled correctly). For example, in a block of five stimuli, if a participant made a single mistake then none of the stimuli within that block would count towards the absolute score. On the other hand, a total score provides the total number of stimuli recalled correctly, regardless of whether the rest of the block was recalled correctly. Research suggests that the total span score may be more reliable and provide a better indicator

of individual differences (Conway et al., 2005; Friedman & Miyake, 2005; Redick et al., 2012).

Results and Discussion

Table 1 displays the relationships among performances in the four WM tasks. The correlations between the two spatial WM tasks (.201-.292), and between the two verbal WM tasks (.095-.385), are considerably lower than would be expected if both the N-Back and CST task both assessed performance on the same construct. However, both tasks possess face validity and appear to fit well with most currently accepted models of WM. Therefore, this result could indicate a gap in the current models of WM. For example, the tasks may assess different sub-components of WM.

Another possibility is that a fundamental difference remains between the two tasks types. For example, Jaeggi et al. (2010) suggested that N-Back tasks rely primarily on recognition memory, while CST's rely primarily on recall. In general, performance in recall tasks appears to be poorer than in recognition tasks, possibly reflecting differences in difficulty and/or underlying processes (Haist, Shimamura, & Squire, 1992). Recognition memory can be thought of as being a dual-process involving both recollection and familiarity, while recall tasks rely solely on recollection due to the absence of cues required to make familiarity judgements (Rugg & Yonelinas, 2003). In CST's the cues available are limited and participants need to rely on accurate recollection to perform well. However, in N-Back tasks participants are provided with cues so may employ both recollection and familiarity processes. The use of different underlying processes may reduce the shared variance observed between CST's and N-Back tasks. While this could indicate that one or both tasks are problematic, it is of concern that current models of WM do not allow for the use of different processes. Models of long-term memory distinguish between implicit and explicit memory processes. Perhaps a similar model of WM with branches for different underlying processes is required.

Table 1.
Relationships among Performances in the Four WM Tasks

		Spatial N-Back		Verbal N-Back		Spatial Span		Verbal Span	
		2-Back	3-Back	2-Back	3-Back	Total	Absolute	Total	Absolute
Spatial N-Back	2-Back	____							
	3-Back	.762**	____						
	Mean	.937**	.941**						
Verbal N-Back	2-Back	.279	.294	____					
	3-Back	.335	.407	.844**	____				
	Mean	.318	.361	.965**	.955**				
Spatial Span	Total	.292	.278	.304	.357	____			
	Absolute	.247	.201	.307	.372	.943**	____		
Verbal Span	Total	.174	.334	.103	.350	.147	.026	____	
	Absolute	.138	.420	.095	.385	.268	.134	.884**	____

The correlations between the spatial and verbal versions of the N-Back tasks (.279-.407) were also very low. The spatial and verbal versions of these tasks were identical other than the stimuli used. Therefore, the low correlation can be attributed to modality. Thus, it is important to control for modality or stimulus type when assessing WM. A similar pattern is observed with the CST tasks (.026-.268). This result provides further support for models of WM proposing different pools of resources for different content.

Conclusion

Based on these results, several conclusions can be drawn. Firstly, the low correlation between the N-Back tasks and CST suggests that the tasks may not assess the same construct indicating that researchers should be cautious when interpreting results of studies using these tasks to measure WM. Both task types should be used in future research to enable further investigation of the low correlation.

Secondly, the low correlation between the spatial and verbal variants of both tasks indicates the modality of tasks is important. Stating that an individual suffers from WM deficits should always be further described by elucidating the types of stimuli that led to the observed deficits. Furthermore, the low correlations between spatial and verbal variants of the same task also provide evidence for the multiple resource pool models of WM.

The above findings came from a low N pilot study and need to be replicated with a larger sample. During the pilot study, small changes were made to the instructions for the tasks based on observation and participant feedback. This extra source of variance may have contributed to the low correlations. However, only participants who appeared to have understood the instructions were included in these analyses so these changes should have had a minimal impact.

Future research should further investigate the possibility of different underlying processes in CST's and N-Back tasks with a focus on the use of recall and recognition memory. A WM model that could account for the use of different processes would be beneficial.

In sum, based on current theories of WM, both CST's and N-Back tasks meet the basic requirements of a WM task: simultaneous storage and processing of stimuli. However, given the very low correlations between these tests, it is clear that there is more to WM than these two simple components. The current models of WM need to be reassessed to explain the low correlations. In the meantime, researchers examining WM should use a mixture of WM tasks.

Kathryn Campbell is a PhD candidate at Massey University, Palmerston North. She is currently in the data collection phase of her research which she hopes to complete by the end of 2013. Her research interests include asymmetric brain activity in depression, brain asymmetry in self-injurious behaviour, and the link between depression and chronic health conditions.

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Problematising Effectiveness: The Inclusion of Victim Advocacy Services in Living Without Violence Programme Provision and Evaluation

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Abstract

Advocacy services in collaboration with living without violence programmes have the potential to increase experiences of safety and well-being for the victims of domestic violence. However, advocacy services are not always offered within programmes and the influence of advocacy is often over-looked when evaluating the 'effectiveness' of programme provision. An Interpretative Phenomenological Analysis of semi-structured interviews with five (ex) partners of men who had completed a living without violence programme found that advocacy services meaningfully increased victims' feelings of safety and well-being independent from changes, or lack of change, in the men's violent behaviour. Therefore, victim advocacy may be a valuable addition to living without violence programmes and can potentially offer a broader, multidimensional understanding of 'effectiveness' in evaluations of programme success.

Keywords: Domestic violence, Living without violence programmes, Victim advocacy, Evaluation research

Introduction

With an estimated 1 in 3 New Zealand women experiencing domestic violence in their lifetime (Contesse & Fenrich, 2008; Families Commission, 2009; Fanslow & Robinson, 2004), this continues to be an area that demands our urgent redress and attention. The experience of living with continued violence has been linked to various health concerns, both physical and psychological (Cascardi & O'Leary, 1992; Fanslow & Robinson, 2004; Lacey, McPherson, Samuel, Sears & Head, 2012), and can damage the educational, economic and employment opportunities of victims (UN Women, 2012). It has been argued that domestic violence denies women and children the right to live without fear (UN Women, 2012), and therefore can be understood as a human rights issue in which the state has an obligation to intervene (Contesse & Fenrich, 2008; Dobash, Dobash, Cavanagh, & Lewis, 1999; UN Women, 2012).

As part of a coordinated and systematic response to domestic violence, living without violence programmes offer treatment and intervention for offenders in order to reduce and eliminate domestic violence in the community. The New Zealand Domestic Violence Act (1995) created a framework for providing access to living without violence programmes for those who commit a family violence offence, supporting men who are violent to receive help for their issues (Coombes, Morgan & McGray, 2007). In 2006[1], the New Zealand Government, under the Domestic Violence Act (1995), offered funded placements in living without violence programmes for approximately 2,930 men, with the Family Court referring 2,715. The number of men who completed living without violence programmes, however, is much lower, with only approximately 990 men (or 37% of those admitted) completing a programme in the same year (Families Commission, 2009).

Women's Involvement with Living Without Violence Programmes

Victim advocacy work is not new to our understandings of a coordinated community response to domestic violence. However, it is not widely discussed in relation to the provision of living without violence programmes. Whilst some programme standards include monitoring women's safety issues and needs (Dankwort & Austin, 1999), contact with victims more often involves information sharing relating to important events (such as admission or completion of programme), or verification of the men's accounts and understandings concerning processes of engagement and change (Dankwort & Austin, 1999; Healey, Smith & O'Sullivan, 2009). However, Healey et al. (2009) argue that

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[1] 2006 is the most recent year for which official figures are available at time of publication.

validating men's progress and behaviour should not be prioritised over discussing issues of safety and educating women about domestic violence.

The opportunity for delivering educational and safety support for victims is problematic given the barriers to service provision for women living with domestic violence. Women affected by domestic violence are often unaware of the various services on offer to them (Healey et al., 2009), and only seek help as a last resort when they can no longer endure the abuse (Stubbs, 2002), or when fear for their own, or their children's, safety escalates (Fanslow & Robinson, 2010). DePrince, Labus, Belknap, Buckingham and Gover (2012) discuss the many barriers to help-seeking behaviour for victims of domestic violence, such as limited money and time, isolation and feelings of disconnection, and the stress of having to tell their stories to various agencies multiple times in order to navigate the range of support and response organisations available. Therefore, including victim advocacy outreach within a living without violence programme may enable more women to access and engage with support without needing to spend time and energy retelling their circumstances to various service personnel and sectors. Indeed, Arias, Dankwort, Douglas and Dutton (2002) found that when advocacy outreach services are initiated by living without violence programmes, it is often the first time many women had the opportunity to discuss their experiences of abuse with others. Furthermore, given that the optimal programme length is 16 weeks (McMaster, Maxwell & Anderson, 2000), programme providers are in an ideal position to offer ongoing and consistent support and assistance to women, as well as safety monitoring.

Advocacy services as a component of living without violence programme provision, when offered, have shown to be highly valuable for victims of domestic violence. In addition to enabling an advanced and continued method for monitoring safety (Healey et al., 2009), and providing education in regards to the men's programme (Austin & Dankwort, 1999; Healey et al., 2009), research indicates that programme advocacy services can increase women's feelings of safety and well-being independent of their (ex) partners progress or engagement. Advocacy can enable women to feel heard, to have their experiences, thoughts and feelings affirmed, to increase their education and understandings of domestic violence and can sometimes even help develop the confidence to leave abusive relationships (Austin & Dankwort, 1999; Healey et al., 2009). Therefore, advocacy outreach can provide a contextualised response to the effects of domestic violence that educate and support women, increasing well-being and decreasing isolation whilst attending to the victims' specific and complex needs and concerns.

Evaluating Living Without Violence Programmes

Men's attendance at a living without violence programme, or the belief that the men can change their behaviour, is a strong factor for women returning to, or remaining with their partner (Contesse & Fenrich, 2008; Dobash et al., 1999; Fanslow & Robinson, 2010; Gondolf, 1997; Walters, 2010). Therefore, it is vital to know if, and how, these programmes work in order to ensure we are meeting our goals of increasing women and children's safety. Unfortunately, previous programme evaluation research has often reported mixed results and small effect sizes (Akoensi, Koehler, Lösel & Humphreys, 2012; Babcock, Green & Robie, 2004; Davis & Taylor, 1999; Furness, 1994; Gondolf, 2004; Klein & Tobin, 2008; Robertson, 1999; Walters, 2010), and there appears to be little-to-no consensus, or documented evidence, of what mode of service delivery is most effective or, indeed, how 'effectiveness' can, or should, be measured (Akoensi et al., 2012).

When we talk about the 'effectiveness' of living without violence programmes, we are often referring to the reduction, or elimination, of acts of abuse (Babcock & Steiner, 1999), with recidivism data considered the preferable form of evidence to tell us whether victim safety has improved or been achieved (Bennett & Williams, 2001). However, there are concerns that recidivism data cannot give us a complete or accurate picture of 'effectiveness' because the majority of domestic violence goes unreported (Fanslow & Robinson, 2010; Stringer, 2010). Furthermore, reported police data may struggle to account for emotional and psychological abuse, privileging the presence or threat of physical violence (Gulliver & Fanslow, 2012; Shepard & Pence, 1999). Whilst offender and victim self-report measures are sometimes utilised in programme evaluation (Bennett & Williams, 2001), if we still conceptualise 'effectiveness' as the reduction or elimination of acts of abuse, we

may be overlooking valuable insights as to how programmes may be experienced as 'effective'.

'Victim safety' is an underpinning standard or goal of living without violence programmes (Bennett & Williams, 2001; Dankwort & Austin, 1999). However, given that knowledge of effectiveness and victim safety are tightly entwined with recidivism, our understandings of whether programmes achieve the goal of 'victim safety' may not reflect the nuanced and context-specific understandings of the victims. The risk here is that by continuing to focus on recidivism, we may be subjugating women's needs and concerns in relation to programme effectiveness, positioning them as existing in the periphery of, or only in relation to, the violence acted upon them. Furthermore, if our understandings of effectiveness rely solely on offender behaviour and change processes, we will be unable to account for, or respond to, the safety of women who leave the violent relationship in question, but enter new abusive relationships in the future (DePrince et al., 2012). Indeed, Austin and Dankwort (1999) lament the limited input of women's understandings of safety and effectiveness in living without violence programme evaluation research and recommend that:

> future research should strive to include fuller and richer reports from battered women, allowing them to relate what is meaningful in their view, so as to provide a more complete and accurate picture of the use and effectiveness of such interventions. (p. 40)

In light of these concerns, the current study explored women's accounts of safety and well-being in relation to their (ex) partner's engagement with a New Zealand community-based living without violence programme, where victim advocacy services were included as a part of core service provision.[2] The larger evaluation project integrated a statistical analysis of recidivism with semi-structured interviews conducted with programme completers (men) and women whose (ex) partner had completed the programme. The inclusion of women's voices in a semi-structured and open interview forum was employed to allow the women to articulate how they understood the provision of domestic violence services to have influenced their experiences of safety and well-being without being constrained by pre-set

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[2] In addition to victim advocacy, the community organisation also offered a women's living without violence programme and a youth and parenting programme.

or narrow definitions of 'effectiveness'. It was envisaged that the inclusion of participant-led discussions would open up opportunities for the researchers to explore avenues and areas that may not have been anticipated, but were meaningful to how the women understood 'effectiveness' in relation to the men's living without violence programme.

The Current Study

The following section explores women's accounts relating to the effects of victim advocacy service provision in relation to men's engagement with a community-based living without violence programme in New Zealand. Although 20 women were interviewed for the larger evaluation project, the selection of five women's accounts was utilised to facilitate a more refined and focused discussion of the victim advocacy services given the constrictions of space allowed in the present publication. Interpretative Phenomenological Analysis (IPA), within a hermeneutic phenomenological approach was utilised to analyse the qualitative data and the subsequent discussion draws from the identified theme of 'Partner / Family Services', specifically focusing on accounts of victim advocacy services. The advantage of IPA for this study is that it allows a focus on the meaning that participants' ascribe to the events they experience; broadly explores areas of concern to participants; and represents interactions, experiences, points and patterns of meanings that thematically emerge from participants' accounts. IPA is also sensitive to diversity in participants' accounts, allowing us to consider cultural and social differences as well as the complexity of specific experiences (Eatough & Smith, 2008; Smith & Eatough, 2007).

Women's Accounts

In relation to their (ex) partners engagement with the living without violence programme, the women communicated the positive effects of being able to discuss with programme staff issues of safety, their experiences of the men's behaviour and attitudes, and processes of information sharing that enabled them to understand what their (ex) partners were learning in the programme. However, one of the most surprising findings from talking with the women was that many of them chose to devote the majority of the interview to discussing services offered that did not directly relate to their (ex) partners' programme engagement. It became

increasing apparent, that victim advocacy services were extremely important to the women when discussing 'effectiveness' and 'victim safety', and were sometimes more valuable and meaningful to them than the change, or lack of change, in their (ex) partners' behaviour.

The women discussed how victim advocacy enabled them to feel less alone, less isolated and more connected to a network of help and support. This facilitated feelings of hope for the future – that others not only shared their experiences, but, with assistance, had 'gotten through' them.

They really helped me to realise that this isn't just me and there is a lot of other people going through the same stuff. So many that they've written modules about it and it's textbook and it's fine, you know, it's going to be alright – Lucy

The women discussed how there was the potential for them to feel excluded, or their needs subjugated, when they were contextualised only in relation to their (ex) partners' engagement with the programme. Therefore, they appreciated the inclusion of a victim advocacy service because it provided the opportunity to feel recognised as being affected by, and involved in, addressing issues of abuse and violence, minimising the processes of marginalisation and subjugation that may occur when the sole focus of the response is on the offender.

Where someone like me could be lost in another service, another system, I might not have got any support…they just rang one day out of the blue, they just said 'It's such and such from [Programme Provider]*, your husband's booked in on the course. We're wondering if you'd like to come in and have a meeting. Would you like a bit of a support? There is support available for partners, would you like to come in and see us?', and I said 'Oh, that would be great'. Just went in and that's where it started* – Kirsty

Victim advocacy increased the women's emotional well-being through processes of investment. There was a sense of value and worth attached to professionals investing in, and caring about, how they were dealing and coping with the abuse they had experienced. It was powerful for the women to have the permission and opportunity to place their own happiness and well-being as a priority in their lives (often for the first time), and they found it meaningful to be given a voice within a process that appears to revolve around supporting men's issues.

She was trying to think of-, 'Look after number one and you don't have to put up with that, you don't have to put up with that' and, yeah, she was just amazing. And if we were having a bad day, we wouldn't even go through the book work, she just concentrated on what was happening for that day. You walked out of there and felt like you've achieved something, every time I went there. She was just amazing – Kirsty

The personal investment of staff in the women's stories, thoughts and feelings, enabled strong emotional connections with the victim advocates to be formed. The women often referred to their advocate as a friend, and this helped them feel connected, valued and cared for. The healing potential of such human relationships and connections were extremely important for the women.

They are very supportive. They care about how you're feeling and they listen. That's what I found, one thing, they listen – Anna

Some women had previous involvement with other service agencies, such as mental health services, and discussed how, instead of being viewed through the lens of deficiency and treatment, the assistance and support provided by advocate staff was more strengths-based and situated in their immediate context. Here, they were provided useful assistance that did not focus on their pathology or 'deficit', but instead contextualised their needs as the effects and difficulties of living with domestic violence.

She was just a neutral person, didn't matter what medication you were on or whatever, she wasn't looking into that…..she just cared about how… how you were getting through on a day-to-day basis and how you were going to get through and how you were going to help [him] *and you* – Kirsty

The victim advocates in the current study also co-facilitated the group sessions in the men's living without violence programme, therefore had a broader understanding of the women's context, 'story' and their (ex) partners' engagement with the programme. Although unable to share confidential information regarding the men's progress or participation in group sessions, the women felt a sense of security and confidence that came from knowing advocate staff were familiar with their (ex) partners. Offering victim advocacy within the same organisation that provided the living without violence programme enabled the women to feel contextualised, understood and facilitated greater trust in the services offered.

That's another thing with this course, she was counselling me and she knew him. Not that they probably match up people, but I guess she deals with men on there and the ladies later, but the other ladies [at a mental health organisation] *had never met* [him]*, so they were just going on what I was telling them and with my mental health I could have been telling them-, When I look back now I'm sure most of it was pretty truthful, but some people they must think 'Oh my god, what are they saying' because they'd never met him and they couldn't relate* – Kirsty

Within the advocacy relationship, the women worked through the processes of identifying and labelling their experiences as 'domestic violence', and having those experiences affirmed by the advocate. This facilitated a changing understanding of violence, especially in relation to non-physical acts of abuse, increasing awareness and understanding of what is, and what is not, acceptable in relationships. The women discussed how this process of articulation and affirmation empowered them to resist normalising, and tolerating, any form of domestic violence, motivating them to challenge the presence of abuse in their lives.

I think it's just confirming that it's not ok, like you probably know deep down 'It's not really ok to live like this. I don't like what's happening to me', but for someone else to say 'This is not normal, this is not ok, you don't have to put up with it' it just makes you stronger because it brings your own beliefs right out there, yeah – Mary

The inclusion of family support services[3] in the context of the men's living without violence programme was so meaningful for the women that even those who reported little to no change in their (ex) partners' behaviour still highly recommended the community organisation. They discussed how, regardless of the men's processes of change, their safety and well-being was increased significantly as a result of the spectrum of services and support offered to their families.

Interviewer: *And it worked so well for you, despite the fact that things didn't improve with* [the ex]-

Kirsty: *But frankly I don't care-, Well, I do care, but I got so much of value out of it that it was amazing, you know*

The impact of victim advocacy on women's experiences of safety and well-being is poignantly illustrated in Karen's account, where the support

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[3] Victim advocacy, the women's living without violence programme and the youth and parenting programme.

and assistance she received as a result of her (ex) partner's admission to the living without violence programme literally saved her life:

I'd never heard of anything like [this organisation] *before. It has saved my life. It really has. I don't know if I'd even be here today if it wasn't for* [the organisation] *because I've been suicidal. You just feel like you can't go on anymore. You can't do this anymore* – Karen

Advocacy was a service that the women did not expect to receive from a men's living without violence programme and were pleasantly surprised at the level of support and assistance offered to them by the programme providers. The women implied that offering victim advocacy as part of core service provision could potentially encourage more community members to engage with domestic violence service agencies in the future. Here, integrated advocacy services may motivate those in the community living with the effects of domestic violence, whether they are the offender or the victim, to seek out assistance actively to challenge the presence of abuse and violence in their lives.

Actually I was overwhelmed and I didn't even expect it. It was something that maybe definitely they should put in their brochures more, that the women are going to get support more and they might get more guys go I think and more of the women might go with the guys if she knows – Kirsty

Discussion

The women's accounts of victim advocacy in the current study suggest there is a need to broaden our understandings of 'effectiveness' when evaluating living without violence programme provision to incorporate services that directly attend to victims' experiences of safety and well-being. Regardless of whether their (ex) partners experienced reductions in levels of abuse and violence, the women's feelings of safety and well-being increased as a result of partner and family support services. The women were not dependant on the men's processes of change, but instead were enabled to nurture their own well-being independently. The advocacy services offered were context-specific, strengths-based and educational, providing realistic and idiographic assistance that supported the women to strengthen their resources in order to produce sustainable responses to domestic violence.

Furthermore, the women's emotional and mental well-being was increased through the provision of genuine caring and support, timely and professional advice, and the legitimisation of the women's experiences and voice. In an area of service provision that often focuses on men's recovery and personal development, the inclusion of attention and assistance for the victims of abuse should not be under-estimated. The inclusion of women's voices, and the investment in their well-being and safety decreased their sense of marginalisation and subjugation.

The advantages and positive effects of including advocacy services within living without violence programmes supports previous literature on the affirming, strengthening and protective elements advocacy can offer to increase and enhance the safety and well-being of victims (Austin & Dankwort, 1999; Healey et al., 2009). Furthermore, the power of including advocacy services within programme provision may lie in the multidimensional approach to 'safety', an approach that is not reliant solely on men's ability to change, but is also understood as producing a 'safety net' of victim support and assistance that simultaneously works to maximise increases in victim safety and well-being. Indeed, Bennett and Williams (2001) suggest that the small effect sizes observed in evaluations of living without violence programmes may be an artefact of the constrictive focus on offence reduction/prevention indicators that, whilst of great significance, can be understood as embedded within a larger network of possible factors and effects to be examined. They argue that reduction and elimination of domestic violence is not a simple, isolated and easily definable concept and suggest the strongest effect may be seen in programmes that provide various elements of response in coordination/combination.

Therefore, the ability of living without violence programmes to meet women's needs, specifically in relation to advocacy, may offer one indicator of 'effectiveness' when evaluating living without violence programmes. The findings from the current study urge us to problematise narrow definitions of effectiveness that rely heavily on constricted understandings of 'effect'. What would it mean for us to expand our constructions of 'safety' in evaluation research to include elements independent of men's behaviour? What would it look like if we were to assess programmes on their ability to provide multifaceted responses that

approach the reduction of violence from a victim-centred, strengths-based platform? What would it mean if the 'gold standard' of the evaluation of living without violence programmes included ensuring that women's rights to attention, help and support were as privileged as men's needs for education and behavioural change?

The current study suggests we need to start problematising myopic definitions of 'effectiveness', broadening our potential evaluation research questions and areas of interest to include understandings of effectiveness and safety that are more responsive to women's understandings of living with the effects of domestic violence. 'Effectiveness' may come to be understood not only as the sole domain of men's behaviour change, but also in the strengthening, healing and empowering of women and children, developing sustainable and strength-based responses to domestic violence for all members of the community.

Stephanie Denne is in her second year of her PhD research at Massey University, Palmerston North. Having recently completed an evaluation of a men's living without violence programme in the local community, she is now exploring how understandings of domestic violence influence effective responses, with a focus on psychological and emotional forms of abuse.

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Living with Self-Injury:
A New Direction in Non-Suicidal Self-Injury Research

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Abstract

Non-suicidal self-injury (NSSI) has become an increasing area of research over the last two decades, however this has been limited to capturing prevalence rates and discovering intents and purposes. Recent research found that nearly 50% of New Zealand teenagers will try it at least once, and in the western world around 15% of teenagers and young adults will do it repeatedly. Most of the research in this area has been focused on the injury or harm part of NSSI, with little focus on the effects of NSSI on identity or life experiences. NSSI itself can induce guilt and shame, increasing likelihood of repetition, giving it a cyclic nature. Both the physical scars and identity as a "self-injurer" are surrounded by secrecy and stigma and tend to be managed or hidden, with implications for social relations. The current paper briefly reviews past research on NSSI, before discussing possibilities for future research seeking to address the current imbalance. The proposed research focuses not on the NSSI itself, but on its wider effects and how living with NSSI is experienced, both for the individual self-injuring and for the people around them.

Keywords: Non-suicidal Self-injury, Self injurious behaviour, Identity, Stigma, Social relations

Introduction

Over the past two decades, non-suicidal self-injury (NSSI) has become an increasing area of psychological research, echoed by an increasing presence in the media and awareness in society. However, most of the research has focused on prevalence rates and understanding the functions and intents behind NSSI. Only in the last few years has research begun to turn towards treatment options and best practice. There is still a need for more research investigating the wider effects of living with NSSI and holding an identity as a "self-injurer", both for the individuals who self-injure and the people around them.

Current Research

Defining NSSI

NSSI has been defined as the repeated intentional damage to body tissue without suicidal intent, for purposes not socially sanctioned, and is performed to reduce psychological distress (Brausch & Gutierrez, 2010; Cloutier, Martin, Kennedy, Nixon, & Muehlenkamp, 2009; Csorba, Dinya, Plener, Nagy, & Páli, 2009; Walsh, 2006). Typical NSSI methods include cutting, burning, scratching, and interfering with wound healing (Csorba et al., 2009; Muehlenkamp, 2005), though there are endless possibilities. The draft DSM-5 criteria require a minimum of five occasions over the course of one year (American Psychiatric Association, 2012), although many people who engage in NSSI will do so multiple times a week (Klonsky, Muehlenkamp, Lewis, & Walsh, 2011; Nafisi & Stanley, 2007).

This definition helps to separate NSSI from other self-harming behaviours. The act must be "intentional," that is deliberate, not accidental, nor is the intent ambiguous (Walsh, 2006). This excludes self-injury done under the effects of intoxication or psychosis, or complex tics associated with developmental disabilities and the autistic spectrum (Favazza & Rosenthal, 1993). The "damage to body tissue" is central to NSSI, and, by going against self-preservation, causes the most alarm in others (Tantam & Huband, 2009). Self-harming behaviours such as branding, scarification, tattooing, and blood-letting have been used in cultural rituals for thousands of years, so to differentiate NSSI from these socially acceptable acts, the definition includes the qualifier "for purposes not socially sanctioned."

"Without suicidal intent" specifically differentiates NSSI from suicidal behaviours, as does including 'non-suicidal' in the name. Although they both come under the umbrella term of 'self-harm' (Plener, Libal, Keller, Fegert, & Muehlenkamp, 2009; Turp, 2003), NSSI has

been described as serving the opposite function of suicidal behaviour, in that it is an attempt to live rather than an attempt to die (Adler & Adler, 2011; Klonsky & Muehlenkamp, 2007; Solomon & Farrand, 1996). It has been described as a "morbid form of self help" (Csorba et al. 2009, p. 310) and an "anti-suicide" (Klonsky & Muehlenkamp, 2007, p. 1050) in that it works to avoid the perceived need for suicide.

Some description of the function of NSSI is included in the definition: "performed to reduce psychological distress." However, NSSI is a complex group of behaviours, reportedly serving multiple functions and engaged in for multiple reasons (Hoffman & Kress, 2008; Tantam & Huband, 2009). It has been described as "doing all the wrong things for the right reasons" (Plante, 2007, p. 3), in that it is an attempt to cope with and manage psychological distress independently.

Function

Research has predominantly found that NSSI is used to regulate emotion, either to stop intense emotions (particularly anxiety) or to feel something when a person feels numb (Klonsky, 2007; Nock & Prinstein, 2004), providing an immediate, albeit temporary, relief. It achieves this through activating the body's natural response to pain – endorphines, which soothe both physical and emotional pain (Ballard, Bosk, & Pao, 2010; Eisenberger, Lieberman, & Williams, 2003; Vastag, 2003). However, because the emotional pain is not attended to it does not heal, but is put off, and the need for the relief NSSI provides remains (Sutton, 2007).

NSSI is also used to regulate dissociation, most commonly to end it, although sometimes to start it as a way of separating from the world for a time (Hollander, 2008; Tantam & Huband, 2009). NSSI is primarily negatively self-reinforcing, through its removal of distress or negative emotions, although it can also be positively self-reinforcing, by bringing calm or mild euphoria (Klonsky et al., 2011; Nock, Teper, & Hollander, 2007).

NSSI has also been described as a form of communication, an attempt to express otherwise inexpressible psychological pain (Berman & Wallace, 2007; Csorba et al., 2009; Motz, 2009; Plante, 2007). This use of NSSI as communication is consistent with elevated rates of alexithymia, the inability to identify or express emotions, found among individuals who engage in NSSI (Csorba

et al., 2009; Klonsky & Muehlenkamp, 2007), yet fails to account for all reasons behind the behaviour (Motz, 2009). Despite the common belief that NSSI is used to get attention and to manipulate others, research suggests that less than 4% of all NSSI is used in this way (Hollander, 2008). By far the majority of people who self-injure try to hide their behaviours and any wounds or scars caused (Froeschle & Moyer, 2004; Solomon & Farrand, 1996). Individuals who self-injure often describe their behaviour as trying to get what is happening on the inside out, being able to express it in some explicit, external way (McLane, 1996; Solomon & Farrand, 1996).

Prevalence

NSSI has been reported throughout the lifespan (Hollander, 2008), with an average onset in early adolescence (Klonsky & Muehlenkamp, 2007; Plante, 2007). Actual prevalence rates have been hard to pin down due to differences in measurement and the secrecy that usually surrounds NSSI. Most estimate around 4% for the general adult population (Hoffman & Kress, 2008; Walsh, 2006), with prevalence rates peaking in adolescent and young adult populations at around 12-17% (Klonsky et al., 2011; Nixon, Cloutier, & Jansson, 2008; Plante, 2007; Tantam & Huband, 2009). Prevalence rates among clinical populations are higher than in the general community, ranging upwards from 38% (Cloutier et al., 2010; Hoffman & Kress, 2008). NSSI has been found to exist among both males and females, in all cultures and socio-economic groups (Lieberman & Poland, 2006; Miller & Brock, 2010; Walsh, 2006), and to exist in all age groups (Plante, 2007; Tantam & Huband, 2009; Walsh, 2006).

In New Zealand, until recently most studies considered NSSI and suicidal behaviours together, irrespective of the purpose of the act (Beautrais, 2003a, 2003b; Boyce, Carter, Penrose-Wall, Wilhelm, & Goldney, 2003). Recent research in Wellington found that nearly 50% of teenagers will try NSSI once (Duff, 2012).

Having a psychiatric diagnosis, symptoms of depression and/or anxiety in particular, is highly associated with NSSI (Cloutier et al., 2010; Csorba et al., 2009; Klonsky & Muehlenkamp, 2007), but is by no means essential (Prinstein, 2008). Individuals who engage in NSSI have higher rates of suicidal behaviour than the general population and NSSI itself has been acknowledged

as a risk factor for suicidal behaviour (Brausch & Gutierrez, 2010; Klonsky & Muehlenkamp, 2007; Muehlenkamp, 2005). However, many individuals who engage in NSSI report never having suicidal thoughts (Brausch & Gutierrez, 2010; Csorba et al., 2009; Klonsky & Muehlenkamp, 2007). NSSI is also related to abuse in childhood, with around half of the individuals who self-injure having a history of abuse (Klonsky et al., 2011; Plante, 2007; Tantam & Huband, 2009).

Treatment

There is very little research surrounding treatment options for NSSI, and only recently have any specific treatment strategies been published (e.g. Hoffman & Kress, 2008; Selekman, 2010; Walsh, 2006). Much of what is reported is research-informed rather than supporting clinically-based trials (Klonsky et al., 2011). Dialectical Behavioural Therapy, originally developed for working with individuals with Borderline Personality Disorder (BPD), has found some success (Wilkinson, 2011), though much of the research investigating this is in the context of BPD treatment, so may not be relevant to people who self-injure without having BPD. Many mental health professionals base their treatment on therapies used for related disorders, such as Cognitive Behavioural Therapy (CBT) and its variations. There are not yet any evidence-based treatments reported, although CBT is supported by a growing body of research (Klonsky et al., 2011). There is also no formal training available specifically around treatment of NSSI (Trepal & Wester, 2007; Whitlock, Muehlenkamp, & Eckenrode, 2008).

As mentioned earlier, emotion regulation is the predominant motivation for NSSI, so most treatment suggestions are largely focused here. Anxiety and negative emotional tolerance is another area of importance, as often NSSI is used to quickly avoid or reduce unwanted feelings (Walsh, 2006). This focus on emotion regulation and tolerance reflects the repeated documentation of people who engage in NSSI having more frequent and intense negative emotions than individuals who do not engage in NSSI, elevated levels of alexithymia, and higher use of emotion-avoidant coping methods (Klonsky et al., 2011).

Exercise as a response to the urge to self-injure (in place of NSSI), and as a routine, has been suggested as it provides similar physiological responses of mood regulation and endorphin release, with small trials showing favourable results (Klonsky & Glenn, 2008; Wallenstein & Nock, 2007).

Areas for Further Research

While we now have a good foundation of literature about NSSI, it remains closely focused around the "injury" element, based around the medical model of diagnosis-treatment, with little investigation of how it affects identity or wider life experiences (Adams, Rodham, & Gavin, 2005). With greater understanding of how NSSI is cyclic in nature, causing itself to be repeated (Sutton, 2007), a logical next step for research to take is to investigate how this has wider effects within a person's life. NSSI can impact large areas of a person's life, not just their emotional and physical well-being, but also their social relationships. Models of health now argue that all of these areas impact each other and cannot be separated out (Dahlgren & Whitehead, 1991; Durie, 1998). Investigating how NSSI impacts these other areas is important to ensure holistic treatment.

For example, identity is shaped through the interaction of how we see ourselves and ideas that others have of us. The physical body often provides a starting point to anchor identity (Woodward, 2002), but in one sense NSSI is an inscribing of pain onto the body, often leaving visible wounds and scars (McLane, 1996) which can shape ideas that others have of the person who self-injures. Having either a publicly known or knowable identity as a person who engages in NSSI, with the social stigma that is attached to it, will have an effect on one's self-image, as well as affecting their social experiences (Goffman, 1963). The self-image of people who self-injure have only been investigated where it is pertinent to defining population and treatment (Klonsky et al., 2011), but not how this flows outward into other parts of their lives.

While NSSI is often a secretive act, it can carry an influence into the rest of a person's life. NSSI is known to be a source of guilt and shame, and as no person lives an isolated life, even just having knowledge of something that needs to be kept hidden or to remain unspoken will influence social interactions (Goffman, 1963). This may range from simply wearing different clothes to hide wounds or scars, through to avoiding topics of conversation or remaining somewhat aloof and

restricting close relationships. This, however, will have further impact on the person's psychological well-being, potentially increasing the need for NSSI, and limiting social support. Thus, it is important to investigate this influence of NSSI, and the potential for the person's life to influence NSSI back.

This could be investigated from three directions: most obviously, people who engage in NSSI could be asked about their experiences; secondly, people who used to engage in NSSI, but do not any longer, could be asked about the effects of NSSI both while self-injuring and in the longer term; and thirdly, people close to individuals who engage/d in NSSI, for example parents, partners, or close friends, could be asked about how they see NSSI influencing the individual. A discursive methodology would provide an ideal way to access stories of people's experiences. Language is seen as constructive, shaping how we see and understand reality (Gergen, 1985). Rather than issues of interest being studied as static constructs, they are studied as participant resources to gain an understanding of what they mean to the individual (Tuffin, 2005), giving a richer picture of the area under investigation (Pancer, 1997).

This would also open up access to still wider areas of the effects of NSSI. For example, while previous research has investigated how parents respond to the discovery of NSSI (McDonald, O'Brien, & Jackson, 2007; Oldershaw, Richards, Simic, & Schmidt, 2008), no investigations have analysed how NSSI affects the parents themselves, or others close to the person self-injuring, and their own experiences of living with NSSI. Mental illness in general has long held stigma in society, and NSSI is no exception. Although it is more commonly in the media than twenty years ago, it remains a difficult subject to talk about (Berman & Wallace, 2007). Social support is well known to aid in dealing with the stresses of coping with mental illness, however this can be difficult to access if people feel unable to talk about the problem. Investigating the outward ripple effects of NSSI would give a better idea of how best to support families and close friends of individuals who self-injure, as they provide important support to their loved ones.

Conclusion

While research over the last twenty years has developed a foundation for understanding NSSI,

this has been focused around a clinical perspective, based in the medical model: diagnosis, prevalence, and then treatment. However, this leaves large gaps in understanding how it more widely affects people's lives and identities. Research is planned to investigate these effects, both for the individuals who self-injure and their close friends and family. Understanding more about the experiences of living with NSSI will help to ensure holistic treatment and will enable greater support for people whose lives are affected by NSSI, both the individuals themselves and the people who support them.

Katherine Hastelow is wife to a youth worker and a mother of two. Having just returned from maternity leave, her PhD research is just finishing its planning stages. Her research interests include self-harming behaviours and clinical psychopathology viewed through a discursive and phenomenological lens.

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The Mediating Role of Happiness in the Relationship Between Older Adults' Intentional Activities and Health

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Abstract

The present study examined the nature of relationships between older adults' intentional happiness-enhancing activities, happiness and health outcomes, and extended previous research by testing the prediction that happiness mediates the relationship between intentional activities and health. Multiple regression analysis of survey responses from a representative population sample of 2289 adults (aged 55-73 years) was employed to test predictions. Happiness was found to fully mediate the relationship between socially related activities and physical health, to partially mediate the relationships between personal interest and achievement oriented activities and physical health, and to fully mediate the relationships between these types of intentional activity and mental health. Results support the utility of investigating older adult's intentional activities as a determinant of happiness and indicate that they also benefit health outcomes through happiness.

Keywords: Intentional activities, Happiness, Subjective wellbeing, Physical health, Mental health

Introduction

Wellbeing is one of the foci of concern around population aging and studies of older adults' wellbeing are becoming increasingly important in order to inform social policy and planning. Happiness is considered a valued social policy objective (Veenhoven, 1995) and key quality of life indicator (Angner, Ray, Saag, & Allison, 2009). It is linked to numerous positive outcomes across a number of areas, including health, relationships, income and work performance (for a review see Lyubomirsky, King, & Diener, 2005).

The importance of happiness is often seen in terms of health outcomes. Although causality has been suggested to go in both directions, there is more support to date for happiness affecting health than the reverse (e.g., Argyle, 1997; Hawkins & Booth, 2005; Veenhoven, 2008). Research support includes reported positive associations between happiness and psychological wellbeing (e.g., Joseph, Linley, Harwood, Lewis, & McCollam, 2004; Linley & Joseph, 2004), cognitive performance (e.g., Rabbitt, Lunn, Ibrahim, Cobain, & McInnes, 2008), follow-up longevity (e.g., Koopmans, Geleijnse, Zitman, & Giltay, 2010; Veenhoven, 2008), self-rated and physical health and the absence of limiting health conditions (e.g., Koopmans et al., 2010; Siahpush, Spittal, & Singh, 2008).

Health is an important factor to consider, especially given the mental and physical declines that occur with aging and the associated impact these may have at both individual and wider societal levels (e.g., healthcare, transportation, quality of life). Negative outcomes of health declines (e.g., disability, developing other health issues) are increasing recognition that this is an important public health problem (Buchman et al., 2009). Hence, ways to delay or reduce mental and physical declines and their consequences are worthy of investigation. Given the flow-on effects of happiness on health, ways of enhancing happiness have implications for reducing declines in health and their associated impact on health and welfare systems.

Research on the relationship between older adult activity and wellbeing indicates activity engagement may be a promising avenue for enhancing the happiness and health of older adults. A growing body of evidence supports positive effects of various types of activities (e.g., social, productive, physical, spiritual) on older adult health outcomes (e.g., Buchman et al., 2009; Menec, 2003; Penedo & Dahn, 2005; Walter-Ginsburg, Shmotkin, Blumstein, & Shorek, 2005; Windle, Hughes, Linck, Russell, & Woods, 2010). Support for the potential impact of activity engagement on health includes findings such as more frequent leisure and social activity participation being associated with better cognitive function (e.g., Menec, 2003; Wilson et al., 2002) a decreased rate of decline in motor function (Buchman et al.,

2009), lower mortality risk (Bowling & Grundy, 2009), and the likelihood of institutionalisation being almost halved (Steinbach, 1992).

Research support is also accumulating for the positive effects of various types of activity on happiness. These include findings indicating positive impacts of social activities (e.g., Adams, Leibbrandt, & Moon, 2010; Menec, 2003), goal pursuit (e.g., Kasser & Ryan, 1996; Sheldon et al., 2010; Sheldon, Ryan, Deci, & Kasser, 2004), productive activities (e.g., Menec, 2003; Menec & Chipperfield, 1997), and positive cognitive activities (e.g., Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011; Sheldon & Lyubomirsky, 2006).

In addition to activity, life circumstances and personality factors have also been identified as contributing to happiness (e.g., Andrews & Withey, 1976; Braungart, Plomin, DeFries, & Fulker, 1992; Diener, 1984; Tellegen et al., 1988). Lyubomirsky, Sheldon and Schkade's (2005) sustainable happiness model integrates these three concepts. Consistent with past research, the model suggests that genetic set point accounts for around 50% of the population variance in happiness levels, circumstances for around 10%, leaving up to 40% of the variance for intentional activities.

In comparison to the other two determinants, intentional happiness-enhancing activities are considered the most promising avenue for sustainably increasing happiness (Lyubomirsky, Sheldon et al., 2005). Evidence from intervention studies is emerging for intentional activities impacting on happiness (e.g., Fordyce, 1977; Fordyce, 1983; Lyubomirsky et al., 2011; Seligman, Steen, Park, & Peterson, 2005; Sheldon & Lyubomirsky, 2006). However, there has been limited research to date with older adult samples, especially concerning the intentional happiness-enhancing activities older adults naturally choose themselves to engage in.

An exploratory study of older adults' intentional happiness-enhancing activities (Henricksen & Stephens, 2010) and subsequent testing of an inventory suggested four types of activities: self-concordant work (activities that are personally congruent), personal recreation and people (socially oriented activities), spiritual and thought-related, and goal-focused activities (Henricksen & Stephens, 2011). These findings from a more naturalistic context add to previous support regarding the influence of activities on happiness

levels and suggest specific age-related differences in intentional activity engagement and their impact on happiness. However, further research is required to verify the effectiveness of different activities on happiness and other wellbeing outcomes for this population.

The links between activity, happiness and health may offer insight into ways to reduce the impact of physical and cognitive decline experienced with aging. The literature indicates that: (a) older adult activity is positively related to happiness and health; (b) intentional happiness-enhancing activities have beneficial effects on happiness; (c) happiness has beneficial effects on health. This raises the question as to whether happiness may function as a mediator between intentional activities and health in older adults. That is, are individuals who engage more in intentional happiness-enhancing activities more likely to be happier and does this in turn contribute to their health?

The present study aims to extend previous research beyond the relationship between intentional activities and happiness to include relationships with physical and mental health and the possible mediating role happiness may play in these relationships. It is expected that significant associations will be found between intentional activities, happiness and physical and mental health. Furthermore, it is predicted that happiness mediates the relationship between intentional activities and physical and mental health.

Method

Participants

The sample comprised 2495 adults aged 55-73 years (M=63.2; SD = 4.6), who responded to a representative population survey of older New Zealanders' health, work and retirement (for further detail see Dulin, Stephens, Alpass, Hill, & Stevenson, 2011). Females made up 53% of the sample, and 29% of respondents reported a post-high school qualification. The sample also comprised 55.1% New Zealanders of European descent, 41.3% New Zealanders of Māori descent and 3.6% other ethnicities.

Measures

Intentional Activities

Intentional Activities were assessed with the Happiness-enhancing Activities and Positive Practices Inventory (HAPPI; Henricksen &

Stephens, 2011), a self-report inventory designed to measure older adults' happiness-enhancing activities. The HAPPI consists of 16 items and has four sub-scales: self-concordant work, personal recreation and people, spiritual and thought-related, and goal-focused activities. Items were each rated (using five-point scales) on how important they were considered for enhancing happiness (1=not important at all; 5=extremely important) and on frequency of engagement (0=never; 4=daily or more often). Importance and engagement scores for each item were multiplied to form composite scores (0-20), with higher scores representing higher importance and engagement ratings for the corresponding activity. Alpha reliability coefficients for the sub-scales ranged from .72 to .80, and alpha for the total HAPPI was .86.

Happiness

Happiness was assessed with a shortened (two item) version of Lyubomirsky and Lepper's (1999) measure of subjective happiness, which asked respondents to rate their happiness in general, and in comparison to most of their peers. Each item was assessed on a seven-point scale and the two scores were averaged to form a composite score. Higher scores reflected higher self-assessments of happiness (alpha =.86).

Health

Health was assessed using version 2 of the SF36 health survey (Ware, Kosinski, & Dewey, 2000). The SF36 consists of 36 questions and has two components (physical and mental health). Norm-based methods were employed to standardise summary scores using means, standard deviations, and factor score coefficients for the scales, resulting in physical health and mental health scores, with higher scores reflecting better self-reported health. Alpha reliability coefficients for the sub-scales ranged from .81 to .95, and for the physical and mental health summary scores were .95 and .90, respectively.

Demographic Variables

Demographic Variables included age, relationship status, education, and employment status.

Procedure

The measures were included in a representative population survey of older adults' health, work and retirement. Multiple contact points were employed to maximise survey participation (in accordance with Dillman, 2000). Initial contact letters and study information were initially posted; followed a week later by the questionnaires, each with a pre-paid self-addressed return envelope. After three weeks, reminder postcards were sent. After six weeks, all non-respondents were sent replacement questionnaires. And after 11 weeks, remaining non-respondents were sent a final postcard. Of the 3200 questionnaires initially posted, 2495 were returned (78% response rate).

Data Analyses

Data were analysed using SPSS Statistics 17.0 software (SPSS Inc, 2008). Prior to analyses, the variables of interest were examined for accuracy of data entry, missing values, and to assess multiple regression assumptions. Cases with 50% or more missing data (4.8%) were identified and omitted from further analyses (in accordance with Hair et al., 2006). Multiple imputation using linear regression was employed to replace missing values.

Assumption Testing

To improve the normality of the distributions, reflect and logarithm transformations (for negative skewness) of physical health, mental health and happiness were employed. Four cases with extremely low z-scores on mental health and 16 with extremely low z-scores on happiness were identified as univariate outliers and excluded, leaving 2289 cases for analyses. No multivariate outliers were identified.

Mediation Analyses

The hypotheses that happiness plays a mediating role in relationships between intentional activity and both physical and mental health were tested using the process outlined by Baron and Kenny (1986) and Holmbeck (1997). For happiness to act as a mediator the following conditions are required: (a) the intentional activity variable should be significantly associated with happiness; (b) the intentional activity variable should be significantly associated with the health variable; (c) happiness should be significantly associated with the health variable; (d) after controlling for the effects of happiness on the health variable, the relationship between the intentional activity variable and the health variable should be significantly reduced. Multiple regression analyses were employed to test these requirements, with selected demographic variables entered in the first step of each analysis as control variables. The Sobel test (Sobel, 1982)

was employed to determine whether the reduction was statistically significant.

All analyses were run on both the dataset including the transformed variables and the set with untransformed variables, with the same pattern of results found. Analyses were also run with and without imputed missing data, again with very similar results found. For ease of interpretation, the results of the analyses with the original untransformed data are reported.

Results

Correlational Analyses

Means, standard deviations and Pearson r correlation coefficients between the variables employed in the regression analyses are presented in Table 1. Of the demographic variables assessed, only education and age were correlated with both predictors and outcomes. The impact of these covariates was controlled for by entering them at the first step of each analysis.

Bivariate correlations partially supported the predictions that intentional activities would be associated with happiness, and with physical and mental health. All four intentional activity variables were positively associated with happiness. In turn, happiness was positively associated with both physical health and mental health.

Three of the four intentional activity variables (Self-Concordant Work, Personal Recreation and People, Goal-Focused) were positively associated with both health variables. Because Spiritual and Thought-Related activities were not significantly related to either health variable, this variable did

not meet the criteria for mediational analyses and was not included in the regression analyses.

Mediation Analyses

A summary of the regression results for each of the six sets of analyses conducted are displayed in Table 2. The control variables accounted for 1% of the variance in mental health and 3% of the variance in physical health.

Mental Health

Self-Concordant Work positively predicted mental health, but when happiness was entered into the equation with mental health, the association between Self-Concordant Work and mental health was reduced and no longer significant, suggesting that happiness fully mediated this link. The same pattern of results was found for the other two activity variables. That is, both Personal Recreation and People and Goal-Focused activity predicted mental health, with these associations becoming reduced and no longer significant when happiness was entered into the equation.

Physical Health

Personal Recreation and People positively predicted physical health, but when happiness was entered into the equation with physical health, the association between Personal Recreation and People and physical health became non significant (Table 2, Set 5), indicating that happiness fully mediated this link. In contrast, for the other two types of activity, when happiness was entered into the equation with physical health, the associations between Self-Concordant Work and physical health, and between Goal-Focused activity and physical health were reduced but remained

Table 1

Means, Standard Deviations and Correlations between Regression Variables

	Variables	1	2	3	4	5	6	7	8
1	Self-Concordant Work								
2	Personal Rec & People	.43***							
3	Spiritual &Thought	.41***	.44***						
4	Goal-Focused	.56***	.39***	.34***					
5	Physical health	.15***	.06*	-.03	.11***				
6	Mental health	.15***	.09***	-.03	.08***	.17***			
7	Happiness	.25***	.26***	.22***	.24***	.12***	.43***		
8	Age	-.12***	.05*	.03	-.11***	-.13***	.06*	.06**	
9	Education	.16***	.04	.07***	.05*	.11***	.04	-.05*	-.06**
	Mean	11.54	8.31	9.45	8.13	49.13	50.13	5.77	63.22
	SD	4.46	3.03	5.64	4.68	9.72	9.49	1.06	4.57

Note. *p < 0.05, **p < 0.01, *** p < 0.001

Table 2

Summary of Regression Analyses Testing the Mediating Effect of Happiness on Relationships between Intentional Activity and Health Variables (Controlling for Education and Age)

Predictor	Activity > Health				Activity & Happiness > Health			
	ΔR^2 (each step)	β (last in)	SE β	Beta (last in)	ΔR^2 (each step)	β (last in)	SE β	Beta (last in)
				Mental Health				
Set 1 Education		0.50	0.44	0.03		1.15	0.40	0.06 **
Age	0.01 **	0.19	0.05	0.09 ***	0.01 **	0.09	0.04	0.05 *
Self-Concordant Work	0.02 **	0.32	0.05	0.15 ***		0.06	0.05	0.03
Happiness					0.19 ***	3.86	0.20	0.43 ***
Set 2 Education		0.87	0.44	0.05 *		1.27	0.40	0.07 **
Age	0.01 **	0.14	0.05	0.07 **	0.01 **	0.09	0.04	0.04 *
Personal Rec & People	0.01 **	0.25	0.07	0.08 ***		-0.09	0.07	-0.03
Happiness					0.19 ***	3.98	0.20	0.44 ***
Set 3 Education		0.88	0.44	0.05 *		1.31	0.40	0.07 **
Age	0.01 **	0.17	0.05	0.08 ***	0.01 **	0.08	0.04	0.04
Goal-Focused	0.01 **	0.15	0.05	0.07 **		-0.08	0.05	-0.04
Happiness					0.20 ***	4.04	0.20	0.45 ***
				Physical Health				
Set 4 Education		1.44	0.45	0.07 **		1.68	0.45	0.09 ***
Age	0.03 **	-0.24	0.05	-0.12 ***	0.03 ***	-0.27	0.05	-0.13 ***
Self-Concordant Work	0.01 **	0.27	0.05	0.12 ***		0.19	0.05	0.09 ***
Happiness					0.03 ***	1.09	0.22	0.12 ***
Set 5 Education		1.78	0.45	0.09 ***		1.95	0.45	0.10 ***
Age	0.03 **	-0.29	0.05	-0.14 ***	0.03 **	-0.31	0.05	-0.15 ***
Personal Rec & People	0.00 **	0.22	0.08	0.07 **		0.12	0.08	0.04
Happiness					0.02 ***	1.23	0.22	0.13 ***
Set 6 Education		1.67	0.45	0.09 ***		1.85	0.45	0.10 ***
Age	0.03 **	-0.26	0.05	-0.12 ***	0.03 **	-0.29	0.05	-0.14 ***
Goal-Focused	0.01 **	0.18	0.05	0.08 ***		0.11	0.05	0.05 *
Happiness					0.02 ***	1.19	0.22	0.13 ***

Note. *p < 0.05, **p < 0.01, *** p < 0.001

significant, suggesting that happiness partially mediated these links.

The Sobel test results indicated the mediations were significant. The indirect effect sizes were identified as small and medium (Cohen, 1988) for the physical and mental health models, respectively. Each intentional activity variable and happiness, together with age and education, explained up to 21% of the variance in mental health and up to 6% of the variance in physical health.

Discussion

Higher importance and engagement ratings of four types of intentional activities were associated with greater happiness levels, which indicate support for the sustainable happiness model postulate that intentional activities influence happiness. The results additionally support the contribution to health of activities deliberately undertaken to increase happiness. The prediction that intentional activity would be related to physical and mental health was supported for three types of intentional activity: Self-Concordant Work, Personal Recreation and People, and Goal-Focused activities. These results are consistent with previous research that has shown increased activity among older adults to be associated with better health (e.g., Buchman et al., 2009; Lampinen, Heikkinen, Kauppinen, & Heikkinen, 2006; Meisner, Dogra, Logan, Baker, & Weir, 2010; Menec, 2003; Penedo & Dahn, 2005; Walter-Ginsburg, Shmotkin, Blumstein, & Shorek, 2005; Windle, Hughes, Linck, Russell, & Woods, 2010).

The positive associations between socially oriented (personal recreation and people) activities and happiness, and both physical and mental

health, are consistent with previous findings (e.g., Argyle, 1997; Adams, 2010). However, while findings regarding the association of general older adult activity with wellbeing have commonly supported the importance of social activity over other types of activity, this was not the case for our intentional activity results. Self-concordant work, or activities that fit one's personal interests and skills, demonstrated the strongest relationships with happiness and mental and physical health. On average, participants also reported the highest importance for, and engagement in self-concordant work, further supporting the importance of this type of intentional activity for older people. These results suggest that this type of activity deserves further attention. In terms of implications for older adults, they suggest the benefits of personally fulfilling activities and the importance of personal strengths, skills and values. Older people are already aware of the health promoting value of social engagement (Pond, Stephens, & Alpass, 2010), but these findings suggest that there are also benefits to be found for those who prefer solitary pursuits.

In contrast, no relationship was found between spiritual and thought-related activities and health. This was unexpected given previously identified associations between older adults' mental and physical health and spiritual activities (e.g., Ellison & Levin, 1998; Koenig, 2000; Lawler-Row & Elliott, 2009; Schaie, Krause, & Booth, 2004) or cognitive activities (e.g., Agahi & Parker, 2005; Paillard-Borg, Wang, Winblad, & Fratiglioni, 2009; Wilson et al., 2002). Possible explanations for the inconsistencies may relate to the complex nature of associations between dimensions of spirituality and health (Ellison & Levin, 1998) and differences in the nature of the cognitive activities investigated (i.e. counting blessings and positive framing in this study of intentional happiness-enhancing activities cf. previous studies with more general cognitive activities such as reading and doing puzzles). Another possible influence may relate to cultural differences, which have been found regarding the types of activities older adults engage in (e.g., Janke, Davey, & Kleiber, 2006) and the impact of intentional activities on wellbeing (e.g., Boehm, Lyubomirsky, & Sheldon, 2011). Future research along these lines may help elucidate reasons for the lack of association found in this study. The positive association between spiritual and thought-related activities and

happiness is in line with established associations between happiness and spiritual activity (e.g., Ellison, 1991; Lawler-Row & Elliott, 2009; Poloma & Pendleton, 1990), and positive cognitive exercises (e.g., Lyubomirsky et al., 2011; Sheldon & Lyubomirsky, 2006). However, further research is recommended to clarify the constructs and their associations.

An important focus of the present study was the prediction that happiness plays a mediating role in the relationship between intentional activities and health. A similar pattern emerged across all the relationships tested, in that each intentional activity-health relationship was to some extent mediated by happiness. In regard to mental health, happiness was found to fully mediate all three relationships investigated; suggesting that the way in which self-concordant, socially oriented, and goal-focused activities influence mental health is through increasing happiness. The clearer pathway through happiness to mental health is supported by the theoretical association of happiness and mental health, together with support for the association of intentional activities and happiness (e.g., Fordyce, 1977; Fordyce, 1983; Henricksen & Stephens, 2011; Seligman, Steen, Park, & Peterson, 2005; Sheldon & Lyubomirsky, 2006; Tkach & Lyubomirsky, 2006).

Happiness was also found to fully mediate the relationship between socially oriented activities and physical health, suggesting that the way in which this type of intentional activity influences physical health is by increasing happiness. This finding supports the importance placed on social engagement for older people by public health researchers (e.g., Berkman, Glass, Brissette, & Seeman, 2000) and social gerontologists (James, Boyle, Buchman, & Bennett, 2011). In comparison, the partial mediating results for self-concordant work and goal-focused activities indicate that happiness is only one pathway by which these types of activities might impact on physical health. The direct effects on health may be due to a range of other mechanisms, such as an increased sense of mastery (Glass, Seeman, Herzog, Kahn, & Berkman, 1995), competence or usefulness (Herzog & House, 1991). Future research on these and other possible pathways from self-concordant work and goal-focused activities to health may help identify the most important factors for enhancing and maintaining health and wellbeing.

Taken together, our findings support the idea that engaging in intentional activities may enhance happiness levels, and happiness, in turn, influence physical and mental health. In terms of more general implications for the wellbeing of older adults, focusing on activities that fit individual interests and skills, that involve socially oriented recreation, and that work towards personal goals, may be the most promising routes to enhancing happiness and reducing health declines.

Support for a mediating role of happiness has implications for theories of wellbeing. For example, the sustainable happiness model could be extended to incorporate health outcomes. It could also be further developed by factoring in age differences in regard to the types of intentional activities people engage in and the impact of these on wellbeing outcomes.

As cross-sectional data was used, we cannot draw causal conclusions. This said, it is testing theory and the results support the predicted direction of the relationships (intentional activity to happiness to health). Previous longitudinal findings indicating positive effects of social, productive and cognitive activities on happiness (e.g., Adams et al., 2010; Kasser & Ryan, 1996; Sheldon et al., 2004; Sheldon et al., 2010) also support our results. The results are also in accord with reported positive effects of happiness on health outcomes (e.g., Argyle, 1997; Bowling & Grundy, 2009; Siahpush, Spittal, & Singh, 2008; Veenhoven, 2008). This support is encouraging, although comparison of results with those of other older adult activity studies is necessarily limited by the more general nature of the activities studied previously (cf. intentional happiness-enhancing activities focused on in the present study). To shed more light in this area, further investigation with longitudinal data could add to knowledge regarding the temporal relation among variables and clarify interrelationships between older adult intentional activities, happiness and health.

In conclusion, our findings support predicted relationships between intentional activities and happiness and health outcomes. Results support the utility of investigating older adult intentional activities as a determinant of happiness and indicate that intentional activities may also benefit health outcomes through happiness. Research to date indicates that the promotion of happiness and the concept of intentional activities provide a promising approach to understanding and enhancing older adult health and wellbeing.

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Alcohol Use and Older Māori People: Reason for Further Investigation?

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Abstract

When considering alcohol use in New Zealand, the focus is often on 'binge drinking cultures' of younger generations. However, this paper, based on a literature review, will illustrate the need to better understand alcohol use among older Māori people in New Zealand. There are a number of reasons for this. First, with the phenomenon of an ageing population older people will make up a significant proportion of the total population in the future and Statistics New Zealand (2006) predicts there will be a significant increase in the number of older Māori people in particular. Second, there is a wide range of health outcomes associated with alcohol use, both positive and negative which emphasize the need to better understand how alcohol may influence older people's health and wellbeing. Third, research suggests that among older people in general, there are high rates of problematic alcohol use and it has been argued that these rates may be higher because, in many cases, problem drinking is not identified among older people. Specifically, research conducted in New Zealand indicates that a) alcohol use among older people is becoming an increasing area of concern and b) Māori people in particular are more likely to be engaging in hazardous alcohol use. However, very little research has been done to better understand alcohol use among older people and, in particular, alcohol use among older Māori. These factors emphasize the need for better understanding of older Māori people's alcohol use in order to ensure their health and wellbeing in the future.

Keywords: Māori, Health, Alcohol use, Older people

The Ageing Population

Around the world, the population is ageing with both a rise in the average age of the population as well as a growing older population (World Health Organization, 2012). According to the World Health Organisation (2012) "between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%" (p. 1).

This global ageing phenomenon applies to New Zealand as well, with a significant increase in people reaching 60 years and older. At the time of the 2006 census there were 495,600 people aged 65 years and over, an increase of 45,200 people from the 2001 census (Statistics New Zealand, 2006). Statistics New Zealand (2006) predicts that the number of people aged 65 years and over will more than double by 2051 at which time they will make up approximately 1.33 million of all New Zealand residents. This is largely due to the population bulge known as the 'baby boomers, of whom the first turned 65 years of age in 2010.

Ethnic diversity among older people is also on the rise with the proportion of older people across all ethnicities expected to increase significantly (Ministry of Health, 2011a). In particular, it is expected that the older Māori population (aged over 65 years) will more than double from 4% in 2006 to 9% in 2026 (Ministry of Health, 2011a). Moreover, in the next fifteen years the growth in the older Māori population (7.1%) is expected to more than double the growth in the older non-Māori population (3.3%) aged 50 years and over (Ministry of Health, 2012). In addition, Māori people will continue to make up a substantial proportion of the older population after the 'baby boomer' bulge given the relatively younger age structure of the current Māori population (Cormack, 2007).

These statistics highlight not only an ageing population in New Zealand, but also that our older Māori population is increasing at rates that exceed older non-Māori. As a result, a number of public health issues will need to be addressed in order to better meet the needs of older people. In particular, alcohol use is an area that requires more attention.

Health Effects of Alcohol

Alcohol has a myriad of effects on individuals, their families, communities and society. On the one hand, alcohol is identified as being the third largest risk factor for disease around the world and

it has been established that there are more than 60 types of disease and injury that occur as a result of alcohol consumption (Rehm & Ulrich, 2009; World Health Organization, 2002, 2012). On the other hand, there are numerous and emerging examples provided in the literature of the positive effects of light to moderate alcohol consumption among older people.

Negative Effects of Alcohol

The negative effects of alcohol among older people include anxiety, depression (Johnson, 2000; Rehm, Gmel, Sempos, & Trevisan, 2003), insomnia, incontinence, liver and kidney problems (Culberson, 2006; Menninger, 2002; Rehm, Room, et al., 2003), cognitive impairment and decline (Culberson, 2006; Thomas & Rockwood, 2001) self-neglect, malnutrition, stroke and hypertension (Alcohol Advisory Council New Zealand, 2012; Blazer & Wu, 2009; Moore, Whiteman, & Ward, 2007; Room, Babor, & Rehm, 2005), alcoholic psychoses (Rehm, Gmel, et al., 2003; Thomas & Rockwood, 2001; Wells, Broad, & Jackson, 2004), pancreatitis, diabetes, osteoporosis (Barnes et al., 2010; Culberson, 2006; Rehm, Gmel, et al., 2003), breast cancer and a number of other forms of cancer (Connor, Broad, Rehm, Vander Hoorn, & Jackson, 2005; Rehm, Gmel, et al., 2003; Room et al., 2005).

More specifically, evidence provided in the literature shows that older people are "particularly vulnerable to the adverse effects of alcohol" (Johnson, 2000, P.575). This is due in part to the physiological changes in health status associated with the ageing process. For example, reduced tolerance to alcohol, higher blood alcohol concentration and poorer metabolism resulting in an increased effect of alcohol on 'the ageing body' (Alcohol Advisory Council New Zealand, 2011; Dufour & Fuller, 1995; Fink, Elliott, Tsai, & Beck, 2005; Gordon et al., 2003; Menninger, 2002; Merrick et al., 2008; Moos, Brennan, Schutte, & Moos, 2010; Thomas & Rockwood, 2001).

It is also due to the increased risk of medication interactions. Older people who consume alcohol and who take medications are at risk of a number of adverse effects due to medication interactions with alcohol (Barnes et al., 2010; Culberson, 2006; Gordon et al., 2003; Merrick et al., 2008; Moore et al., 2007; Moos et al., 2010). Dufour and Fuller (1995) state that there are "more than 100 prescription and over-the-counter medications

that interact adversely with alcohol" (p. 127), and literature shows that there are high levels of medication use among older people (Dufour & Fuller, 1995; Moore et al., 2007; Stevenson, Stephens, Dulin, Kostick & Alpass, in prep).

Positive Effects of Alcohol

A growing body of literature also reports the beneficial effects of light to moderate alcohol consumption among older people (Culberson, 2006). In general, there is a J or U shaped relationship observed when considering alcohol and health. That is, abstainers and heavy, or binge, drinkers have worse health outcomes than light to moderate drinkers (Colsher & Wallace, 1989; Lucas, Windsor, Caldwell, & Rodgers, 2010; Wells et al., 2004). Researchers have consistently found that low to moderate alcohol consumption, is directly related to a reduction in the risk of many types of illness and disease including: cardiovascular disease, diabetes mellitus, Alzheimer's disease, dementia and cognitive decline (Connor et al., 2005; Corrao, Bagnardi, Zambon, & La Vecchia, 2004; Culberson, 2006; de Vegt et al., 2002; Di Castelnuovo et al., 2006; Koppes, Dekker, Hendriks, Bouter, & Heine, 2005; Mukamal et al., 2006). Also low to moderate alcohol consumption is thought to result in better self-reported health (Powers & Young, 2008), lower self-reported rates of hospitalisations (Ogborne & deWit, 2001) and lower mortality and morbidity (Chen & Hardy, 2009; Colsher & Wallace, 1989; Di Castelnuovo et al., 2006; Mukamal et al., 2006; Rehm, Gmel, et al., 2003).

In summary, alcohol consumption has a wide range of health effects with specific risk factors that must be considered among older people. Namely, physiological risks associated with ageing and medication use. These factors further emphasize the need to better understand how alcohol use may influence older people's health and wellbeing.

Alcohol Use among Older People

Internationally it has been recognised that there is a need for further investigation into alcohol use among the older population (Dufour & Fuller, 1995; Gfroerer, Penne, Pemberton, & Folsom, 2003; Johnson, 2000; Lakhani, 1997). There are three main arguments for this. First, as outlined above, with the ageing population, alcohol use among older people will become a major public health concern in the near future (Breslow, Faden, & Smothers, 2003; Culberson, 2006;

Merrick et al., 2008; Moore, Morton, et al., 1999; Woodruff et al., 2009). Second, literature provides evidence of high rates of problematic drinking occurring in the older population (Adams, Zhong, Barboriak, & Rimm, 1993; Blazer & Wu, 2009; Johnson, 2000; Khan, Davis, Wilkinson, Sellman, & Graham, 2002; Moore, Hays, Greendale, Damesyn, & Reuben, 1999; Stevenson et al., in prep). Third, hazardous alcohol use among older people is largely under-identified, misdiagnosed and undertreated (Barrick & Connors, 2002; Benshoff, Harrawood, & Koch, 2003; Farkas & Drabble, 2008; O'Connell, Chin, Cunningham, & Lawlor, 2003; Rice & Duncan, 1995). As a result, problematic rates of alcohol use may be higher among older people because they only encompass identified alcohol use problems (Benshoff et al., 2003; O'Connell et al., 2003; Ticehurst, 1990).

The reasons for under-identification of hazardous alcohol use include: health professionals not identifying symptoms attributable to alcohol related problems due to their similarity with health problems associated with ageing (Barrick & Connors, 2002; Benshoff et al., 2003; Culberson, 2006; Farkas & Drabble, 2008; Khan et al., 2002; Menninger, 2002; O'Connell et al., 2003). Also, many older people drink at home on their own and, in general, do not discuss their drinking habits or issues with health professionals (Alcohol Advisory Council New Zealand, 2011; O'Connell et al., 2003). Finally, as a result of ageism, many health professionals assume that older people will not be drinking in a hazardous or harmful manner (Benshoff et al., 2003; Culberson, 2006).

It is well documented that alcohol use among older people is an area requiring further investigation. International literature suggests high rates of problematic alcohol use among older people. However, due to the under-identification of problematic alcohol use, these rates may be higher than estimated. These factors illustrate both the gaps in knowledge and the significance of hazardous alcohol use among older people thus demonstrating the need for more research to be conducted in this area.

Alcohol Use in New Zealand

The New Zealand Alcohol and Drug Survey (NZADS) provides important information around alcohol use and behaviours among those aged 16-64 years (Ministry of Health, 2009). Results show that the majority of adults consumed a drink in the

past year (85.2%) and 6.8% reported drinking daily. Daily alcohol consumption rates increased with age, and alcohol use among men is significantly higher than alcohol use among women. Results also suggest that rates of hazardous drinking, namely binge drinking, within the New Zealand population is high (Ministry of Health, 2009).

The NZADS also identified several clear patterns of difference for alcohol use when considering socioeconomic status (SES) and gender. For example, those with a lower SES were significantly "less likely to have consumed alcohol in the past year" (Ministry of Health, 2009, p. 18). However, in the past year, they were more likely to: have consumed a large amount of alcohol at least weekly, received or wanted help to reduce their alcohol use, experience harm from their own alcohol use as well as others alcohol use (Ministry of Health, 2009). Regarding gender, in the past year, men were more likely to: consume an alcoholic drink, drink more frequently, and consume a large amount of alcohol on one occasion, when compared to women (Ministry of Health, 2009).

However, while the NZADS provides general in-formation around alcohol use in New Zealand, there are limitations when considering alcohol use among older people in particular. For example, these findings suggest a complex relationship exists between alcohol behaviours and factors such as SES and gender that require further investigation in order to understand more fully. More specifically, the NZADS does not include people over the age of 64 years and there is no specific discussion of alcohol use among those in the older age brackets e.g. 50-64 years of age. The National Drug Policy (as cited in Ministry of Health, 2009) consider youth, Māori people (discussed in further detail in following sections), Pacific people and pregnant women to be at greater risk of experiencing harm from alcohol use and therefore provide specific discussion on their alcohol use. However, given the international literature suggesting that hazardous drinking among older people is increasing and with the negative health outcomes associated with alcohol use, there must be further investigation around alcohol use in this age group as they too may be at increased risk of experiencing harm from alcohol use. The following section helps illustrate this point.

Alcohol Use among Older People in New Zealand

In New Zealand, it has been recognised that alcohol use among older people is increasingly becoming a public health concern of major importance as a result of the ageing population (Khan et al., 2002; Stevenson et al., in prep). The Ministry of Health (2011) predicts that "alcohol and other drug disorders will become more prevalent among older people as 'baby boomers' enter old age" (p. 10).

However, according to the New Zealand Alcohol Advisory Council (ALAC), the area of alcohol use among older people in New Zealand is yet to be fully investigated, despite the ageing population (Alcohol Advisory Council New Zealand, 2011). In fact, ALAC (2011) argue that the hazardous consumption of alcohol among older people is a 'hidden epidemic'. This 'hidden epidemic' relates not only to people's lack of awareness of hazardous alcohol use among older people but also to the lack of research investigating this issue. For example Harvey (2012) reports that "elderly people drinking to excess is an increasing problem in New Zealand, despite most people perceiving heavy drinking as a youth issue" (p. 1). Furthermore, there are only two studies that provide information around alcohol use among older people in New Zealand.

Khan et al. (2002) and Stevenson et al. (in prep) conducted research investigating older people's alcohol use in New Zealand. Results from both of these studies show that a significant number of older people are engaging in hazardous alcohol use. Similar to the NZADS, these two studies identified a number of socio demographic variables that were found to play a role in hazardous alcohol use. For example, Khan et al. (2005) observed significant gender differences between men and women, with men having higher prevalence rates for hazardous alcohol use (20.9% vs. 1.3%) and past alcohol dependency (38.7 vs. 13.9%) when compared to women. Hazardous pat-terns of alcohol use in the past 12 months also differed when employment status, marital status and living arrangements were taken into consideration. For example, hazardous rates differed between people who were retired compared with people who were self-employed/part time workers (8.5% vs. 27.3% respectively). Those who were married had a prevalence rate of 12.6%, compared with 5.6% of those who were 'never married, separated, divorced, widow,

widower'. People living with a spouse also had a higher prevalence rate (12.8%) than those 'living alone, living with children, living with relatives, and those living in rest homes' (5.5%).

Similarly, Stevenson et al. (in prep), report "very high levels of hazardous drinking were reported by men (71.5%); New Zealand Europeans (63.2%); those on annual incomes over $35,000 (71.8%); and those with a good standard of living (68%)" (p. 9). Furthermore, those who: lived with others, were aged 65-70 years, and those who were married or partnered were more likely to report hazardous levels of alcohol use. Regarding heavy episodic drinking, men reported the highest level (29.5%), as did those with a good standard of living (21.3%). Unlike hazardous drinking, those who were separated, divorced or widowed were more likely to binge drink than those who were married or partnered.

An area of growing concern within New Zealand is that of alcohol use among older people. Apart from two community studies, which have both found high levels of hazardous drinking among older people, there is no other research that investigates how our older population is drinking. In addition, these studies provide evidence of the complex relationships occurring between alcohol use and a number of socio-demographic variables. Further investigation is needed around older people's alcohol use and factors that may influence their drinking behaviours.

Alcohol Use among Māori in New Zealand

While it is important to understand alcohol use among older people in New Zealand it is also necessary to gain perspective on drinking patterns among Māori because evidence suggests significant differences between Māori and non-Māori in relation to their alcohol use (Connor et al., 2005; Ministry of Health, 2009; Stevenson et al., in prep) and Māori suffer disproportionate harm as a result of alcohol consumption (Ministry of Health, 2009). The following section will provide information around what is known about Māori people's alcohol use and associated harm.

Te Ao Waipiro 2000: The Māori National Alcohol Survey, assessed drinking patterns and alcohol-related problems among 1,992 people aged 13-65 years who identified as Māori (Moewaka Barnes, McPherson, & Bhatta, 2003). Similar to the NZADS, a high proportion (80%) said they

were drinkers[1] and, on average, drinking occurred roughly every three days among all drinkers. Additionally, most alcohol consumption (76%) occurred during heavier drinking occasions. For example, in a typical drinking occasion women reported drinking 5-6 drinks and men, 7-8 drinks[2], which exceeds safe or recommended levels of alcohol consumption in New Zealand (Alcohol Advisory Council New Zealand, 2012; Moewaka Barnes et al., 2003).

Similarly, the 2007/08 NZADS found that, among past year drinkers, Māori were less likely to be drinkers, however they were more likely than non-Māori to consume large amounts of alcohol in one drinking session (Ministry of Health, 2009). The New Zealand Mental Health Survey also found that Māori are more likely than other ethnic groups to drink alcohol or use drugs in a 'harmful' manner (Oakley- Browne, Wells, & Scott, 2006)

In fact, generally, most studies report that Māori people are less likely to drink alcohol: they drink less often than non-Māori but, when they do drink, they tend to drink more in a typical drinking session and are more likely to engage in hazardous drinking patterns (Bramley et al., 2003; Connor et al., 2005; Fryer, Jones, & Kalafatelis, 2011; Meiklejohn, 2010; Stefanogiannis, Mason, & Yeh, 2007).

In addition, results from Te Ao Waipiro show that, when considering the harmful effects of alcohol consumption, such as on friendships, social life, home life and/or financial position, Māori people, especially Māori women, suffer significantly more harm than non-Māori both as a result from their own drinking and from someone else's drinking (Moewaka Barnes et al., 2003). This suggestion is supported by Connor et al. (2005), who estimate that the alcohol related death rate for Māori is 4.2 times higher than non-Māori.

However, while the literature provides evidence that some Māori may drink in a hazardous manner and that they may experience more harm than non-Māori as a result of alcohol use, there are gaps in this knowledge. For example, there have been no studies conducted specifically among older Māori and their alcohol consumption patterns. Rather, the research that has been conducted only includes those aged up to 65 years and there is very little discussion on alcohol use within the

older age categories (those up to the age of 65 years) included in these studies (Fryer et al., 2011; Ministry of Health, 2011b)

In addition, much of the alcohol use literature compares Māori to non-Māori, which mean that Māori people's alcohol use is defined only in terms of their differences to non-Māori. As Reid and Robson (2007) assert, this leads to a 'deficit' way of thinking whereby the 'problem' then lies with Māori people. In order to gain a more comprehensive understanding research must investigate alcohol use among Māori without seeking to make comparisons to non-Māori.

Finally, very little is known around the context of alcohol use among older Māori in New Zealand. While research suggests a complex relationship exists between alcohol use and socio demographic variables, this has not been explored among Māori and, in particular, older Māori, to ascertain how these factors may affect or influence their alcohol consumption patterns.

Conclusion

Alcohol use among older people is becoming an increasingly important public health issue as 'baby boomers reach older age. Not only are there numerous health effects associated with alcohol use but literature also suggests there are high rates of hazardous alcohol use among older people that are worthy of further investigation. Specifically, in New Zealand, very little is known about older people's alcohol use although literature suggests there are complex relationships between hazardous alcohol use and a number of socio demographic variables. In addition, research suggests Māori appear more likely to be engaging in hazardous drinking although, to date; there has been no research investigating older Māori people's alcohol use.

The current research will be an exploratory study that aims to investigate alcohol use among older Māori people. This study will not only assess alcohol consumption patterns but it will also consider the social context of older Māori people in order to see what factors, if any, may influence their alcohol use. It is hoped that this research will not only provide information on how older Māori people are drinking but also that it will inform health promotion interventions, public health policy and health professionals so as to better meet the health and wellbeing needs of older Māori in New Zealand.

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[1] Drinkers are defined as those who have consumed alcohol in the previous 12 months.

[2] Average across all ages.

Acknowledgement

Sarah Herbert is a PhD candidate and Graduate Assistant at Massey University, Palmerston North. Her present research focuses on alcohol use among older Māori in Aotearoa, in particular, investigating how they are using alcohol and the social context around such alcohol use. She has recently completed her first year in the Doctoral programme. Sarah's background is in the field of health psychology with a particular interest in Māori centred research; aimed at improving and developing Māori health and well being in Aotearoa.

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From "Loving It" to "Freaking Out" and Back Again: The Engagement of a Mature-Aged Distance Student in their First Semester at University.

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Abstract

Student engagement is a student's emotional, behavioural, and cognitive connection to their studies. Evidence suggests engagement is vital to both success and satisfaction at university. A conceptual framework of student engagement, developed from research in psychology, sociology, and education, argues that engagement does not occur in isolation; rather it is embedded within a complex network of antecedents and consequences. This paper presents a case study of a 47 year old solo mother's first semester at university. An interpretive analysis uses the framework to illuminate how student engagement changes throughout the semester and how the various university and student factors influence that process. Interviews at each end of the semester plus fortnightly video diaries were used to collect rich detailed data about the student's experiences. The embedded nature of student engagement is apparent, with emotion as a key mechanism by which student and university factors influence engagement. In particular, the student's interest in the topic triggers a high level of engagement resulting in deep integrated learning. At other times, difficulties with university processes and poor support from staff trigger negative emotions that reduce engagement.

Keywords: Student engagement, Mature students, Distance learning

Introduction

Student engagement has been the focus of considerable research, theory, and debate. While researchers agree about its importance and its positive relationship with student outcomes such as achievement and satisfaction (Trowler & Trowler, 2010), there is less agreement about the exact nature of the construct. Three approaches are evident: the psychological approach, which sees engagement as an internal psychological state incorporating behaviour, thoughts, and feelings (for a review see Fredricks, Blumenfeld, & Paris, 2004); the behavioural approach, which argues engagement is both student behaviour and effective teaching practice (e.g. Kuh, Cruce, Shoup, Kinzie, & Gonyea, 2008); and the sociocultural approach, a wider critical view that considers the importance of the socio-political context (e.g. Mann, 2001). A key limitation of these approaches is their failure to clearly define student engagement and to distinguish between engagement, its antecedents, and its consequences. The conceptual framework presented in Figure 1, developed through a review of this literature, overcomes these limitations by incorporating the strengths of each, and depicting student engagement as an embedded phenomenon (Kahu, 2013).

Kahu's (2013) framework places the student at the centre and argues that student engagement is their emotional, behavioural, and cognitive connection to study. These three dimensions interact and overlap. But engagement does not happen in isolation, it is influenced by psychosocial and structural influences from both the university and the student. The framework also illustrates the positive academic and personal consequences of engagement. An important feature is the
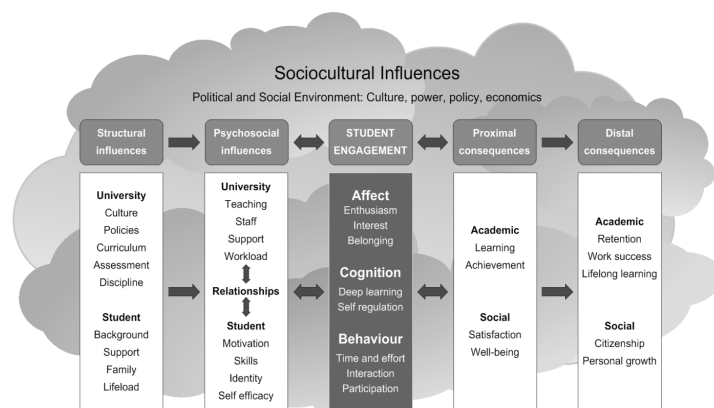

Figure 1. Conceptual framework of student engagement (Kahu, 2013, p. 9).

acknowledgement that engagement is not the outcome of any one of these variables but rather the complex interplay between them, as shown by the bidirectional arrows at the heart of the diagram. A second key feature is the prominence the framework gives to the sociocultural context, highlighting the important role these wider influences play on the university as well as the student.

The framework illustrates the unique nature of the student experience, and therefore the importance of studying sub populations. Mature aged distance students, who combine study with complex lives, are one such growing population. In New Zealand, one third of all bachelor degree students are aged over 24 and one third of those study at a distance (Ministry of Education, 2011). In terms of the influences on student engagement as depicted in the conceptual framework, past studies have found differences in mature students' motivations for study (Bye, Pushkar, & Conway, 2007; Hoskins & Hooff, 2005; Marandet & Wainwright, 2009), academic and technology skills (Henderson, Noble, & De George-Walker, 2009; M. Murphy & Fleming, 2000), and life load (Alsop, Gonzalez-Arnal, & Kilkey, 2008; Urquhart & Pooley, 2007; Zembylas, 2008). These students also have a greater capacity to integrate their learning with their work experience, an important influence on student engagement (Kahu, Stephens, Leach, & Zepke, 2013). However, the wider university culture, designed to support young school leavers, can lead to a sense of alienation and lack of belonging (Kasworm, 2010; B. Murphy, 2009; Read, Archer, & Leathwood, 2003).

These differences highlight the importance of studying this group separately and taking a holistic approach, as recommended by the framework, to understand their engagement. Engagement in the first year is particularly important because mature students have high first year attrition rates: In New Zealand, 27% of those aged 25-39 and 32% of those aged 40 and over fail to continue after their first year (Ministry of Education, 2011). This paper is a case study of a mature distance student's first semester at university. It uses the conceptual framework to illuminate how student engagement fluctuates throughout the semester and how the various university and student factors influence that process.

The Study

The conceptual framework highlights the open and complex nature of the student experience and therefore the relevance of a critical realist approach. Critical realism argues that we cannot isolate components and study them under controlled conditions, and that rather than expect to make concrete predictions about a phenomenon such as student engagement, we must consider potential consequences (Danermark, Ekström, Jakobsen, & Karlsson, 2002). Different factors within the framework may increase or decrease the chance of a student being engaged depending on other elements at play.

The case study lends itself as a valuable research design, best suited to the study of complex situations such as this (Simons, 2009). As Ragin (1992) describes it, the extensiveness of research with a large number of cases is traded for the intensiveness of the case study, putting the case, in this instance the student, rather than the variables, centre stage. Thomas (2011) argues that a case study needs two elements: the case to be studied holistically, and the analytic frame "within which the study is conducted and which the case illuminates and explicates" (p. 513). For this study, therefore, the experiences of a single student are used to illustrate student engagement as theorised by the conceptual framework.

Participant

Charlotte is a 47 year old solo mother of two children aged 9 and 14 who works part time. Her partner had a stroke two years ago and, while they do not live together, she is his primary support and advocate. She is taking one first year extramural paper with a longer term aim of completing a diploma.

Data Collection and Analysis

Prior to the semester, Charlotte took part in a semi structured interview focussed on her preparation, expectations, and motivation for study. She then recorded 5-15 minute video diaries approximately once a fortnight throughout the semester. In the diaries she talked about her study experiences, how she was thinking, feeling, and behaving, and commented on what she felt influenced those experiences. Video diaries have the potential to access a more honest and personal account than an interview or written diary. In addition, their real time nature captures details of the process that

may well be forgotten or viewed differently by the end of the semester (Willig, 2001). After the end of the semester a follow up interview explored in more depth the experiences and influences she raised in the diaries. The interviews were audio recorded and transcribed.

The interviews and diaries were analysed using an interpretive approach that was theoretical, driven by the conceptual framework, and semantic, identifying themes from surface meanings and accepting language as a simple and neutral expression of people's experience (Braun & Clarke, 2006). This article focuses on the fluctuations of Charlotte's engagement.

Findings

As shown in the framework, motivation is a key driver for engagement and in Charlotte's case much of that motivation was intrinsic, interest stemming from her experiences with her partner's rehabilitation. She also has extrinsic motivation: a qualification to help her gain a full time job to better support her family. The relevance of the course to her life led quickly to a high level of enthusiasm and passion for the learning. This triggered a strong behavioural engagement and deep learning even before the semester started:

> "I'm getting to integrate what I'm learning with my life first hand. Almost like on a daily basis. That I find quite fascinating and interesting. Certainly helps me with my learning because my brain is going "ok I've just read about this". So I'm making the link between what I am studying and what is actually in front of me, I can almost hear it in my brain, ticking away, when I'm faced with things."

This high level of engagement was sustained for the next two weeks as Charlotte developed her study routines, finding that the study absorbed her for hours at a time. The weekend before the semester, Charlotte attended a one day academic preparation course for first year distance students. Unfortunately, this was not a positive experience:

> "I went there feeling very confident about what I was doing and I left there feeling very unconfident. And feeling very, um, dumb actually (laughs). Not feeling very intelligent, feeling, yeah not good...I have an understanding about what I'm studying but, I'm really nervous about the technical side of things, you know like academic writing, command words, it's like my gosh, that's like nothing to do with the concept, that I thought that an essay might be."

This is her first low point. Although she understands the material, she now sees herself as "dumb". This leads to anxiety that impacts negatively on her behaviour:

> "I'm feeling a little, a lot more nervous about what's ahead of me. I've spent this morning, um, freaking out actually."

Despite this setback, Charlotte continued to work hard, completing her first essay. Once again, her interest in the topic leads to a high level of behavioural engagement and her ability to apply the knowledge leads to deep learning:

> "I am so hungry for knowledge, I'm loving, absolutely loving learning and, instead of it being, I don't know how most people are, whether it's a chore or not, I don't know, but I'm just, I look forward to it ... it's like yay I can study today. It's exciting; it's new; it's stimulating. And it's applicable to my life."

As illustrated in the framework, the benefits of study are both academic and personal. For Charlotte, confidence and credibility were important gains:

> "It's given me more confidence. Definitely given me more confidence. Because I feel like it's given me the credibility, I'm getting the credibility that I need which is going to give me the confidence. Already, I'm able to say I'm studying, not I'm going to study, I'm studying rehabilitation and people's response to me, I was thinking in particular of, I've already rung the Stroke Foundation head office and just being able to say that to them with confidence actually gives them confidence in me and we're already starting to establish a relationship."

At times of high engagement, the three dimensions of engagement influence each other and function together in perfect unison: her emotions of enjoyment and interest, the behaviours of spending the time, and the learning that she is experiencing. The self perpetuating nature of engagement, as represented by the bidirectional arrows at the centre of the framework, is also clear. High engagement leads to learning, confidence, and well being. These positive outcomes then increase motivation and self efficacy which triggers yet further engagement:

> "I'm still really enjoying it; in fact that's an understatement, I am absolutely loving my study... I'll be head down and bum up and rather than it being a chore, I just love it. My brain just needs feeding. The more I learn, the more I want to learn. It's like I'm addicted to it almost."

For all this pleasure, Charlotte's engagement dips strongly at times. Only one of those dips relate to Charlotte's home life when she reduces her study during the school holidays: "I feel a bit more pressure, on me, than normal, having to juggle, especially the 9 year old." The other downturns in her engagement all relate to university assessment processes. After being satisfied with her first essay, she was disappointed with her mark and could not access the feedback:

> "There was no ticks or anything. It was just like, my essay. And I thought oh that's weird, that's weird. And I didn't pursue it, because I thought, I'm doing something wrong, I'm doing something wrong here or, my old computer isn't going to receive whatever it is … I was, Oh no I don't want to bug anyone. So I actually didn't get, I didn't, I thought that what I received for the feedback was it."

When the same thing happened with her second assignment she followed it up, and after repeated attempts the tutor managed to send her the file in a different format that she could access. Her low self efficacy around university processes is apparent in her tendency to attribute the problem to herself rather than to the university:

> "I'm feeling really self conscious at this point that I'm constantly at this man saying, no, haven't got anything. And I'm feeling pretty dumb. I'm feeling pretty dumb. And thinking, what's wrong with me and I can't seem to, what ticks, I can't see the fricking ticks. Maybe it's me, maybe it's me (sigh) you know all this goes through your mind."

Once again, the university processes result in her seeing herself as "dumb". Despite this, she was determined to do better on the second essay and when she was happy with her work she sent it to the university pre-reading service for feedback:

> "And it came back and it was just like, no, they said, no, you're off topic. I was just gutted. I'm clearly not understanding something ... I just don't know what to do. I'm doing the best I can, and I'm not on track. And it's quite upsetting because I really want to pass this, aside from the money I'm investing in it, I want to pass. I want to do the best I can."

Her low self efficacy for academic writing is once again reinforced and this leads to frustration and stress. The feedback did not tell her how to fix the problems and so she sought advice from a friend who had completed university study. She received marks of around 70% for both essays and was very disappointed. At the follow up interview, I explained that this was a B grade and she was very surprised. Two factors influenced her response: her own expectations of herself but also her lack of knowledge of university processes:

> "Going back to school days, I'm used to being an A B student … it might have helped me if I knew that 70% was a B, that would have psychologically helped me, but 70% I sort of saw as a C anyway. I did see that as a C."

What frustrated her most of all was the feeling that it was the presentation of her work rather than the content that was lacking. She received feedback that related to the double spacing of her assignment and was angry that she should lose marks for this:

> "I'm green, I'm new, academic writing is new to me and it shows. So that's where I lose my marks … what I call pedantic things like that and um, if I was marked down for those little things then that, I'm not very happy about that. Because I'm investing a lot of money."

The feedback's focus on writing skills and the difficulties she experienced clearly had a negative impact on her engagement with her study:

> "I find I'm getting so consumed by the technicalities that the actual reason for being there to like learn and have an understanding of the subject sort of gets pushed aside because the focus is all on these things like this."

Charlotte felt good after the final exam: "I think it went really well. I haven't got the results back yet but I was pleased with the information that I knew and what was asked. I was really pleased with that." Her final grade for the paper however was C+, a mark she was not happy with: "I feel soooo disappointed because I put so much time, passion and energy into it". She emailed the course coordinator but the response was unhelpful:

> "She wrote back and said that a C+ was an above average mark and it was just, it was all good for me to carry on with my studies. So I didn't really get an answer, I was looking for some guidance and some, something with a bit of traction that I could hang on to. I said, look this is a big commitment for me, I'm 47 years old and I'm in this place of what do I do? Do I carry on? Am I good enough for this and all that?"

The grade impacted severely on her self-efficacy and she concluded that it must be her writing skills: "Clearly I'm not packaging the information effectively for the expected standard." While she

did carry on for the next semester, her motivation and therefore her potential engagement had changed:

> "This next paper I'm not going to put as much into it, I'm going to be more relaxed and see if it makes much difference ...(my guess is it probably won't!)... I won't mind getting a C if it reflects my input."

Discussion

Charlotte's engagement is influenced by both student and university factors as illustrated in the conceptual framework. What is evident from Charlotte's experience, however, is that these two worlds can have very different and opposing effects: her own interest and passion lifted her engagement while the university assessment practices dragged it down. The key mechanism through which these influences impacted on Charlotte's engagement was emotion. Researchers increasingly argue that consideration of emotion is vital to our understanding of the student experience (Dirkx, 2006; Linnenbrink, 2006) and this is reflected in the framework where student engagement is conceptualised as incorporating cognition, behaviour, and affect. What Charlotte's experiences suggest is that not only is positive emotion a key driver of high engagement, negative emotion is a key mechanism by which experiences reduce engagement.

Interest is central to Charlotte's high engagement. According to Ainley (2006), interest is the "integration of cognitive, motivational and affective components" (p. 396). The role of interest is to motivate learning and evidence suggests that students who are interested spend more time and effort on their study, and understand and retain more of the course content (Silvia, 2006). Looking at adult students, Bye et al. (2007) found that both interest and intrinsic motivation predicted positive affect. As depicted in Figure 2, this is evident in Charlotte's experiences: The relevance of what she is learning motivates her interest, which leads

Figure 2. Depicting the impact of interest on engagement.

to enthusiasm and passion for the learning. This emotional engagement triggers both increased behavioural engagement in terms of time and effort as well as cognitive engagement in terms of deep learning. This finding, that positive emotions are central to engagement, is matched by Solomonides and Martin (2008). In their study, students saw engagement as emotional and personal involvement resulting in personally meaningful outcomes while staff perceived engagement as a cognitive process.

Mature students often have high levels of intrinsic motivation such as interest (Leder & Forgasz, 2004; Marandet & Wainwright, 2009) and one source of that interest is their increased ability to integrate their learning with work (Kahu et al., 2013). The benefits of Wwork Integrated Learning (WIL) are increasingly recognised: enhanced learning for the student and work-ready graduates for employers (Patrick et al., 2008). What this case study suggests, however, is that WIL may be better conceptualised as life integrated learning to acknowledge that mature students such as Charlotte have a wide range of past experiences, not just work, that may trigger interest in the course content and thus lead to greater engagement with their studies.

The downturns in Charlotte's engagement are, except for the school holidays, all triggered by university practices relating to assessment. The emphasis on academic writing at orientation followed by the problems she experienced with the feedback and her perception of her grades led to increased anxiety and stress and a loss of confidence in herself as a student. While she was learning and loving it, she was not getting the grades she felt she deserved. The anxiety associated with a lack of academic skills is well documented with mature students (M. Murphy & Fleming, 2000), but what this research highlights is how powerful those negative emotions can be in terms of their impact on student engagement and ultimately, on learning. Researchers examining the critical role that self efficacy plays in academic functioning conclude that self beliefs can have both beneficial or destructive effects; therefore it is vital that educators build both competence and confidence (Pajares, 2003). The university failed to do that with Charlotte – she repeatedly received the message that she could not do this, that she was not good enough. Academic writing is without doubt an important skill, but it should
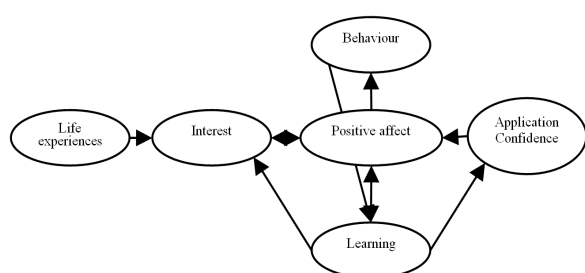
not be allowed to override a student's engagement with the course content in this way.

Her final grade and the staff member's unhelpful response were the final straws for Charlotte. Grades have a powerful impact on students and the importance of valuable feedback and transparency around our assessment practices cannot be overestimated. Students should also be told the value of grades, and care must be taken to ensure they understand university processes – even the simple details such as assignment feedback. This case highlights the importance of open and empathic communication with students. Students do find help seeking difficult and they do feel "dumb" when they do not know things. It is vital that when students do take the step of seeking help that staff respond appropriately. Every time. It is easy when dealing with hundreds of distance students to forget that they are all individuals and that our response to their cry for help may make an important difference to their future student life.

Conclusion

Nystrand and Gamoran (1991) distinguish between procedural engagement, going through the motions, and substantive engagement, genuine sustained and deep engagement with content. Charlotte started the semester as the ideal student. When not distracted by the anxiety around assessment, Charlotte displayed all the signs of the preferred substantive engagement. In addition, she gained many desired outcomes from her study: her self-confidence increased, she gained academic knowledge of a subject that she already knew much about at an experiential level, and she used that knowledge to improve the lives of people around her and to trigger new work opportunities. So how is it possible that she ended the semester deciding that perhaps a less intensive procedural engagement might be better?

The framework for student engagement illustrates well the complex network of variables that impact on the engagement of mature aged students such as Charlotte. Such students bring with them powerful motivations, skills, and characteristics that serve to strengthen their engagement with their studies: a passion and interest in their chosen topic, a willingness to put in the time and effort needed to be a good student, and the life experience that allows them to integrate their learning. But learning to be a student is not easy. Others have described the process as

"a real roller coaster of confidence and emotions" (Christie, Tett, Cree, Hounsell, & McCune, 2008, p. 567). The current study suggests that many of the dips in that roller coaster ride may be triggered by university practices and processes and we need to ask ourselves what we can do to reduce those negative impacts so that students such as Charlotte can flourish.

Ella Kahu is a Senior Tutor in the School of Psychology at Massey University, Wellington. She is in the final year of her PhD exploring student engagement in mature aged distance students as they transition into university. This paper is an early case study from that project, a prelude to the more detailed analyses which examine structural and psychosocial influences on student engagement.

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Parenting and Fatherhood: Causal Attributions and Disciplinary Responses for Child Misbehaviour

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Abstract

Changing gender roles and a different emphasis on what it means to be a father in New Zealand have contributed to fathers being required to play a new, more involved role in their children's lives. For many fathers today, contributing to decisions and application of discipline for bad behaviour is an important part of their parenting role. Research suggests that children benefit from consistent disciplinary routines. However, the attitude in New Zealand is that harsh discipline, particularly of a physical nature, is undesirable and needs to be discouraged. An important area for investigation is ways parenting decisions can be influenced in a positive direction, using simple psychological techniques that are easy to apply in the real world. Positive affective priming involves exposing people to stimuli, or primes, in order to influence their thoughts, emotions and behaviours in a specified direction. A potential practical application of positive affective priming may be in clinical use with fathers to influence their disciplinary choices in response to a child's bad behaviour, in a positive (less harsh) direction. This paper considers the literature relevant to the use of positive affective priming for this purpose.

Keywords: Positive affective priming, Fathers, Disciplinary choices, Discipline, Fathering, Parenting

Introduction

The role our parents play in our lives while we are young has a significant influence on the people we grow up to be. Few other people have such an impact on a young child's life. Therefore, parenting skills are extremely important processes for professionals to understand, particularly in their local context. With rates of abuse in New Zealand and many other Western nations at a steady high level and widespread disagreement over the use of specific parenting strategies (UNICEF, 2003), professional understanding and guidance in this area continues to be essential to ensure optimal outcomes for children.

The impact of the mother-child bond has been extensively researched and its importance almost universally acknowledged; we know that mothers bond more quickly and closely with their newborn infants than anyone else in that child's life, and in many cases remain the primary caregiver for many years (Feldman, Gordon, Schneiderman, Weisman & Zagorry-Shannon, 2010; Gray & Anderson, 2010). However, more recently, the father-child relationship has been acknowledged as distinct, different, yet no less important in contributing to a child's wellbeing and behavioural outcomes (Feldman et al., 2010). The research around fathering and fatherhood, though not as comprehensive as the research on mothers, is beginning to understand more clearly the unique roles that fathers can play in their children's lives (Cabrera, Tamis-LeMonda, Bradley, Hofferth & Lamb, 2000; Callister, 1999; Feldman et al., 2010; Gray & Anderson, 2010). Furthermore the literature has begun to outline the specific challenges and difficulties faced by fathers as they fill these roles, and from the understanding of the realities of fatherhood this work promotes, we can begin to figure out how best to support, educate, guide and empower present and future fathers in this country.

Professional support programs or practices aiming to help fathers to maximise their parenting skills within their own personal family systems need to meet several criteria. They must be specifically tailored to fathers in an effort to acknowledge the unique roles, expectations, and pressures fathers experience; they must be simple and cost-effective to implement; and they must be effective in supporting the increase of positive parenting practices – namely constructive rather than harsh disciplinary choices – to encourage improved health and wellbeing outcomes for children in New Zealand. In aiming to support fathers to maximise their parenting skills even outside of a clinical context, simple techniques such as positive affective priming may prove

cost-effective and efficient ways to enhance parenting outcomes when used with reference to and understanding of the evolutionary and social history of fatherhood.

The Role of the Father

Fatherhood is a social and historical construct that has changed – and will continue to change – over time (Cabrera et al., 2000; Gray & Anderson, 2010). Parenting, like any other human behaviour, has been and will continue to be shaped by a variety of external pressures: societal norms, historical consequences and, at least to some extent, evolutionary pressures in early human history (Cabrera et al., 2000; Gray & Anderson, 2010).

Evolutionary Pressures and Paternal Care

Evolutionary pressures during the early development of modern humans (e.g., predation and meeting nutritional requirements) have almost certainly impacted on how fathers became involved in parenting and what roles they played (Gray & Anderson, 2010). Both in the past and today these pressures interact with social and cultural norms to shape human behaviour around parenting (Gray & Anderson, 2010). The exact circumstances leading to human paternal care are still being debated, however it is known that human fathers are unusual. In only 5% of mammal species do fathers provide paternal care (Geary, 2000; Gray & Anderson, 2010). Additionally, most of our closest relatives – the various species of great apes – differ from us in terms of paternal involvement, with many providing either very limited or no paternal care (Gray & Anderson, 2010). This suggests that at some point in our evolutionary history humans have been exposed to different pressures relating to the provision of parenting (or lack thereof) in some way than many mammal species, or have responded differently to these pressures with paternal care as an effective strategy (Geary, 2000; Gray & Anderson, 2010).

Human paternal care likely started with the role of fathers as providers; in all human societies men typically spend less of their time in direct childcare than women do – a pattern that is still dominant even today in societies heavily influenced by gender equality movements (Callister, 1999; Gray & Anderson, 2010). In early human evolution it is likely that this arrangement provided human societies with the best possible chance of raising offspring to adulthood and consequentially ensuring one's own genes were passed on to later generations, through dividing childcare roles between two parents to ensure all major needs of offspring were met (Geary, 2000; Gray & Anderson, 2010). Among non-human mammals in which paternal care is provided (e.g., wolves and other social carnivores) males typically play a provider of food and protector role for their offspring (Gray & Anderson, 2010). It is likely that in the evolution of modern humans, environmental pressures were responded to with paternal care as a strategy for the same reasons; paternal provision of resources and protection enhanced offspring survival and therefore reproductive success for both mothers and fathers (Geary, 2000; Gray & Anderson, 2010).

Societal Norms and Paternal Care

In the Western world, at least, research suggests that the most overwhelmingly common role of the traditional father in the 20th Century was still that of the breadwinner, or provider (Cabrera et al., 2000; Callister, 1999). The historical role of the father as breadwinner or provider, while probably influenced by pressures on human populations in our evolutionary history, also made sense in the 19th and 20th Century from a practical societal perspective. Before the trend that saw a steadily increasing proportion of women in the workforce it was men who worked during the day; at the time of the industrial revolution this tended to mean men were away from home for most of the day (Cabrera et al., 2000). This naturally left mothers, the only parent at home for the majority of the time, in charge of coordinating and carrying out the majority of the nurturing, daily care, and disciplinary strategies (Cabrera et al., 2000; Feldman et al., 2010).

Historically, fathers had more choice in how they defined their parental roles and responsibilities than mothers, and, for this reason, motivation for paternal involvement is an interesting and important topic to consider (Cabrera et al., 2000). Cultural and societal diversity means that there is, and never has been, one universally accepted fathering role that we can analyse in isolation – and, if anything, diversity in the meanings of fatherhood continues to increase (Cabrera et al., 2000). Moving into the 21st Century we are seeing some changes in the roles that fathers play (Cabrera et el., 2000; Callister, 1999). Where the 20th Century father was the breadwinner, or

provider, the typical role of 21st Century father is the involved co-parent (Cabrera et al., 2000; Callister, 1999). Accompanying this shift in role are several major societal trends: an increase in the number of women in the labour force; an increasing proportion of absent fathers; for those fathers present in their children's lives, increased involvement with their children; and increased cultural diversity in Western families leading to a greater diversity of family structures and culturally sanctioned fatherhood roles (Cabrera et al., 2000).

These four factors are all important in considering the impact they may have on children. The increase in absent fathers seems to reflect the continually increasing acceptability of divorce and separation, alongside an increasing incidence of mixed families (Cabrera et al., 2000). On the other hand, for those fathers who remain within or in touch with the family unit, increased involvement with their children seems to be the trend (Cabrera et al., 2000). Therefore, the father in the role of the involved co-parent may play an equal part in deciding on how to discipline children and in applying disciplinary strategies (Cabrera et al., 2000; Gray & Anderson, 2010).

The presence or absence of a father figure in a child's life can have a significant impact on behavioural outcomes and wellbeing of that child. Father absence or lack of attachment seems to particularly affect boys; research shows that sons growing up without a positive father relationship are at increased risk of problems with sex-role and gender-identity development, poor school performance, and issues in psychosocial adjustment and self-control (Cabrera et al., 2000; Lamb, 2004). Girls may also be negatively impacted by a poor relationship with their fathers, although effects on daughters seem to be less dramatic and consistent (Cabrera et al., 2000).

Furthermore, it is not simply the presence of a father figure that impacts child outcomes; the quality of the relationship between a child and their father is important (Cabrera et al., 2000). Father attachment has been shown to positively impact a child's wellbeing, social competence, and cognitive development, even when confounding factors such as socioeconomic status are controlled for (Cabrera et al., 2000; Lamb, 2004). Again, the impact of having a present, actively involved father seems to be particularly salient for boys, although some effects are seen for daughters too (Cabrera et al., 2000).

Parenting and Discipline in a New Zealand Context

In New Zealand, in 2007, the Crimes (Substituted Section 59) Amendment Act was introduced into legislation (Crimes Act, 1961). This law removed the defence of reasonable force if a parent was charged with physically disciplining their child in a manner deemed to be unreasonable by law enforcement responders (Crimes Act, 1961). Before the introduction of this law, parents had the option of arguing that reasonable force had been used in the discipline of the child by selecting a physical method (Crimes Act, 1961). The effect of this law has essentially been to define physical disciplinary methods as unacceptable in the eyes of Government and professionals, and thereby to send a message to parents to preferentially select non-physical methods of discipline when responding to a child's misbehaviour.

Parenting practices related to discipline can generally be understood on a continuum ranging from harsh to constructive. Harsh discipline may be verbal, including practices such as yelling, threatening or name-calling. Harsh discipline may also be physical in nature, for example smacking or hitting (McKee et al., 2007). Both types of harsh discipline have been reliably associated with an increased likelihood of childhood externalising disorders and harsh verbal discipline has been associated with increased incidence of childhood internalising disorders (Deater-Deckard & Dodge, 1997; McKee et al., 2007; Weiss, Dodge, Bates & Pettit, 1992).

Highly emotive and mixed responses to the introduction of the Crimes (Substituted Section 59) Amendment Act suggest that, in New Zealand, many parents may still consider that smacking as a form of discipline is useful and effective. New Zealand also has an unacceptably high rate of child abuse, with 1 in 4 children living in households defined by the Ministry of Social Development as at medium to high risk of perpetrating abuse (Statistics New Zealand, 2012). While smacking as a disciplinary tool and child abuse are separate, with few families who endorse smacking meeting the criteria for abuse, harsh discipline can nevertheless have negative outcomes for children subjected to it (Deater-Deckard & Dodge, 1997; McKee et al., 2007; Weiss et al., 1992).

Boys are more likely to be subjected to both verbal and physical harsh discipline than girls

(McKee et al., 2007). Harsh discipline by fathers seems particularly likely to have a negative effect on sons' externalising behaviour, and has been linked to increased aggression towards others in boys (Deater-Deckard & Dodge, 1997; McKee et al., 2007; Weiss et al., 1992). The likelihood of experiencing harsh discipline decreases with age, and while this is certainly positive it underlines a worrying fact that young children, at a more vulnerable age, are at the highest risk of experiencing harsh discipline (McKee et al., 2007).

The negative effects of harsh discipline can be reduced by positive parenting – that is, warmth, respect and trust in the parent-child relationship. The negative outcomes are not mitigated entirely however, so parenting interventions cannot simply focus on increasing positive parenting; they must aim to eliminate or at least reduce the use of harsh discipline (McKee et al., 2007).

Positive Affective Priming

Affective priming investigates whether the presentation and subsequent evaluation of a stimulus, the prime, affects the processing of subsequent stimuli (Evans, 2010; Klauer, 1997). The assumption underlying this is that the stimulus is evaluated automatically and this evaluative processing precedes any kind of cognitive analysis of the stimuli (Klauer, 1997). It is believed that an affective response can be elicited with minimal stimulus input and virtually no cognitive processing (Murphy & Zajonc, 1993). Generally, evaluations of priming stimuli fall on a number of classic dimensions; this stimulus is good or bad, safe or dangerous, liked or disliked, and the theory of affective priming suggests exposure to this stimulus and our consequent automatic evaluation of that stimulus influences how we process information that is presented to us afterwards (Klauer, 1997). Affective priming is the effect that we observe when the evaluative mechanism comes into play and this evaluation is unconscious, automatic, fast-acting, and short-lived (Evans, 2010; Klauer, 1997; Murphy & Zajonc, 1993).

Positive affective priming is a type of priming process aimed particularly at influencing a person's emotions through their automatic evaluation of positive stimuli, and in doing so affects how they react to later activities and situations (Klauer, 1997; Murphy & Zajonc, 1993). Research shows

that people evaluate stimuli as positive or negative early in the elicitation of emotion; gross affective judgments seem to be made virtually without cognitive awareness (Klauer, 1997; Murphy & Zajonc, 1993). Furthermore, the effect can be obtained even if the person is not aware of being exposed to the priming stimulus. This is known as subliminal priming (Klauer, 1997).

Positive Affective Priming in the Context of Parenting

Given that a father's relationship with their child is important in determining outcomes for that child, the practical use of strategies such as positive affective priming could be important in improving the wellbeing of children in New Zealand. A parent who has had many negative interactions with their child in the past, or who has a history of negative interactions with children in general – for example, if they were in a situation dealing with children who had challenging and stressful behavioural issues – may have a range of unconscious negative beliefs about a child or children in general (Evans, 2010). Positive affective priming has been proposed as a technique to counter these negative feelings and in doing so produce some measurable change in the quality of the parent-child relationship, or in the daily interactions between a parent and child (Evans, 2010).

Positive affective priming has been considered as a possible strategy to influence how fathers conceptualise their child's bad behaviour and how they subsequently choose to deal with it (Evans, 2010). In practice this involves exposing fathers to positive images of fathers interacting with children and measuring whether this has an impact on how they understand child misbehaviour and which disciplinary strategies they go on to utilise in response.

Whether true positive affective priming can be used in the context of a parenting change strategy is an issue to be considered. The affective priming effect has been robustly demonstrated in the literature (Klauer, 1997), so it follows that fathers as a group are no more or less likely to show the priming effect than any other group of people. What will need to be considered is whether the mechanism of priming is the most promising for effecting an ultimate change in behaviour around father's conceptualisations of child misbehaviour and consequent disciplinary choices. In a clinical

context two features of affective priming are of the greatest importance for producing a clinically relevant positive priming or priming-like effect: the priming phenomenon itself is an automatic process, and the individual is unaware of the explicit purpose of the procedure in order to maximise reactance (Evans, 2010).

Regardless of the ultimate decisions in research design the aim is to work with fathers to improve parenting strategies and skills, and experimental psychology methods such as affective priming and evaluation-influencing may prove useful for this task. Positive affective priming is not in itself a treatment for clinically concerning parenting; however it may be useful in enhancing treatment outcomes or even producing measurable improvements in parenting decisions among a large variety of parents (Evans, 2010).

The majority of research and understanding of affective priming comes from highly controlled, simple experiments designed to manipulate factors such as the length of time between onset of prime stimulus and onset of target stimulus, and the type of basic priming stimuli that can be used to achieve different influences on attitude and emotions (Klauer, 1997). These experiments have been invaluable in demonstrating the mechanisms involved in affective priming and the characteristics of the priming affect under different conditions, however the challenge now is in translating positive affective priming into a clinical or real-world context (Evans, 2010; Klauer, 1997). While most priming experiments have used words as the priming stimuli, in a parenting context it makes more sense to have parents collect positive images of the child and for them to be exposed to these images prior to entering disciplinary interactions (Evans, 2010). In order to meet the priming conditions the parents need to be unaware of the purpose of gathering these photographs; explicitly explaining that this should persuade them their child is good and loving will not achieve a priming effect (Evans, 2010). The outcome is hopefully the father experiencing increased empathy, understanding and positive feelings about the child, resulting in the selection of more constructive and less harsh disciplinary methods (Evans, 2010). The primes are purely affective and designed simply to arouse positive feelings before child-father interactions (Evans, 2010).

Positive affective priming is not in itself a treatment technique so the effect size is likely to be minimal. However, it may facilitate healthier behaviour patterns in parenting and in doing so improve outcomes for both children and their fathers (Evans, 2010). Affective priming could very well be a worthwhile procedure for improving the quality of father-child interactions and may contribute subtly to, over time, improving or facilitating positive attitudes towards children.

Conclusion

The role of the father is entering a new phase in New Zealand society; we are living during a time where the shift from breadwinner or provider to involved co-parent is still significant, new and not understood as well as it could be. Parenting change strategies are hugely varied and obtain varying degrees of success. There is the need to develop and offer strategies to fathers that are efficient, effective, easy to implement, and specifically tailored to their needs.

Positive affective priming may be a promising strategy to add to other parenting training or support efforts, working to enhance the success of these efforts by subtly but effectively altering a father's subconscious beliefs and feelings about their child in the present moment. The advantages of positive affective priming lie in its simplicity and cost-effectiveness; it does not need to be administered by a registered clinician and, because the influence it exerts is relatively subtle and short-term, the likelihood of negative outcomes is minimal.

Fathers are now, more than ever before in human history, spending more time with and becoming more involved with their children. For many this is a learning curve, just as it is for professionals working in the area of parenting, and given the important impact a father can have on his children's lives, deserves the close attention and support of people working in the field.

Acknowledgement

Kayla Mackie is a second year student in Massey University's Doctor of Clinical Psychology programme. Her research is focused on the use of positive affective priming to reduce the likelihood of fathers having negative causal attributions towards, and choosing harsh disciplinary responses to, the misbehaviour of their children. Kayla is interested in child and family psychology, neuropsychology, trauma processing and educational psychology.

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Globalisation: The Experience of Malay Adolescents with Conduct Problems

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Abstract

This paper attempts to explore the experiences of Malay ado-lescents with conduct problems within the Malaysian context of globalisation. It is undeniable that to some extent globalisation offers opportunities for a country to progress to be a greater and more competitive nation. In fact, the Malaysian government is highly inspired by the concept of globalisation in progressing towards the vision of becoming a developed nation by the year 2020. Nevertheless, globalisation as a process is very demanding requiring a lot of changes in the Malaysian political, cultural, economic, educational and social landscape. In addition, many of the changes require inculcating foreign cultural values that tend to be inconsistent with local practices. Without adequate preparation, such inconsistency potentially affects the locally defined well-being among vulnerable groups, especially adolescents. There is consistent evidence that shows a significant relationship between changes with respect to globalisation and conduct problems among adolescents. However, how far the affected adolescents understand and adapt with the globalisation process, particularly in the Malaysian context remains elusive. Therefore, it is essential to explore their understandings and experiences on different aspects of globalisation that significantly affect their lives.

Keywords: Globalisation, Conduct problems, Adolescents, Experience

Introduction

Globalisation as a process has become the main issue underlying the discussion on how the contemporary world works (Rondinelli & Heffron, 2007). Globalisation was found to contribute significantly to the progress and transformation of most countries in the world in almost all areas of human lives, namely economic, political, social, educational and cultural (Harun & Hasan, 2008; Peow, 2011; Rondinelli & Heffron, 2007). Malaysia, known as the fastest growing developing country in the South East Asia region, is experiencing the transformation rapidly. This transformation is an important agenda for Malaysia to accomplish its targeted 'Vision 2020'. The vision aims for the country to become a developed nation by the year 2020. The vision was announced by Tun Mahathir Mohamad (1991) the former Prime Minister of Malaysia. He then proposed nine Malaysian central strategic challenges that Malaysia must overcome in order to become a developed nation. They are: 1) to establish a united Malaysian nation with a sense of common and shared destiny, 2) to create a psychologically liberated, secure, and developed Malaysian society, 3) to foster and develop a mature demographic society, 4) to establish a fully moral and ethical society, 5) to establish a matured, liberal and tolerant society, 6) to establish a scientific and progressive society, 7) to maintain a fully caring society and a caring culture, 8) to ensure an economically just society and 9) to establish a prosperous society (Tun Mahathir Mohamad, 1991). In addition, the use of science and technology has become a key development indicator (Samsudin, 2001). One of the important measures taken in order to achieve the vision and to overcome the associated challenges is through participation in the globalisation process.

However, according to Tun Mahathir Mohamad (as cited in Samirul Arif, 2011), "there is no doubt that globalisation is an idea whose time has come…(but) the fact that (it) has come… does not mean we should sit by and watch as the predators destroy us" (p. 1). This suggests that the government and the people do need to be aware of the detrimental effects of adopting and adapting to the process of globalisation. Hence, in order to ensure that Malaysia will continue to progress economically, politically and socially, protecting local cultures, values and practices is necessary as new practices are adopted, adapted, assimilated and integrated (Mohd Abbas, 2011). Nevertheless,

some people are having difficulty adapting to the changes. In Malaysia, the increasing number of conduct problems among adolescents is one of the leading issues that are being seriously discussed during this globalisation process (Kamal Hassan, 2005).

Media reports indicate that, in 2010, the authorities of Malaysia placed 3,862 young people in institutions for offences such as property-related crimes, cross-dressing, violence, breaking court-ordered supervision, drug use, gambling, dealing in weapons and firearms, and running away from assigned schools. As of April 2010, 1,058 young people, were referred to *Sekolah Tunas Bakti* and *Asrama Akhlak*, rehabilitation centres for young offenders in Malaysia (News Strait Time, 2009). Nonetheless, in normal practice, the statistical figure is arguable because the actual number of juvenile cases is usually estimated to be much higher than that reported (Abd Wahab, 2006).

According to the Malaysian laws, young offenders, who are also known as juveniles, are those under the age of 21 and who have criminal responsibility at the age of ten (Abd Wahab, 2006). The emerging conduct problem is also defined based on various social institutions such as the school in which young people are located, therefore can refer to both the violation of the Penal Code and the schools norms (Maznah, Sa'odah, & Juliana Rosmidar, 2008). From a psychological perspective, conduct problems can be referred to as 'antisocial behavior'. But, when the behaviours are repetitive and persistent and potentially violating the basic rights of others or major appropriate societal norms or rules, they will be classified as conduct disorders (American Psychiatric Association, 2004). In Malay society, where Islam is the main guide of conduct, the violation of Islamic rules also can be classified as conduct problems.

Some scholars are highly inclined to associate conduct problems experienced by Malaysian adolescents with the globalisation process. This is based on their analysis of the impacts of the process on the socio-cultural, political and economic development of Malaysia (e.g. Harun & Hasan, 2008: Kamal Hassan, 2005). Their arguments are mostly centred on the inadequacy of preparation of the adolescents to face the impacts. Thus, without denying the huge contribution of globalisation towards the continuous development of Malaysia,

the rise of conduct problems among adolescents also needs to be closely analysed.

Nevertheless, the fact that Malaysia is made up of multicultural societies has led to the difficulty in addressing conduct problems among adolescents in Malaysia from a single definition and perspective. This is because each social group is practicing their own unique cultures, values and beliefs. Therefore, against a background of globalisation and the effects of a changing world, this paper locates the emergence of conduct problems among adolescents within a history that is specific to Malay. Consistent with the argument, the objectives of this paper are to explore the tensions faced by Malay adolescents with conduct problems and discuss their contingent responses towards globalisation.

Malay Cultural Values

Malaysia's Population and Housing Census 2010 estimated the population of Malaysia to be around 28.9 million people, with Malays making up the largest population at about 14.7 million. Culturally, traditional Malay cultural values are regarded as essential in the socialisation process within Malay society. For the purpose of this paper, culture is defined as a framework of behavioural patterns, values, assumptions and experiences shared by a social group (Mohamed Aslam, Selamah, Ruzita, & Hazizan, 2001). Values can be defined as a multifaceted set of standards of any particular society that guide one's conduct, presentation of self to others, judgement, evaluation and rationalisation (Mohamed Aslam et al., 2001; Selamah & Ruzita, 1999). Referring to this definition, Malays are believed to uphold diverse cultural and values, that guide all areas of life, including family codes that include marriage, family structure and functions, roles of family members and the relationships within the family unit (Yaacob, 2009). Research suggests that this diversity is influenced by many factors, particularly through the teaching of Islam and the diverse cultural influences encompassing Siamese, Javanese, Sumatran, and Indian (Krisnan, 2004; Yaacob, 2009).

According to Andaya (2001), Malays have a cultural origin where "proper behaviour, customary laws and standards of government, language and literature derived from the oral and written traditions of Melaka became 'primordial' values associated with being Malay" (p. 316).

The manifestations of Malay cultural values are typically expressed through traditional Malay sayings, poems, proverbs and verses (Hashim, Normahdiah, Rozita, & Siti Sarah, 2012). Based on these different forms of expression, Hashim Hj. Musa (as cited in Hashim et al., 2012) has established 26 core Malay psyches or social character traits, including abiding by Islamic teaching, cooperation, respect, moderation, and caring. According to him, those Malays who possess these traits were considered to have high moral and ethical values and were highly respected by Malay society. They were regarded as have acquired three noble traits, namely: (1) good-natured, well-mannered and urbane, (2) polite, sensible and insightful in speech and (3) wise and knowledgeable.

On the other hand, the socialisation process within the Malay family involves the teaching of basic practical skills to prepare the children to take over adult male and female roles. For example, a father will train his son to tap rubber trees from childhood. Some of the traditional Malay parents also feel that sons should be better educated than daughters. In addition, in the socialisation process of their children, Malays always use proverbs and maxims as a guide. For example "*melentur buluh biarlah semasa masih rebung*" (to bend a bamboo, while it is still a shoot) means if you want to teach your child, it is better to do so when he is still young. Furthermore, the cooperation among family members is also one of the most cherished values in Malay society (Yaacob, 2009). On the contrary, any behavior that diverges from these culturally and socially maintained Malay values can be characterised as social problem within the Malay society (Mohamed Aslam et al., 2001). Therefore, the Malays believe that they must protect their traditional cultures and values to ensure the continuous development of socially healthy society (Mohamed Aslam et al., 2001).

Nonetheless, as Malaysia undergoes transformation, the ability to sustain those elements of cultural and values has become questionable. This is because values usually have been transferred from one generation to another by using traditional methods such as through oral means and being kept in the heart of the society rather than being officially documented. The vulnerability in sustaining the values may potentially lead to changes in the values as an effect of transformation in many areas, including economic policy, educational systems and communication technology. Hence, the changes are believed to have detrimental effect on the moral development particularly of young generations (Selamah & Ruzita, 1999).

In a study conducted by Hashim et al. (2012) to discover the degree of conformity or divergence from the core social character of Malays today, it was found that the Malay still retain their religious, ethical and moral values, and basic knowledge but have deficits in upbringing, nurturing and putting the values into practice in their daily lives. Consequently, this has resulted in negative and defective social behaviour in Malay society. They added that, this is the main factor that gives rise to social ills and decadence in the Malay society of the past and present. Hashim et al. (2012) attributed the issue to the inherited socio-cultural hindrances as proposed by Mohd Kamal Hassan (1996), also known as the 'ill-heart' of the Malay. The hindrances include a liberal-secular mindset, conspicuous and ostentatious lifestyle, 'weak moral fibre syndrome' and short-term gain of prosperity. To some extent, these weaknesses become obstacles for the Malays to retain the uniqueness of their cultural values, particularly during the current rapid transformation of the country as an impact of the globalisation process (Kamal Hassan, 2005).

Globalisation

Globalisation is defined as "the movement towards greater interaction, integration and interdependence among people and organizations across national borders" (Rondinelli & Heffron, 2007, p. 1). Globalisation has often been associated with the process of internationalisation, liberalisation, universalisation and Westernisation or modernisation and deterritorialisation (Mohd Abbas, 2011; Peow, 2011). More specifically, internationalisation refers to international exchange and interdependence, liberalisation refers to open policy with no restrictions on the movement of capital from one country to another, universalisation is sharing or spreading various objects and experience with/to people worldwide, Westernisation or modernisation is a concept whereby the local host culture is replaced by Western culture and finally deterritorialisation suggests the loss of what is unique to a particular country but it is shared by others from other parts of the world (Mohd Abbas, 2011).

Globalisation as a process (Harvey, 2000), has impacted almost all areas of life. The positive impacts of the process are believed to contribute significantly to the progress of the world and manifest through the perceived opportunities for international travel, trade, migration, social interaction, cultural integration and dissemination of knowledge and understanding (Rondinelli & Heffron, 2007). Because of these opportunities, people all over the world have been experiencing the compression of the world, reduction in cost and time of moving commodities and people, an increase of multinational capital flows and immigrant populations, consciousness of the world as a whole, interdependence of people and nations, and intense consciousness of this interdependency (Harvey, 2000; Peow, 2011).

In this paper, globalisation is referred to as a process that involves greater interaction, integration, and interdependence among people and organisations across national borders that has led to the significant changes in many different areas. This definition is generated by taking into account all elements underlying the process of globalisation especially in the Malaysian context.

Globalisation in the Malaysian Context and its Relation to the Emergence of Conduct Problems among Adolescents

Asian countries (including Malaysia) have been adjusting to globalisation since the late 1970s through innovation, change and adaptation (Rondinelli & Heffron, 2007). Several significant sectors are identified that have dominated the globalisation process, particularly in Malaysia, that includes economic, technological, cultural, social and educational sectors (Harun & Hasan, 2008; Kamal Hassan, 2005; Mohd Abbas, 2011). In responding to the globalisation process, the Malaysian government together with relevant organisations and individuals has taken necessary measures in order to adapt to the changes that have been brought about by the process. As a result, Malaysia is currently experiencing rapid changes and development in all the different areas.

Nevertheless, issues related to the real gains and losses of the globalisation process have captured the attention of many people worldwide. In Malaysia, this issue has also been closely analysed and discussed. Adolescents aged between 10 and 19 years old make up the largest population in Malaysia at around 5.5 million people (Department of Statistics Malaysia, 2012), and have been among the groups that are much affected by the changes (Kamal Hassan, 2005). The process has exposed adolescents to many new environments that require them to adapt. Failure to adapt renders them vulnerable to the changing context. Parallel to this argument, the rise of conduct problems among adolescents in Malaysia has often been attributed to the failure of the adolescents to make reasonable adjustments to the globalisation process.

Many researchers have agreed that economic growth is one of the important keys in the globalisation process (Abd Wahab, 2006; Peow, 2011). The trend toward global economic integration helped many developing countries to progress, particularly those in Asian countries. The ability of governments and private sectors to adapt to the so-called "global economic trend" brought about social and political benefits to Malaysia. This is evident through poverty reduction, job creation and improvements in health and social well-being (Rondinelli & Heffron, 2007). In the Malaysian context, several measures have been adopted and adapted from the global trend in order to improve Malaysians economic development. Among the measures that have been taken are the introduction of a free trade system and open market policy. Through these measures, the economic sector has become more competitive and efficient as privatisation policies, deregulation of the market system, as well as control of the market by free-trade regulation, are adopted (Harun & Hasan, 2008). The focus of the Malaysian economy has also changed from an agrarian based economy to an industrialized economy (Peow, 2011).

These improvements and changes however have not benefited all groups of people, instead, becoming a risk to those who have been left behind or excluded from its benefits (Peow, 2011). For instance, the shift in the focus from agricultural to industrial-based economy has affected people who are dependent on agricultural revenues to pay for their cost of living. This situation has caused an increasing risk of economic insecurity among them (Rondinelli & Heffron, 2007). The destruction of their livelihood by the new economic policy has led them to change their concentration from agricultural to industrial sectors. Most of them have migrated to the urban area where the job opportunities have been perceived to be better

(Mohd Fadzil & Ishak, 2009). Nevertheless, in reality, the process of getting new job is not as easy as they may anticipate. The increased number of legal and illegal foreign workers have lessened the opportunity for local unskilled labors to get good jobs (Ramesh Kumar Moona, Charles Ramendran, & Yacob, 2012).

Therefore, factors such as the urge for money and the failure to secure good jobs in the labour market have encouraged the affected people to do all that it takes in order to ensure their survival. This, at least in part, has been linked to an increase in crime and it is Malays who are the highest population living in poverty in Malaysia (Economic Planning Unit, 2012) have become vulnerable to the effects of globalisation. This argument is further compounded by statistics of young offenders in Malaysia that have shown that Malay adolescents are the highest population that are placed in institutions for young offenders (Maznah et al., 2008). In addition, in a study on the prevalence of truancy, Shamsul Azhar Shah, Azura, Azimatun, Mohd Rohaizat, Nazarudin, Rozita and Rahmah (2012) found that household incomes of Malay students with truancy problems are lower when compared to non-truant students. It is important to note that, truancy has become one of the significant risks for conduct problems engaged by adolescents in Malaysia. Therefore, it can be argued that, economic insecurity has impacted on involvement of adolescents at risk of developing conduct problems.

Meanwhile, scientific and technological advancements especially in the field of communication have also become the key in the success of the globalisation process. Continuous innovation of modern technologies has been contributing to the improvement of Malaysia. Through technological innovations, the cost and time entailed in the movement of goods and people have been reduced. Hence, it is said that the innovation in the postal system, the telegraph, the radio, telecommunications and the worldwide web have now pushed the cost of information transfer close to zero (Rondinelli & Heffron, 2007). All these communication tools allow people to communicate, to exchange ideas, services and products in more effective and faster ways when compared to the communication tools that were previously used (Harun & Hasan, 2008).

Through international interactions and interdependencies, the spread of cultural influences and the ability of people in the world to communicate with each other across borders are enhanced. This phenomenon, also known as the process of Westernisation or modernisation (Mohd Abbas, 2011), has encouraged adolescents to be hugely exposed to foreign knowledge, cultures and values. Researchers, such as Mohd Abbas (2011) are very critical of these effects. For him, this process is an effort to re-colonise the East by the West without being present. He uses the term neo-colonialism to explain this re-colonisation attempt. He also argues that this is a new approach on how to impose Western hegemony to the people in the East. Despite that, not all Western cultures and values are necessarily detrimental but the problems emerge when there are inconsistencies between Western and Malay cultures, values and practices leading to unpredictable and ambivalent reactions among adolescents.

The Malay cultural values are mostly seen as contradictory to the values of the West. Certain behaviors might be understood a normal in Western cultures but in the Malaysian culture may meet the criteria for conduct disorder. For example, engaging in sexual activities outside marriage, close proximity between sexes in a closed place, gambling, cross-dressing and drinking alcohol breach behavioural standards for Malay adolescents (Mohamed Aslam et al., 2001; News Strait Time, 2009; Yaacob, 2009). The combination of factors such as taking up a liberal-secularistic mindset, weak moral and religious orientation (Abd Wahab, 2006; Kamal Hassan, 2005), and lack exposure to the Malay cultural and values (Hashim et al., 2012) have contributed to the emergence of locally perceived negative reactions among the Malay adolescents after they have been exposed to modernisation through Western cultural norms. As a consequence, it is possible that Malay have consciously or unconsciously engaged in many behaviors that are illegal and inconsistent with the local believes and practices.

In addition, the process of globalisation is very demanding. More expertise in all the different areas, especially in science and technology, are urgently needed by the country to move along with the pace of globalisation. This issue has been well emphasised in the Malaysian plan to achieve Vision 2020 (Samsudin, 2001). In order for Malaysia to take up this challenge and to fulfill the demand, the Malaysian educational policy has been revised and formulated in such a way

that provides more opportunity for students in the area of science and technology to progress. Accordingly, subjects related to science and technology have been prioritised at the expense of humanity and morality related subjects (Kamal Hassan, 2005). On the other hand, the democratisation of education is also adopted in the Malaysian education system. One of the essential elements in this approach is the opportunity for the open examination certificates at primary and secondary school level that is intended to allow all students to progress to higher education even though they may have failed their national examinations (Sua, 2012). There are however, problems with the democratisation of education. Malay students have historically not performed well in subjects that are attributed to successful outcomes (Kamal Hassan, 2005) and the forward progression to higher education is more likely to benefit those who have academic ability. Sua (2012) has argued that less attention is paid to values that are specific to Malay, suggesting that the new approach is limited in addressing moral development and educational outcomes for Malay adolescents and as a result, affected students are more likely to engage in truancy and behavioural problems in and outside of school (Sua, 2012).

Within the context of globalisation, conduct problems for Malay adolescents emerge as a form contingent responses or reactions to rapid change. Kamal Hassan (2005) argues that the process of globalisation is a new challenge to people who are inadequately prepared for them. His argument is specifically directed towards Malay Muslim adolescents in Malaysia who he believes might be most affected by the process. Therefore, efforts need to be made to find solutions on how to prepare these adolescents to face the challenges so that they can avoid suffering from any psychological or behavioural issues.

Future Direction

By understanding all the measures that have been taken in order for Malaysia to keep pace with the accelerating process of globalisation as discussed in this paper, it shows that Malaysia's commitment to becoming a developed country by 2020 is focused on economic rather than moral development. The government has prioritised the development of scientific competence with less emphasis on establishing a moral and ethical society. Steps have also been taken by the Malaysian government to curb conduct problems among adolescents, such as the introduction of the Child Act 2001, the establishment of various rehabilitation centres for young offenders, the development of National Youth Development Policy (NYPD), the creation of full time counsellors in school and the introduction of parenting courses (Maznah et al., 2008). However, it seems that all these measures have had little effect as the number of adolescents involved in conduct problems in Malaysia remains high. Without intending to undermine the existing efforts, it would seem as though there maybe something lacking in the steps taken especially when dealing with ongoing globalisation processes. Hence, a series of studies from all dimensions needs to be done in order to address the issue comprehensively.

As the issues related to physical and tangible aspects such as economic development, the educational system, and technological development have been addressed and discussed extensively by the government and other relevant parties and individuals, it is time that the focus is also directed towards the psychological preparation of adolescents as they face this new globalised era. To achieve this aim, it is important to contextualise the specifically Malay experience rather than assume that the theories of knowledge of the West are the best. Efforts should be put in place so that the unique explanations, conceptualisations and theorisations about the specific experience of Malaysian adolescents can be formulated. Thus, it will lead to the development of holistic and effective measures in dealing with conduct problems among adolescents in Malaysia. Therefore, one of the initial efforts that can be carried out is exploring the experiences of affected adolescents to understand how they perceive, understand and respond to the process of globalisation from their own perspectives. This step will provide valuable information in dealing with the issue.

On the other hand, there is a suggestion to inculcate good values in the society in order to improve social well-being (Selamah & Ruzita, 1999). The problem is knowledge of what features constitute good values. Traditionalists may argue that their traditional cultural values and practices should be privileged. However, the context of Malaysia has changed and the 'modern' world has emerged, so I argue that the emergence of new global cultures also needs to be considered. Therefore, the challenge is to produce a definition

of good values particularly for Malay society that are culturally (Islamic) meaningful and account for the changing society.

Conclusion

There is no doubt that the process of globalisation plays an essential role in the development of Malaysia. However, it is my contention that all changes that happen due to globalisation are often accompanied by advantages and disadvantages. Without adequate preparation in dealing with the effects of globalisation, it may harm social and individual well-being in the country. By analysing the factors related to globalisation that lead to the emergence of conduct problems among adolescents, it shows that there is a space for understanding how these affected adolescents could be lacking in terms of mental preparation that cause them to react or to respond to the changes in an unfavourable ways. However, this argument will remain elusive unless efforts are made to explore and to unveil the experiences of these affected adolescents.

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Surviving and Thriving: An Introduction to Childhood and Youth Post-Disaster Recovery in the Context of the Canterbury Earthquakes of 2010-2012

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Abstract

Potentially traumatic experiences, such as disasters, represent particularly complex experiences. While generally agreed that adversity has definite effects at a population level, the nature of these effects is open to debate. Past research has tended to focus on vulnerability and trauma. However, recent research suggests that experiencing adversity can sometimes be resolved in terms of enhanced well-being, and capacities to adapt. The specific focus of this paper is on children and youth, as there has been minimal research on how models of adaptation and accommodation in adults may apply to young people. The study seeks to further understanding of factors and processes that promote positive coping, adaptation, and well-being. It will examine adaptation using a study of experience over the course of a recovery process. A repeated measures approach will examine recovery processes, including resilience and post-traumatic growth. It is hoped that results will inform future preparation for adversity, and increase support to children and youth recovering from challenging life experiences, including disasters.

Keywords: Disaster, Childhood recovery, Positive coping, Resilience, Post-traumatic growth

Introduction

Adversity and challenge are parts of everyday life. During the normal course of a human life, most people can expect to face challenges from one or more potentially traumatic events (PTEs) (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). When people experience adverse events and situations, (e.g., road accidents; loss of loved ones; criminal assaults; man-made, or natural disasters), they live through consequences which may erode their quality of life and cause stress and distress.

Natural disasters, as PTEs, represent particularly complex experiences because they threaten one's survival and can result in losses of homes, income and family networks. Understanding these consequences requires articulating; a) the elements of the traumatic experience, b) how they unfold over time, and c) how this process creates positive and negative consequences.

Specific elements of a potentially traumatic experience can influence the impact on the people affected. For example, some research has demonstrated that prior exposure to PTE is a risk factor (King, King, Foy, Keane, & Fairbank, 1999), as it sensitises individuals to the new stressor thus increasing the impact. However, Masten and Narayan (2012) develop a more complex analysis and describe prior exposure as either sensitisation (vulnerability) or inoculation (protection). Other research has underlined elements such as suddenness of the event, length of exposure, and type of loss as influencing impact of events (Hobfoll et al., 2007).

Yet, it is not just the negative event or events themselves that produce stress. It is also the way the event is interpreted by the people affected. The person's interpretation of an event, and their capacity to handle it, is important in measuring whether that event will be experienced as traumatic. Joseph and Williams (2005) have stated that there are large differences in severity and chronicity of reactions. It has been hypothesized by numerous researchers that some characteristics of individuals, and their social environments, may act as a buffer in influencing how they appraise PTEs (Masten & Narayan, 2012).

There are challenges in research on disasters. Researchers note, that one of the limitations of research in the context of disaster, is that

data are often self-reported or observed, and the subsequently noted differences may not be directly attributable to the disaster (Ford, Tennen, & Albert, 2007). Most disaster research is retrospective and research has demonstrated that people have real difficulty in accurately recalling past states or attributes (Frazier & Berman, 2006). Further, despite their adverse, challenging nature, it cannot be assumed that the effects of disasters on people are universally negative.

Overall, research findings acknowledge that most people cope and recover from disasters if given basic support (Eisenbruch, de Jong, & van de Put, 2004). Therefore, although disasters, as adverse events, can be traumatic, only a minority develop psychopathology as a result of living through these events. Ozer, Best, Lipsey, and Weiss (2003) noted that "roughly 50-60% of the U.S. population is exposed to PTEs but only 5-10% develop Post Traumatic Stress Disorder (PTSD) (p. 54). Bonanno, Brewen, Kaniasty, and La Greca (2010) state that disasters cause serious psychological harm in only a minority of exposed individuals. Much of the literature is consistent in concluding that more than half of a population exposed to disaster experience only transient distress and maintain a stable trajectory of healthy functioning (Bonanno et al., 2010). The following section describes processes in recovery trajectories.

Coping and Recovery

When people attempt to deal with, or manage a disaster situation they can be said to be trying to cope. Coping and recovering from disasters and their consequences are complex phenomena. Coping can be said to refer to the thoughts, actions, and strategies we use in order to deal with stress and distress (Beutler & Moos, 2003).

In the literature, recovery from disasters has been defined in a multitude of ways. The term recovery is often embedded in a model of repair and restoration to a pre-disaster state. However, as Paton and Johnston (2006) have concluded, changes in the physical, social and psychological reality resulting from the disaster, exclude a return to the pre-event state. Consequently, in this paper, recovery will be understood to encompass the trajectory a person takes post-disaster, to adapt to, assimilate or actively manage their altered present, so that they are able to function adequately in their new circumstances. These recovery trajectories develop, evolve and take form over time.

Thus, the disaster recovery outcome depends on a combination or risk and resilience factors, as well as coping strategies (Mooney et al., 2011). In fact, research shows that there are multiple patterns in outcome (Bonanno, Galea, Bucciarelli, & Vlahov, 2006). These patterns or trajectory outcomes range from people functioning below their pre-disaster level to those functioning up to or above the pre-disaster level.

It is not only the definition of concepts that influence findings, it is also the lens through which phenomena such as adversity and post-disaster recovery is examined. The next section briefly discusses research on the effects of adversity such as disasters on adults and children.

Background

Trauma and Disasters

Historically, research examining coping and recovery has concentrated on traumatisation resulting from adverse events. Research on post-disaster recovery, within psychology, then, has tended to investigate trauma and vulnerability. Most of the knowledge about how people cope with trauma and the associated losses and stress came from those who showed extreme stress reactions or sought treatment: those whose lives were chronically disrupted by their reactions to the negative event. Furthermore, much research on the effects of severe psychological stress has focused on stress-related adult psychopathology (Adams & Boscarino, 2006; Brewin, Andrews & Valentine, 2000; Ozer et al., 2003).

Although there is a growing body of research on effects of disasters on a population, minimal research has attempted to examine how patterns of response to disasters in adults may be applicable to children or youth. Nevertheless, a few studies have also focused on trauma, vulnerability and adversity in children (e.g., Copeland, Keeler, Angold & Costello, 2007; Ronan & Johnston, 1999). However, there are still gaps in theory to understand childhood trauma and childhood psychopathology, such as Acute Stress Disorder ASD or Posttraumatic Stress Disorder PTSD (La Greca, Silverman, Lai, & Jaccard, 2010; Salmon & Bryant, 2000).

From Trauma to Thriving

In recent decades, with the advent of positive psychology, research has begun to look at how people cope and adapt in constructive ways, and

experience enhanced well-being (Seligman & Csikszentmihalyi, 2000). This paradigm shift in psychology nurtured research that endeavoured to understand what is well-being and adaptive functioning. Evidence from numerous studies indicates that well-being is a multi-dimensional phenomenon that includes aspects of both the hedonic (happiness and life satisfaction) and eudemonic concepts of well-being (meaning and self-realisation) (Ryan & Deci, 2001).

Positive psychology examines constructive adaption and as such, it focuses on well-being and the conditions, strengths and capacities that allow people to thrive. Frederickson (2001), in her Broaden-and-Build theory, looked at how positive emotions can enhance well-being. In this prospective longitudinal study, higher levels of positive emotion prior to the September 11 New York terrorist attacks, predicted greater levels of resilience and growth in the months following (Frederickson, 2001; Tugade & Frederickson, 2004). Optimism too has been shown to have a positive impact on coping strategies and consequent recovery outcomes. Individuals demonstrating dispositional optimism tend to see positive outcomes to adverse situations, employ more problem-focused coping in controllable situations and make more use of reframing and acceptance coping in uncontrollable situations (Scheier, Carver, & Bridge, 2001). In the context of understanding disasters and their impact, the focus from positive psychology examines how a certain proportion of people can recover from disasters in such a way as to live to a fully functioning capacity. Some survivors even thrive.

What then are the elements and processes that promote this positive coping and adaptive recovery? Two of the processes, studied in recovery trajectories that reflect positive coping, are resilience processes and post-traumatic growth (PTG) or post-adversity growth. These processes are now briefly discussed.

Resilience

Resilience, as a metaphor has long been used to describe a person's capacity to resist or bounce back from adversity; to recover rapidly and well after the occurrence of an adverse event. It has however been defined in a multitude of ways. A broad definition would describe it as a propensity toward positive developmental outcomes under high-risk conditions (Lepore & Revenson, 2006). In a disaster context, resiliency then is a capacity

for successful adaptation despite challenging and threatening circumstances that create the experience of significant social, psychological and physical disequilibrium. The resilience research framework has been influenced by developmental systems theory (Gottlieb, 2007) and Bronfenbrenner's ecological model (Bronfenbrenner, 1979). Both of these models perceive the individual, not in isolation but interacting in space and time, with their social environments.

Models of resilience have evolved over the last decades. Earlier models studied resilience from the perspective of risk or vulnerability factors compared to strength and capacity factors, and described individuals as resilient. However, later research has conceptualised resilience as: a process rather than an outcome (Norris, Steven, Pfefferbaum, Wyche, & Pfefferbaum, 2008); as a dynamic process, not a fixed state (Cyrulnik, 1999; Luthar, 2005); and involving multiple interacting systems (Mancini & Bonanno, 2006; Masten, 2011). Thus, an individual may practise resilient strategies to cope with adversity but cannot be definitively categorised as resilient. The capacity to use resilient strategies to successfully adapt to threatening circumstances is not fixed, and may change in different contexts.

When research has focused on disaster situations, resilience is seen as a, "capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (Masten & Narayan, 2012, p. 231). Resistance to impact, or fast adaptation after disasters, are interpreted as signs of resilience. Individuals, including children and youth showing high levels of resilience are seen to return to normal levels of functioning in the short term (Luthar, 2005).

Studies indicate that there is a marked variation in observed effects in individuals who have been exposed to the 'same' disaster. This may reflect the capacities of individuals to respond in a resilient way to the disaster. Bonanno (2004) discusses resilience as: a complex phenomenon resulting from a mix of factors including personality; interpersonal variables, such as supportive relationships; and the type severity, and duration of the stressor.

Studies of resilience in children, youth and adults, have focused on capacities and factors that promote an ability to adapt quickly after adversity and to function at an appropriate developmental

level. Processes and elements that have been linked to children and adults, showing a capacity for resilience, can be intrapersonal, interpersonal or societal in aspect.

Intrapersonal factors have been researched for decades. Some of them include: self-efficacy (Bandura, 1977; 1997), sense of coherence and problem-solving appraisal (Antonovksy, 1979), hardiness (Kobasa, 1979), and self-enhancement and flexible adaptation (Bonanno, 2004).

Interpersonal factors comprise a supportive and protective family and social network and what they can deliver (Luthar, 2006; Qouta, Punamaki, & El Sarraj, 2008). Several studies have shown that the wider community contexts can be important in promoting resiliency. Norris et al., (2008) have looked at factors that aid community resilience in the context of disaster, and the positive flow-on effect of community resilience to the local population. Additionally, organisational elements within a community can promote coping and resiliency (Paton & Burke, 2007), and child-nurturing institutions such as schools (Masten & Osofsky, 2010) are able to scaffold and promote resiliency processes.

Furthermore, understanding resilient processes or indeed any recovery process in children and youth needs to integrate the child's developmental capacities into the analysis. Characteristics supportive of resilience appear in early childhood (Osofsky, Osofsky, Kronenberg, Brennan, & Cross Hansel, 2009). The authors describe young children having an adaptable, easy temperament and good interpersonal skills, as showing resilient strategies. With age, children develop greater ability to use cognitive approaches and can re-appraise and reframe challenges in coping with events. Problem-solving skills have been linked to positive coping and resilient processes (Masten & Cicchetti, 2010). Age and developmental skills, that increase cognitive understanding of an event, can moderate exposure to adversity such as disaster, and increase capacity to cope positively over a recovery trajectory. Conversely, these skills may also increase the child or youth's vulnerability, in that an increased understanding of the disaster and consequences may also exacerbate distress. Developmental capacities in children and youth evolve over time, within the young person's individual make-up, and in relation to their interpersonal relationships. Therefore, this complex unfolding of capacities needs to be

taken into account when researching recovery trajectories in children and young people.

Additionally, Masten (2011; 2012) notes that there are few studies with 'low–exposure comparison groups' where a baseline measure of resiliency would allow clearer analysis of resiliency processes post-disaster.

Finally, some researchers have postulated that this 'positive illusion' of having certain attributes is an altering of self-perception in order to increase a sense of control over a situation (Smith & Cook, 2004). Whether self-reported resiliency is an illusion is not necessarily a negative phenomenon. Individuals who feel they are coping positively in a rapid, resilient fashion may feel more self-confident and show self-mastery, which in turn could be reinforced to increase adaptive capacity (Benight & Bandura, 2003). This is an avenue for exploration in research. Self-enhancement may allow individuals to deal more effectively with the consequences of disasters.

Post-Traumatic Growth (PTG)

Increasingly, research examining how traumatic experiences are resolved, has highlighted the fact that some individuals actually appear to thrive in adversity and eventually function above their pre-disaster level.

This positive qualitative shift in functioning has been defined in several ways by researchers: McMillen, Smith and Fisher (1997) talk of perceived benefits; Park (1998) writes of stress-related growth; Abraido-Lanza, Guier, and Colon (1998) of thriving; and Joseph and Linley (2006; 2008), of Post-Adversity Growth (PAG).

Tedeschi and Calhoun (1996) coined Post-Traumatic Growth (PTG), which is defined as a positive psychological change experienced as a result of an individual's struggle to cope with a highly challenging event (Tedeschi & Calhoun, 1996; 2004).

Joseph and Linley (2008) developed a clear, theoretical model that elucidates aspects of growth following disasters. Growth in this model is described as accommodating positively to the new reality. Additionally they contrast Post-adversity growth with resiliency coping, which assimilates the new reality into an on-going, existing worldview. Moreover, the model uses word adversity within growth and avoids use of trauma, which is a potential rather than foregone result of living through adversity.

Tedeschi and Calhoun (2004) too, have further developed their initial concept and underline that it is not the potentially traumatic event in itself, that results in PTG, but rather the struggle with situations such as disasters that is distressful, and yet a catalyst for growth. This means that the growth process evolves during a recovery trajectory, and is often accompanied by stress and distress. Assumptions about the world as a safe and predictable place may be shattered (Janoff-Bulman, 1992). Disasters can seriously challenge the person's ways of understanding the world and their place in it. Individuals may struggle to build a new representation of the world, and it is the struggle with, and the transformation of, the view of the world that may lead to PTG.

Recent reviews of PTG research have demonstrated that continuing personal distress and growth often co-exist in this recovery process. Zoellner and Maercker (2006) hypothesise that the change and evolution of a person's view of the world often results in initial distress following the disaster, before increasingly positive coping strategies lead to a higher functioning, in a PTG recovery outcome.

In persons demonstrating PTG, their later functioning is higher than pre-disaster functioning. Lepore and Revenson (2006) have stated that growth following adversity is not the absence of post-traumatic stress reactions, but the presence of positive states. The paradox of distress and growth can co-exist. Consequently, the recovery trajectories for these individuals may be expected to appear initially negative, with lower than pre-disaster functioning, and to evolve positively over time.

Again, the majority of research on PTG has focused on the adult population. PTG and the positive psychological changes in this process are found in five domains: new possibilities, relating to others, personal strength, appreciation of life and spiritual change (Tedeschi & Calhoun, 1996; 2004).

Although there continues to be a gap in research of PTG and children, several recent studies give overviews of findings that examine PTG in children and youth (Clay, Knibbs, & Joseph, 2009; Meyerson, Grant, Carter, & Kilmer, 2011). In an attempt to look at both Post-Traumatic Stress PTS and PTG in children, Alisic, van der Schoot, van Ginkel and Kleber (2008) concluded that although

children typically respond well to difficult life circumstances, traumatic exposure does show consequences for the well-being of children. This study also determined that PTS and PTG are found in children as co-existent constructs.

Taku, Tedeschi, Calhoun, Gil-Rivas, Kilmer, and Cann (2007) confirmed the construct analysis of PTG in Japanese youth, and yet suggested there may be cultural differences. However, people from different cultures may define PTG differently. Taku (2010) has also demonstrated that PTG may be of different levels in the five domains described above, in that growth is not consistent over all areas.

Overall, research on PTG in children and youth specifically within disaster contexts has been limited. Cryder, Kilmer, Tedeschi, and Calhoun (2006) undertook an exploratory study, and first systematic study, of PTG in children and youth recovering from a hurricane/flooding disaster. Although far from conclusive, the findings suggested that children's competency beliefs were related to PTG indicators and that a supportive social environment appeared related to the children's competency beliefs. Hafstad, Gil-Rivas, Kilmer, and Raeder (2010) highlighted parental post-trauma well-being and functioning in their study into PTG in Norwegian children and adolescents, following the 2004 Tsunami. They found that parents self-reported PTG was a predictor of PTG in their children. Parental and social relationships may therefore play a role in children's PTG development. Kilmer (2006), and Kilmer and Gil-Rivas (2010) further examined PTG in children, and the use of the PTG Growth inventory revised for children and adolescents (PTGI-R-C), in a population of children following hurricane Katrina. They raise the important issue of children's responses and reactions being closely tied to their developmental level, which is reflected in their cognitive, emotional and behavioural capacity to understand and respond to a disaster event. Some researchers have postulated the idea that children's reported PTG could be solely the result of maturation in their developmental levels. However, this is not confirmed by both Taku et al. (2007) and Alisic et al. (2008), who found that children who had reported experiencing a traumatic event also reported more PTG than children not experiencing this type of event, who had similar developmental levels.

The construct of PTG in children has only recently been researched in any depth. Not all researchers are satisfied that PTG is as yet well-understood, or that it is a proven theoretical concept. There is a further need to develop a common definition of growth following adversity as well as further exploration concerning the dynamic nature of PTG over time. Additional research on PTG in children is necessary to confirm whether children are demonstrating PTG separately or in conjunction with advances in their developmental skills. It is important to integrate developmental functioning as a parameter in understanding childhood recovery trajectories. Both resiliency processes and PTG are domains to be taken into consideration when researching recovery trajectories in children and youth.

Within the present context of research into recovery from disasters, the present study examines what influences this capacity to cope, recover and perhaps even operate at a higher level of functioning. It will look at both resilient processes and post-traumatic growth within the context of children and youth's post-disaster recovery from the Canterbury earthquakes.

Present Study

Rationale

The study is set in the context of the Canterbury Earthquakes. This disaster was a series of repeated, extensive-impact adverse earthquakes from September 2010 to May 2012, and their consequences (Bannister & Gledhill, 2012). It will focus on children and youth by exploring the inter-related recovery processes of children and youth, within their family and community contexts.

As noted previously, compared to understanding adult factors of coping and recovery from adversity, much less is known about children's and young persons' evaluation of environmental experience and how this interacts with developmental stages, family, and community structures, to influence positive coping, recovery and well-being.

In order to have a more comprehensive understanding of positive coping, and recovery after disaster, and to enhance our understanding of functioning children, youth, and their communities, the research will examine the overall recovery and the multiple trajectories that this affected population may demonstrate. It will attempt to clarify positive factors and elements that enhance well-being and personal growth, as well as acknowledging the distress and potential vulnerability, which is a common experience of living through adversity. Previous studies have typically focused on relatively acute experience but this study will examine adaptation, using a study of experience over the course of a recovery process.

Research Questions

The study will investigate how children, and youth cope with disasters and their consequences. It will attempt to clarify which elements support or inhibit coping and to examine whether children and youth cope differently compared to adults. It will explore outcomes that indicate coping and resilient processes and endeavour to shed light on factors promoting this coping. Finally, it will examine processes in those children and youth that demonstrate growth from experiencing adversity.

Conclusion

This research is still in the early stages. The first data collection is now completed. It will endeavour to contribute to the paucity of research presently available on children and youth's recovery trajectories, and to understand how children and youth cope positively with adversity, specifically the complex adversity of disasters.

It is hoped that the results emerging will inform future preparation for adversity and increase support to children and youth recovering from challenging life experiences, including disasters.

Acknowledgements

Maureen Mooney is in year two as a Doctorate student in the Joint Centre for Disaster Research, within the School of Psychology, Massey University, Wellington and GNS Science, and is currently analysing her data from children and youth, who experienced the Canterbury earthquakes. Her focus in the present paper is a review of how children and caregivers cope positively both with adversity, and within their recovery process. Her research interests include coping, resilience, and post-adversity growth in the context of disasters and adverse events.

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Te Turangawaewae o te Whakaohooho Mauri:
The Conceptual Home-Place of the
Re-Awakening Indigenous Spirit

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Abstract

Resilience of Indigenous identities, life-ways and knowledge is the topic of my doctoral thesis. To enable the holistic unity of Indigenous being, feeling, thinking, and doing to become visible and meaningfully viable to Indigenous and non-Indigenous people within and without the empirically dominated domain of academic positivism, a cosmologically sourced, ethnographically supported *turangawaewae* or conceptual home-place has been developed. An Indigenous space of meaning to investigate and provoke a discursive continuum of Indigenous resilience that enables resilient Indigenous identities, and the multiple phases they embody to be conceptualised and incorporated, while also embracing notions of Eurocentric resilience and the comparative psychological implications these unearth. To illumine the global process of re-emerging Indigenous identity resilience by exploring how Indigenous people experience the process of personal and collective reconnection to their ancestral Indigenous identities, tikanga Māori, Mana Wahine philosophies, and kaupapa Māori methodologies complete the home-place developed to receive and care for the research collaborators, and question. A place that enables ethical and congruent cultural interpretations of Indigenous identities and the liberation of Indigenous thought, practices, and discourse. This paper traces the developmental terrain of this *turangawaewae* or conceptual home-place.

Keywords: Māori, Indigenous resilience, Ancestors, Mana wahine, Kaupapa Māori
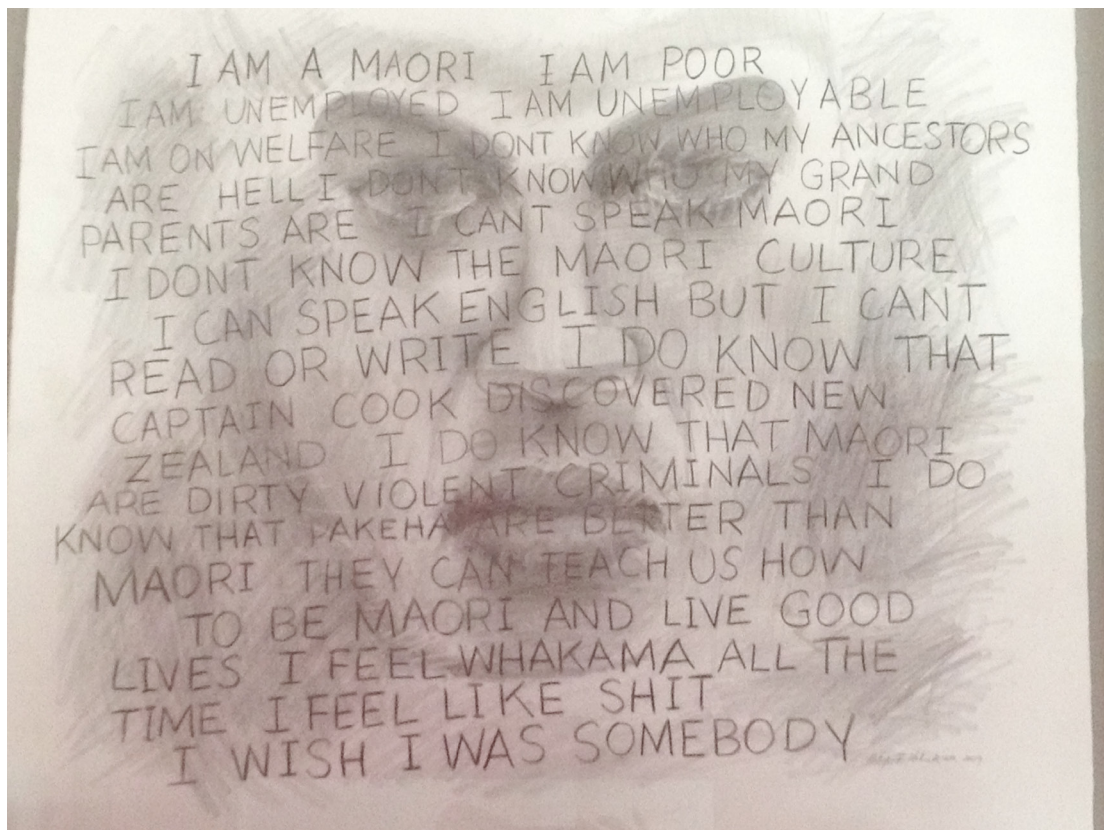
Figure 1. Robyn Kahukiwa "Somebody" (2009).[1]

[1] Digital copy of author's own, permission obtained.

'Somebody' Doing Psychology

Robyn Kahukiwa's artwork "Somebody" (2009), introduces the voice of Māori who, uprooted from ancestral systems of being, thinking and living, are marooned on a desert island of enforced and alien influence, a place seemingly far removed from the Indigenous realities and roots that anchored our ancestors across eons. As early as 1946, some of New Zealand's first psychologists portended a recession in what were then, resilient Māori states of physical and mental well-being (Beaglehole & Beaglehole, 1946). The denuded and disenfranchised existential position occupied by many Māori, alienated from both 'mainstream' and Māori worlds, and living 'entrapped lifestyles' (Durie, 1989) as exemplified by disproportionate 'treatment' of Māori within our mental health system (Browne, Wells & Scott, 2006), is approached in the first instance.

How were the Beaglehole's (1946) so accurately able to predict the mental and physical demise of Māori? Why did Māori health deteriorate from robust wellbeing and resilience to disproportionate deficit in less than 70 years? What are the influences that sourced previous states of enduring Māori physical and mental wellbeing? Are these influences reflected in our current systems of psychological knowledge and treatment?

Collective Recollections and Dispossessions

In contrast to this land of "Somebody's" indifference, Māori have known, sung, spoken and written about a place, a "state of natural grace (that) would be hard to find, not because it wasn't there, but because its expression was either outlawed or transformed. Yet it existed humming in the background like a subliminal harmonic, out of tune with the Western world" (Mike Smith, as cited in Ihimaera, 1998, p. 250). As a Māori mokopuna (grandchild) of colonial history, raised a good Catholic daughter of urbanisation and 'get ahead' grandparents and parents, a 'conscious knowing' of this resonant Māori home-place was not always mine, this was to change as I moved closer to Te Ao Māori (the Māori world).

At a 2003 wānanga (Māori traditional learning process for holistic wisdom rather than information accumulation) two types of re-connection took place. As a kuia re-enacted her young whangai (fostered) life with her kuia, whom she had been placed with at birth to activate and unfurl innate gifts (Te Awhimate-Tait, personal communication, 2003), a portal opened to a time barely remembered by few and long forgotten by most. The re-enactment of their everyday life and love portrayed a time of oneness and connection with all; a time touched, but not yet fractured by the imposition of Western mind and technologies. I was able to participate, for a moment, in *Te Kotahitanga,* the unbroken oneness of relational existence that was our ancestors' existential inheritance and given daily normality.

The second reconnection was of a different nature. On entering a darkened room filled with the haunting call of the purerehua (traditional instrument), images of our ancestors being hung, hanging, starving, in rags, homeless, herded, empty eyed and staring into the camera played across the wall (Takawai Murphy, personal communication, 2003). The experiential reality of their devastation soaked into our eyes, ears, minds, skin, hearts, souls and beings. I was reconnected and re-collected to the existential death and destruction so few of our ancestors survived (Smith, 1999); a devastation that severed my modern ancestors, whānau and self from the given of the unbroken wholeness our ancestors naturally lived.

Re-connection to an unbroken original wholeness, and to the hurt that eclipsed 'modern' re-collections of this original state occurred. While I had previously experienced flickers of both, without the light of group affirmation and re-collection, these experiences remained vague, unformed and allusive. Previously, like "Somebody", I was suspended in an isolated state of unknowing. Through wānanga, restoration to a conscious and visceral reconnection to the states of hurt, and of wholeness that continue to profoundly influence Māori today occurred. Figure 2 illustrates these changes.

Pre-Wānanga State

Unknown	Vague
Disconnection	Recollections

Post-Wānanga State

Wholeness	Hurt	Known	Visceral
Oneness	Colonisation	Disconnection	Reconnection
			Wholeness

Figure 2. Pre – post wānanga relationship to the original condition of wholeness and to colonisation.

Ahakoa He Kiri Ma: A Fire in Our Blood

Journeys of resilient reclamation through adversity were also mirrored in my master's research (Roestenburg, 2010). Some of the mechanisms underlying the "positive embracing of identity which is the driving force of the current regeneration of Māori culture" (Walker, 1989, p. 50) were revealed. I spoke with six Māori women, who strongly identified as Māori yet were unidentifiable as Māori by physical appearance alone. Irrespective of the diverse socio-cultural conditions experienced by the women, a tipuna presence felt deep within was the force and source that anchored, embraced, guided and impelled their ongoing development of positive Māori identities. A tipuna-mana-Māori-centric force lay at the heart of their positive Māori identities (Roestenburg, 2010). Despite legacies of devastation and diverse socio-cultural backgrounds, harmonious collaborations with intimate, personally experienced tipuna, reinforced by whakawhānaungatanga (Māori family networks), re-sourced and restored their resilient Indigenous identities (Roestenburg, 2010). Unlike "somebody", their lives, like my own and many, perhaps even most Māori, echo a journey of resilient reconnection through alienation and adversity, to vital Indigenous origins and identities, a pattern similar to that in Figure 2.

Literature Terrain

Resilience is a burgeoning multidisciplinary construct. "Resilience may well be one of the most heuristic and integrative concepts to appear in 21st century thinking in the social sciences" (Reich, Zautra & Hall, 2010, p. xi). An unqualified search of resilience on Web of Science drew 20,686 responses. Psychology accounts for 2.023 of these. However, the largess of resilience responding does not translate into psychological interest in Indigenous resilience. Of 672 trans-disciplinary articles related to Indigenous resilience generated since 1985, psychology contributed only 29.

Overall Indigenous resilience is a relatively new and popular area of study. Indigenous resilience searches conducted under key word searches of Indigenous resilience, Native resilience, Aboriginal resilience, and First Nations resilience on Web of Science unearthed 672 articles. The first article published in 1985, related to the endurability of native cottons (Iyer, Nacharne & Patil, 1985). Over the next thirteen years a slow increase in Indigenous resilience articles saw the number rise to 14 by 1999, with most articles related to either the environmental or biological entities, not Indigenous peoples or their life-ways. However by 2000, there were 49 articles, and by 2005 this more than doubled to 126 articles; an exponential increase occurred over the next five years with 397 Indigenous resilience articles arising in 2010. By 2012 there were 672 listings related to Indigenous resilience. Indigenous ways of being, knowing and doing are increasingly included.

Psychology has not kept pace with this burgeoning trans-disciplinary interest in Indigenous resilience. The dawning of psychology's interest occurred twelve years after general interest began (Pharris, Resnick & Blum, 1997). Over the next decade, only a further seven articles were generated (Austin, 2004; Cummin, Ireland & Resnick, 1999; Hobfoll, Bansal, Schurg, Hobfoll, Johnson, Young & Pierce 2002; Iwasaki, MacTarvish & MacKay, 2005; Nikora, Rua & Awekotuku, 2007; Stone, Wilbeck & Chen, 2006; Thomas, 2006). In comparison to the 680 general Indigenous resilience articles produced up to 2012, psychology has produced only 29. Over the last five years, an average of 80 Indigenous resilience articles have been produced across other disciplines each year, psychology produced an average of two articles per year.

Psychological Resistance

Why is the burgeoning trans-disciplinary interest in Indigenous resilience not evident in psychology? Is psychology disinterested in Indigenous resilience? Is psychology unable, or unwilling to explore the relationship between Indigenous peoples and resilience? Does the dearth of psychological engagement in the resilience of Indigenous peoples' mental health and wellbeing indicate a hegemony that allows only for the pathologising of Indigenous people and life ways? The observation has been made that the "only purpose of western-based assessment instruments, after more than 500 years of colonization, is to assimilate what's left – the psych [of the Indigenous]" (Hill, Pace & Robbins, 2010, p. 23). In comparison to the pathologising of Indigenous people and forms, interest in the resiliency of Indigenous people seems to have little traction within psychology. Given the apparent relational or intangible sources of resurgent Māori

vitality and identities in today's world, why has psychology, arguably the discipline best positioned to apprehend the resilience of the Indigenous spirit and people, failed to engage?

The Spirit of Indigenous Resilience

Outside of psychology, research on the resilience of Indigenous people is trans-disciplinary and geo-politically extensive; spanning the continents and some of the peoples of North and South America, Hawaii, the Philippines, Australia, the Arctic, India, West and South Africa and of course Aotearoa New Zealand. Methodological approaches were diverse, ranging from single participant case studies to studies considering group, tribal, peoples of nations, the 'human family' and global levels, and some articles considered all levels. The research utilised case studies on the singular and collective levels; interviews, semi-structured and informal; traditional learning circles; auto-ethnography; and quantitative analysis of national health data. One study utilized the MMPI psychometric tool (Hill, Pace & Robins, 2010). Some articles were theoretical discussions and did not involve participants. Qualitative studies predominated.

Interpreting the Terrain

While expansive geographical and cultural diversity is represented in the literature, some key characteristics feature in the international Indigenous resilience terrain, a landscape that in its most recent past is commonly marked by a scar of systemic global violence. A cluster of principles or themes persistently emerged. I have expanded on Fenelon and Hall's (2008, p.1869), foundation of four "issues that exemplify Indigenous resistance to the force of globalization and revitalization of cultural traditions" to arrive at an Indigenous resilience schema.

Indigenous Resilience

1. Persistent 'Kin-to-all' cosmology – to be a good relative
2. Ancient, global and spiritual 'kin-centric' language and knowledge systems
3. Ancient, global, spiritual, yet localised 'kin-centric' socio-political, economic and environmental institutions
4. Deep and lasting application of 'kin-centric systems', producing sustainable wholeness, relational balance and harmony
5. Adversity of colonisation – existential devastation
6. Restoration of ancient, global, 'kin-centric' systems of Indigenous being, knowing and synergistic co-existence with the human, natural and supernatural worlds.

Combining the elements of an original and ongoing Indigenous resilience together with the recent adversity of colonisation that represents, for modern times, the focus of much contemporary Indigenous resistance, the fullness of Indigenous resilience that the thesis seeks to approach begins to come into view. Figure 3 displays the Schema of Indigenous resilience.

A pattern of original wholeness, disturbed but not broken by European conquest, flows as an ongoing global phenomenon of Indigenous resilience from ancient times into today. This continuity is mirrored in the lives of many global Indigenous people. From such a perspective the recent onset of systemic colonial trauma remains important, yet becomes a brief disturbance across a timeless landscape. "Compared to the presence of our tupuna, the white intrusion in Aotearoa is but a blink in the eternity of time" (Awatere, 1982, p. 29). How might psychological theorisation and practice in Aotearoa New Zealand change to enable this flow of vitality "to improve individual

Persistant Cosmology	Wholeness	Wholeness	Wholeness	Fracturing	Wholeness
Kin to all	Kin-centric	Kin-centric	Kin-centric	Individual	Kin-centric
	Knowledge Language	Institutions Endurability	Eons Practice	Colonisation	Restored
	Existential Vitality			Existential Devastation	Existential Vitality

- time -

Figure 3. Schema of Indigenous Resilience.

and community wellbeing" (New Zealand Psychological Society, 2013) of Māori?

Comparative Conceptual Frames

While psychological resilience formulations remain a contested and shifting domain (Becker, Cicchetti & Luther, 2000; Hall et al., 2010; Kilmer & Tedeschi, 2005), a three-stage pattern is common across the literature. An original pre-trauma condition, that is disturbed or ruptured by adversity, and followed by a final period of recovery or restoration. On the face of it, psychological resilience and Indigenous resilience appear similar, yet are very different when considered against the original Indigenous condition of wholeness, the extensive place, time, space continuum of global Indigenous generational systems, and the recent socio-political sources of trauma that is the Indigenous resilience span.

Non-Indigenous resilience has been described as "too individualistically formulated to take into account the significant social and cultural factors" (Freedman, 2004, p. 377) that impact a collective. Psychological resilience literature "has been almost totally devoted to Western samples, and Western individualistic thinking" (Hall et al., 2010, p. xiv), that predominates a de-contextualised suffering individual (Drury, Cocking & Reicher, 2009; Freedman, 2004; Ungar, 2010) from a deficit, problem or pathology focus (Tedeschi & Kilmer, 2005; Walsh, 2007), fixated on a 'history-less' present, that precludes "pervasive ongoing effects of dislocation, depression, deprivation, and discrimination" (Danieli, 1998, p. 673). Such positioning precludes politically motivated social sources of suffering that have targeted collectives of people's (Danieli, 1998; Hall et al., 2010; Hernandez, 2002, Hernandez-Wolfe, 2010, 2011; Ungar, 2010: Walsh, 2007). Psychological resilience conceptualisations occlude Indigenous resilience considerations.

It has been noted that truncated resilience conceptualisations "may reduce the range of information sought and considered, limiting the clarity of the picture painted…and emphasizing negative aspects of the individual and situations" (Tedeschi & Kilmer, 2005, p. 230). Little room is left to consider contemporary or ancestral Indigenous realties or the 'colonial gash' so central to the 'modern' condition of Indigenous dispossession. Disturbingly, like the socio-historical suspension of "Somebody", the source

of suffering and also the source of resilience are ontologically disallowed. "Resilience as we see it, takes time to unfold. Furthermore, there are many bumps along the way, periods of life when people look anything but resilient. If we fail to keep the camera rolling past the point of an illness episode, we then miss capturing the evidence we then seek" (Hall et al., 2010, p. 15). Fixation on the de-contextualised present based 'pathological Indigenous individual', such as the 'Māori problem' or the 'Indian problem', occludes vital Indigenous sources and manifestations of past, present and future resilience.

Global Re-Indigenisation

Regardless of the presence or absence of psychological Indigenous resilience conceptualisations and practices of colonisation, Indigenous people's resistance to adversity, and restoration of vitality is occurring at individual and collective levels across the globe (Fenelon & Hall, 2008). This resilient wave has been named the "continuum of whakapapa" (Emere Karaka, as cited in Hilliard, Lucie-Smith & Mane-Wheoki, 2005, p. 36), the "continuum of positive Māori identity" (Kahukiwa as cited in Kahukiwa, Hilliard, Lucie-Smith & Mane-Wheoki, 2005, p. 15), finding "the native within" (Alford, 2002, p. 23), the "cultural maintenance approach" (Hovane, 2012, n.p.), "the cycle of survival" (Obah, 2011, p. 1), and "de-colonisation" (Murphy, Takawai, personal communication, 2012).

While it is true, subsequent to the perturbation of colonisation, that 'modern' Indigenous people now share societal positions of dispossession, poverty, powerlessness, and, until very recently an almost complete and profound political muteness across the globe (Awatere, 1982; Bomberry, 2008; Gone, 2011a; Hernandez-Wolfe, 2011; Hill, Pace, & Robbins, 2010; Lemelin, Matthews, Mattina, McIntyre, Johnston & Koster, 2010; Royal, 2010; & Starn, 2011), psychological conceptualisations and practices may exacerbate rather than alleviate these conditions. The ongoing occlusion of the socio-political sources of this suffering, and the collective, timeless sources of healing by the very professionals charged to heal trauma, powerfully inhibits, not enhances Indigenous resilience, disqualify rather than facilitating trauma recovery.

Just as "Somebody" and I, from our individually isolated positions, were occluded from the very best and worst of our intergenerational

pasts, psychology's theoretical occlusion places attribution for Indigenous people's 'modern mental health ills' at the feet of the socio-historical, political and inter-generationally de-contextualised Indigenous individual. An individual disproportionately represented as a burden in mental illness statistics and services (Duran, Firehammer & Gonzalez, 2008; Durie, 2011; Gone, 2011a; Hernandez-Wolfe, 2011; Hill et al., 2010; Robbins, Hill, & McWhirtier, 2008). Theoretical frames and diagnostic procedures are unable to locate causation for this imbalance anywhere but within the primary and persistent Anglo-American frame of the pathological individual (Duran et al., 2008; Durie, 2011; Gone, 2011b; Hernandez-Wolfe, 2010, 2011; Hill et al., 2010; Robbins et al., 2008; Walters, Mohammed, Evans-Campbell, Beltran, Chae, & Duran, 2011).. Examination and explication of Indigenous resilience from an Indigenous center is likely to disturb this problematic fixation, opening up space to consider and allow ancient sources of vitality and well being from and to the collective.

The roots of both Indigenous suffering, and the vitally transformational potential are currently occluded by psychological resilience considerations. It is hoped the doctoral work this paper comes from will contribute to correcting this optical delusion of modern mental ill-health consciousness. As a budding or actual mental health professional I ask you to consider, "(h)ow does one put one's self together when you can't put yourself in?" (Tamanui, 2012, n.p), especially when all that is good and vital about you and your people is left out?

"Today's Māori are living proof of the continuum of whakapapa, the power of our achievements and the survival of an intact dynamic culture. We will always be the tangata whenua of Aotearoa" (Kahukiwa, Hilliard, Lucie-Smith, & Mane-Wheoki, 2005, p.36).

Waireti (Michelle Roestenburg) is a Nana, a Mama, and active member of Ngati Pahauwera and Ngati Kahungunu ki Wairoa, she also has whakapapa (genealogical) ties to Nga Puhi, Dutch, Scottish and Irish ancestry. Critically emerging knowledge and experiences of reconnecting to a vital consciousness of 'our' enduring, ancient Indigenous legacies of healing, wholeness and innovation is her passion. She is in her third year of PhD study.

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Contemporary Masquerade: Work-Life Balance and Modern Tragedies of (Mis)Perceived/(Mis)Placed Social Agency

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Abstract

Within contemporary life, women struggle within discourses of stay-at-home mothering and working mother in terms of the detriment to a child's development. Although contemporary research tends to isolate work-life balance as a separate set of conflicting discourses to study, I suggest that this isolation is misleading. Work-life balance encompasses every aspect of a woman's speaking being or conscious home, social, caring and working experiences. Considering work-life as all-encompassing allows for interesting interpretations when framing women's work-life experiences within the confines of a language that seeks to dissect them into discrete parts. Furthermore, conflict surrounding work and life is not new and provide a cornerstone of traditional psychoanalytic theories of human development. Within this paper, I consider contemporary discourses of work-life balance, within the context of Riviere's psychoanalytical concept of masquerade and Lacanian psychoanalysis that rereads Freud's original works as a theory of discourse.

Keywords: Masquerade, Psychoanalysis, Work-life balance, Lacan, Soler.

Within contemporary society, according to Soler (2006), women now have more freedom to pursue their own goals. Gender equality is gaining momentum and full achievement seems assured. For Soler, stay at home mothering is no longer in vogue and promiscuity is apparently a common and acceptable behaviour for women, now that they have the agency or choice to pursue their own self actualisation/satisfaction. Guided by the assumptions of Lacan's psychoanalytic theories of discourse, Soler resurrects Riviere's (1929/2008) classic psychoanalytic narrative of masquerade to suggest that in contemporary society, from their increased position of power and freedom, women, enact a subterfuge that satisfies their desires. Through discourses of heterosexuality, man may desire woman, but woman does not desire man as such: she desires to be desired. In other words, she

just wants to be loved. By manipulating situations that require anger and strategically manoeuvring reconciliation, she satisfies both him and herself by ensuring that they re-enact the requirements of their different desires. Yet, Soler may be premature in insisting that women have acquired the agency to perform such an active and manipulating role in contemporary life. In this paper, I will revisit Riviere's original concept of masquerade and discuss how it plays out in contemporary society within tragedies of work-life balance.

Within contemporary discourses of mothering and caring, it appears that speaking work-life as two separate constructs that require 'balance' ensures that some sort of 'act' becomes inevitable for the 'two' concepts to be negotiated in tandem. Such an act resembles or can be described as more of a tightrope walk across an (un)articulable void from the private to the public domain. I suggest that inevitably this balancing act, due to the restrictions of language structure, ensures a false sense of agency for the one tottering above the void, hyphen or 'continuum' that (dis)connects the two domains. The 'woman-agent' therefore becomes part of a masquerade as a caricature of woman, or in other words, woman as an 'object' rather than a subject of her own experience (Irigaray, 1985). Riviere's (1929/2008) classic interpretation of masquerade suggests that the linguistic void between public and private domains is not a contemporary anomaly: the problematic of what lays beyond the hyphen is far older than current interest in women's work-life balance.

Womanliness as Masquerade

Riviere (1929/2008) theoretically developed the concept of masquerade through a clinical case study described in her article *Womanliness as Masquerade*. Within this article, Riviere suggests that there is a normative masquerade played out by women on a daily basis. Her case study reveals a confident professional woman who is an exemplary mother, cook, entertainer, housekeeper,

wife and lover. Yet within her professional life, this woman experiences bouts of performance anxiety in relation to her predominantly male professional colleagues. The case study in question introduces a not so normative woman, a professional woman, who is 'outed' by her angst. Riviere diagnoses the woman as a particular type of homosexual in that she wishes to attain masculinity and her homosexuality is a condition of which she herself is unaware.

The woman's anxiety/homosexuality manifests as shameless flirting with the audience after each public performance. For Riviere (1929/2008), an ardent follower and English translator of Freudian developmental theory (Freud & Jones, 1993), the woman's performance anxiety stemmed from a failed detachment from the father. Within Freudian theory, normal development ensues when the daughter realises that the father is an unobtainable love object and returns to the mother for training in domestic chores and wifely duties (Freud, 1977; Irigaray, 1985). Riviere's implicitly homosexual woman therefore, still desires to please and possess the father, transferring this attachment to her male audience, causing her to be anxious if she fails to impress them. She does not experience the same kind of anxiety in relation to the performance of her duties as wife and mother: within execution of these duties, she is exemplary (Riviere (1929/2008).

It would be easy to be beguiled into thinking here, given the strong influence of Freud in Riviere's (1929/2008) work, that Riviere's masquerade (both the feigned interest and the performance anxiety) is brought on in its entirety by a father fixation. Yet according to Riviere, this is not the case. For Riviere, the mask, or the exemplary femininity displayed by her case study is merely a ruse and this 'ruse' or masquerade is a product of normal development. It is the woman's anxiety that reveals there is something amiss with the woman who is the focus of Riviere's case study and not the feigned interest in exemplary family life. This 'interest' in itself, represents the normative masquerade/mask/object. The woman that the mask represents is unreachable and unspeakable unless anxiety reveals her presence.

Masquerade as a Product of Language

Within a poststructuralist return to Freud, Lacan takes up this classical and well-critiqued theme of masquerade in a discursive interpretation

of the limitations of man's gaze (Heath, 1986; Soler, 2006). The masquerade and the mask become a product of language and as such, are inextricably inter-woven, produced through Freud's developmental framework, inclusive of the Oedipus complex. For Lacan (1999) then, Freudian theories of human development, such as the Oedipus complex, highlighted here as a basis for implicit homosexuality, play out within language structure.

According to Lacan (1949/2006), the Oedipus complex enacts the splitting of the subject and takes place as a product of entrance into the speaking world. Through this splitting, communication becomes further hindered by a reflected dialogue with the self/Other. Within Lacanian theory, inspired by Freud's musings on the structure of the unconscious in a letter to Fliess (Freud & Fliess, 1985), language offers limited and (pre)structured options within which to inscribe perception and memory. We interpret or determine our experiences through articulating them. In other words, what we see or feel in the moment is determined on utterance, constricting interpretation to available discursive options (Lacan, 1988). An example that Lacan uses comes from Freudian writings. 'A baby does not know it is hungry until it cries out'. So we might add to this example, a woman does not exist until she becomes labelled as a product of his gaze (Lacan, 1999) and is duly diagnosed with penis envy (Irigaray, 1985).

The Hyphen between Work and Life

Language therefore is conceptualised as an intricate system that inscribes consciousness and our inscribed understanding of life is diverse and forever changing. Contemporary western language structures are steeped in religious, philosophical and scientific discourses that advocate for individuality, singular Gods and specular objectivity (Irigaray, 1985; Smith, 2007). Furthermore, contemporary discourse has evolved from a collection of ancient languages that once accommodated multiple Gods, and collective and interactive mythical entities (Larson, 2001; Lyons, 1997). For example, within Ancient Greek language, there is/was such a thing as a middle voice that is no longer accessible in contemporary language systems. Contemporary languages offer only two voices, active and passive (Barber, 1975; Roland, 1994). It is through grammatical intimation that agency is afforded within a language that has somehow managed to eliminate

the middle ground where encounter takes place. Yet paradoxically, it is the middle ground that we expect women to traverse, the appeasing 'ground between work and life' and this appears to be the ground on which woman's normative masquerade plays out.

Oedipus

Although Riviere (1929/2008) developed her case study in the 1920s, Collette Soler (2006) explains how Riviere and Lacan's masquerade is still applicable in contemporary western society. With Lacan's linguistic reading of Freud, the woman that exists within language is merely man's mirror image of himself, a reflection of his own desires. She becomes a figment of his scopic drive produced through a linguistically restricted gaze, an articulated mirror image of the Other and a reminder of His own lack (Lacan, 1949/2006). In other words, the mask is a product of (his) metaphorical castration and anamorphosis brought about by a pre-structured (and increasingly restricted) order of grammar and syntax (Irigaray, 1985). So in effect, he inevitably (re)produces the mask/object/Other and indeed the masquerade. Therefore, he unknowingly and repeatedly writes the script that reproduces her in his mirror image.

Obviously, impotency is a key theme here, yet what linguistic castration does is paradoxically assign agency to masculinity. As soon as he submits to language, perception, memory and castration, he is also assigned as active and through the linguistic rules of dichotomy, a given since there is no (longer) middle voice, creates his mirror image as a passive projection (Cixous, 1986). Effectively, what language does is create the illusion of agency within a language structure that paradoxically denies it. Both men and women experience inscribed loss, yet women lose more than that. Her 'being' depends on his interpretation of her. Her existence in language depends upon her taking up her position within the discourses of masquerade.

Contemporary Masquerade

Within her interpretation of Lacan's views of women, Soler (2006) suggests that in contemporary times, circumstances require a more topical approach to the theoretical ponderings of Lacan and his views on women. Soler argues that a contemporary shift into the work force represents a fundamental change in the values of human kind and an undermining of traditional patriarchy. She calls on her own clinical experience to present a case study that represents what she considers a contemporary masquerade that assigns agency to women through the intricacies of manipulative bargaining.

Soler's (2006) masquerading woman feigns ineptitude. Her husband provides her with a financial allowance and she habitually overspends. On budget balancing day, she confesses and he gets angry. She cries and they make up. For Soler, the woman manipulates her husband in a deliberate act to accomplish her desires, which differ to his. He plays an unsuspecting, if not masochistic role in 'her' masquerade. Soler draws this conclusion from the fact that the woman's financial abilities and situation are not exactly what she makes them out to be. She has always had her own money: he is unaware of this. She keeps this from him to facilitate the charade. The woman then inherits a small fortune. Now that the husband is aware of his wife's financial independence and competence, he feels he is no longer a necessary part of her (his) existence. Before his awareness, this tragic script played out to satisfy his and her different desires. Awareness of her financial independence disrupts his gaze (Soler, 2006).

A Work-Life Tragedy

One might think that this theoretical portrayal of man/woman relations is somewhat tragic; each individually vying for different desires that virtually do not include each other. Yet I suggest that the real tragedy in the script stems from an illusion of agency born from linguistic framing of woman as an active participant in a masquerade that she has absolutely no input into scripting. The illusion of agency allows for blame, a blame attached to the portrayal of women as creators of their own misfortunes. In other words, she does not actually exist as subject, yet she still features in the list of credits and is usually designated the role of villain. She can be a bad mother, a bad wife, a bad member of the community all with the twist of grammatical emphasis as Soler demonstrates by assigning agency to the 'object' of her case study by describing her as 'scheming and manipulative' even though her role is (pre)scripted through discourse (Lacan, 1953/2006; Soler, 2006).

Interestingly enough, if we return to the origins of masquerade, his projections of the perfect woman, we are reminded that through the musings of Riviere (1929/2008), we find a woman who is

linguistically designated as a disinterested mother and wife, although her corresponding behaviours show absolutely no signs of neglect in her duties whatsoever. In fact, the disinterested mother has resurfaced (or been rearticulated) in contemporary times as the professional working mother who favours self-actualisation over the interests of the child (Bailey, 2000; de Marneffe, 2004; Lupton & Schmied, 2002). Let us not forget also, that Riviere's 'normative' masquerading woman must be a woman extraordinaire, who not only performs her domestic duties perfectly, but can also foot it with the men at a professional level without showing any signs of anxiety that is of course, given the identity of its discursive underpinnings, perpetuated by penis envy.

Work-Life Balance Available Discourses

The disinterested mother is one of two traditional psychoanalytic discourses that have re-established themselves within modern tragedies of work-life balance played out within the hyphen that separates work and life. The intensive mother is the other predominant script available within contemporary masquerade; taking the role of the smothering, over-powering mother who sits at the opposite pole and exists in a state of frenzied anxiety, devouring the child in an effort to satisfy her desire for the father, his corresponding anatomy and the paradoxical powerful impotence that it possesses (Soler, 2006). In contemporary times, intensive mothering discourses advocate for full-time mothering as self-fulfilling in itself and ultimately necessary for the normative development of the child (Kahu & Morgan, 2007). Yet Soler warns that the extreme 'intensive' mother is obsessive, virtually devouring and stifling the child into passive submission.

The working mother articulates hands-off mothering as necessary for the normative development of the child (Hays, 1996). She advocates quality time instead of quantity and suggests that childcare socialises and educates the child (Barnett, 2005; Bianchi, 2000; Galinsky, 2005; Johnson & Swanson, 2007). Again, the extreme of the disinterested mother is damaging for the child, although apparently the better of two extreme options, given that the neglect is not physical and perhaps even undetectable. This mother is of course Riviere's (1929/2008) disinterested mother who wishes to win the

father's desire through her own selfish means. Between the two extremes lies what appears to be a middle ground if we did not know that such a space was discursively misleading. This Symbolic middle ground represents moderation, a sensitive and thoughtful blending of two extremes or mothering without the anxieties created by abnormally traversing the psychoanalytic stages of development. This ground is represented by the discourses of work-life balance and what I suggest to be the scripted antics of the normative masquerading woman. Therefore, within the bounds of work-life balance, contemporary masquerade becomes his contemporary projection, a tragedy scripted as an infill for the void left through the constrictions of articulation. This is a sadly lacking substitute for the disappearance of middle voice, along with the recognition of women as existing outside of phallic discourse and mirror imagery.

Work-life balance discourses allow for women to both participate and compete in the public domain and to also spend time with their families and keep their households intact. Yet the increased participation of women in the workforce takes place amidst a debate as to whether increased economic inclusion within the public domain suggests an increasing likelihood of agency. It is undeniable that the boundaries between the public and private domains have somehow shifted. Women are not just exercising newly found freedoms; within the theoretical confines of masquerade, they are participating as projected shadows called into the work force through economic necessity and exist as just that.

Agency (Subject/Object)

It is widely recognised that there is a predominance of women employed in the service industry (Connolly & Gregory, 2008). Employment within these industries is increasingly becoming contractual, part-time and continues to be poorly paid (Connolly & Gregory, 2008; Fine, 2007). This is hardly a sign of agency, a passive acceptance of available employment through economic necessity. Yet when framed differently within Soler's 'contemporary masquerade' women become active participants in their own destruction. Soler (2006) suggests that feminists are responsible for the necessity for woman's participation in the workforce, actively campaigning for the right to equality and therefore contributing to the demise of the nuclear family. In times of economic hardship

and rising unemployment, the assignment of activity and its corresponding agency is rising to new heights. I recently witnessed an unemployed man interviewed on a New Zealand television current affairs programme Close Up suggesting that women are predominantly employed in early childcare facilities, dominating the industry (Sainsbury, 2012)!

Therefore, with some grammatical manipulation that assigns a false sense of agency, women can actively infiltrate work places traditionally allocated to women and continue to insist on low status, underpaid and unstable employment. Within the framework of his projected masquerade, they can articulate reduced working hours as beneficial for work-life balance and spend more time at home manipulating their partners and devouring their children, in moderation of course. Through Riviere's (1929/2008) masquerade, as interpreted by Soler (2006), modern discourses of work-life balance see women disinterestedly foster domestic bliss as well as marital harmony and the satisfaction of their desires by feigning ineptitude and enraging their spouses. Amidst the frenzied activity whipped up through sentence structure, contemporary masquerade simultaneously and paradoxically emphasises woman's inextricable ties to masculinity by turning mothers into good or bad 'parents' and women into carers (O'Conner, 2007).

Indeed, within the confines of woman's 'active' traditional role of caring, a feminist ethics of care now features predominantly in mainstream academic medical and business writing (Borgerson, 2007; Burton & Dunn, 1996; Simola, 2003). Within this writing, care as an ethical equitable attribute of women 'assigns an impossible agency' and does not sit too far adrift from the bizarre framing of women as actively seeking to dominate the service industries.

The Paradox of Care Ethics

A feminist ethics of care, originally developed from Carol Gilligan's (1982) reworking of Kohlberg's theories of moral development, is in itself a product that has risen from an interesting mixture of Rawl's philosophical liberalism and indeed, Kohlberg's subscription to Piaget and psychoanalysis (Berkowitz, 2006; Henry, 2001; Litowitz, 2005; Musschenga, 2009; Okin, 1989). Instead of ascribing to Kohlberg's thesis that women were morally inferior, Gilligan suggests

that their/our powers of reasoning are different, yet equitable, suggesting that women are active participants within discourses of care theory. Therefore, while 'activity' assigns agency and equity, a problem here becomes repeatedly emphasised. We have already established that this agency is a bogus agency inscribed by discourses that reproduce women as mirror images of men, and assigns the responsibilities such an agency brings. Agency becomes an unsubstantiated assumption within a language that produces women as objects and inferior reflections of men, and a dichotomy between care and justice. This places women in a position that suggests responsibility when in fact, they are increasingly being inscribed as extensions or inclusions which supplies yet another example of how the tragedy of masquerade plays out within contemporary society.

Agency/Essence/Consciousness

So what is agency? What is it that woman is assigned yet does not have? Man has long been trying to determine what makes him superior to the animal kingdom. Within psychoanalytical, philosophical and scientific discourses, man has pursued the 'nature' or 'essence' of humanity (Irigaray, 1985). In other words, he has tried to define human consciousness. Through Lacan's (1953/2006) reinterpretation of Freud, consciousness is born through encounter and this encounter, through the entrance into language is set up as an encounter with the split self. If language is indeed phallic, as Lacan suggests, then essence becomes assigned to him and she, as his reflection becomes endowed with a shadow of his essence or agency. Her agency, which is his agency, can be reconstructed within a modest restructuring of a sentence taking place through a language deceptively (de)void of any middle ground.

Under this assumption, the public, or the arena of justice inscribed by Gilligan (1982) becomes the playground of a phallic economy and her 'care' and those who aspire to administer it, become participatory dichotomous shadows, twisted by discourse from the objects they undoubtedly are to impotent agents upon which to ascribe blame as the tragedy of work-life balance repeatedly unfolds. Within a contemporary care ethics, care and justice meld to produce moderation or the combined 'strengths' of the two (Held, 2008; Tronto, 2006, 2008). Yet language disallows relationship, middle ground, or modulations and therefore only masquerade can ensue, securing

care as a saleable commodity within a phallic economy as well as providing her with low status casual employment within the confines of work-life balance/ hyphen/mask.

Masquerade and the Tragedy of Work-Life Balance

Indeed, within the confines of contemporary masquerade, modern (post-feminist/neoliberal) western working woman faces the challenge of being both active and passive on a daily basis and within a continuum of consuming obsession and total disinterest, while still positioned as 'object' within phallic discourse (and thus desiring to be desired, to be object of his desire). Meanwhile, Riviere's (1929/2008) classic masquerade, despite protestations to the contrary from Soler (2006), continues unscathed from the time it was penned. The professional woman is still subject to 'telltale' bouts of performance anxiety, given that her audience, through enforced deficit, projection and assimilation, still predominantly consist of men, regardless of biology.

The only difference is that through Soler and Lacan, work-life balance becomes explicitly identified as his balancing act, enacting contemporary economic policy requirements without freedom, an invisible and undetectable restriction enforced through language. Confusion ensues between what appears to be equal opportunity in the workplace/public/active domain as well as what Soler (2006) suggests is a breaking down of family life and its corresponding values. How does a woman with no agency or voice fare in a society that expects her to masquerade in particular ways? Again, we can grammatically frame the contemporary woman as an eager participant within a society that expects her to actively participate in a productive manner and have many sexual partners. Alternatively, we might think of her as a passive object/commodity in a society that frames her as an active participant, expected to participate whether she wants to or not and burdened with the stigmas of promiscuity and mother blame.

When considering the latter, a woman's choice becomes strictly limited within a phallic economy (Irigaray, 1985). What Freud (1977) describes as the 'play' between the sexes and what Riviere (1929/2008), Lacan (1999) and Soler (2006) articulate as 'masquerade', becomes a form of consciousness over an unspoken existence,

or in other words, a silence. This 'silence' is concealed by a (pre)scripted farce of conflicting and 'empowering' discourses. It is important that we always remember the structural restrictions, the masquerade producing properties of grammar and syntax and how they dictate, consciousness, essence, agency, and normality. Ultimately, it is imperative to consider how language simultaneously constitutes the feminine and marginalises women, before it is even possible to conceive of freedom.

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