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The 13th Trans-Tasman Community Psychology College Conference in Melbourne was one of the biggest ever, with more than 80 delegates attending across 3 days in April 2017. Now the latest edition of The Australian Community Psychologist features a selection of peer-reviewed papers from the conference, including Chris Sonn’s welcoming keynote address.

The Melbourne Conference came together in less than six months, and forged its own place in the folklore of Trans-Tasman conferences - Pakatoa, Maralinga, Rotorua, Yarrabah, Toodyay, Hamilton, Melbourne, Hillary’s Harbour (Perth), Tauranga, Sydney, Fremantle, Tapu Te Ranga Marae, Island Bay (Wellington), and back to Melbourne. This is not the place to revisit the conference itself, but I do want to acknowledge the work of all the contributors to the Conference Committee, which I chaired: Harriet Radermacher, Emma Sampson, Jenny Sharples, Ben Moberley, Rebecca Hogea, Helen Killmier, and Renzo Vittorino, plus Neil Drew, Katie Thomas and Dawn Darlaston-Jones from WA and a bevy of indispensable student helpers from Victoria University. We also very much appreciated the support of the Community College National and Victorian Section Committees, Victoria University and the APS National Office staff, and our international sister groups, APA Division 27 (SCRA) and the Institute of Community Psychology Aotearoa.

Parallel to the conference planning, the prospect of the proceedings constituting the next issue of the Australian Community Psychologist emerged. All conference presentation proposals had been subjected to a review process, and each of the papers submitted for the Proceedings special issue was further considered by at least two reviewers. The review panel included Heather Gridley, Ben Moberley, Lynne Cohen, Harriet Radermacher, Chris Sonn, Lyn O’Grady, Craig Wallace, Katie Thomas, Julie Dean, Meg Smith, Niki Harre, Susie Burke, Libby Gawith, Emma Sampson, Robbie Busch, Neil Drew, Joanne O’Connor, Rachael Fox and Dallas Amby. Thank you all for the serious consideration and constructive feedback you offered. And special thanks to Rachael Fox as incoming ACP editor for editorial back-up and moral support, and to Anne Sibbel who waited patiently as production editor for the drip feed of completed articles.

The specific focus of the conference was to revisit the foundations of community psychology to promote critical reflexivity and identify opportunities for change. While not representative of the entire range of keynote addresses, symposia, nuts and bolts sessions, posters, and creative activities that took place at the conference, the nine papers featured in this special issue continue the theme of Critical
Conversations, covering a diverse array of content from Australia, Bhutan, South Africa, and Aotearoa New Zealand. Topics include vicarious trauma in sensitive research and community projects, promoting the social and emotional wellbeing of Aboriginal children, applying community psychology principles to the study of suicide, the status of diverse sexualities and genders in community psychology research and practice, and the transformative potential of nature strip gardens. We are delighted with their freshness more than twelve months on from the conference, and congratulate all the authors for the way they have managed to balance accessibility with intellectual and critical challenge.

When it came to determining an order of publication for the nine papers that make up this issue, or identifying any thematic groupings, I drew a complete blank. Nature strip gardens and school counselling in Bhutan? Suicidality and opioid substitution treatment? Decolonising approaches and vicarious trauma? Something for everyone in our first issue for 2018, but were there any links between these diverse offerings?

It made sense for Chris Sonn’s paper to open this special issue, not only because it opened the conference itself, but more importantly because his work invariably invites readers (and students) to stretch themselves, to think beyond taken-for-granted standpoints and world views by engaging in critical discussions and joint learning. His paper explores critical epistemologies and creative methodologies that he and his colleagues at Victoria University in Melbourne’s west are deploying locally to document and respond to racism and racialised exclusion, and to support individuals and groups within and beyond the university confines and constraints.

There is no logical order to the remaining eight papers, beyond a loose thread from one to the next, and a recurring emphasis on what are understood to be core community psychology values, principles and approaches irrespective of content area. The paper by Simóne Plüg and Anthony Collins picks up the issue of undertaking research and community projects in the context of structural and racial violence and trauma, this time in South Africa, and invites critical reflection on the impacts on researchers themselves. And in applying community psychology principles to contextualise historical and theoretical understandings of suicide, Lyn O’Grady argues that the phenomenon cannot be separated from questions of social (in)justice and (dis)empowerment. Both of these papers disrupt intradisciplinary boundaries that are typically erected (from both ‘sides’) between community and clinical/counselling psychology.

The next two papers shift the focus onto the psychosocial wellbeing of children in two very different cultural contexts: the tiny Himalayan kingdom of Bhutan and urban and remote Aboriginal communities in Australia. In both cases, communities dealing with the systemic, social and emotional impacts of colonisation are grappling with issues of how far to resist or/and accommodate ‘Western’ notions of education, mental health, help-seeking and counselling. Kuenga Dem and Robbie Busch examine this question from the standpoint of a first generation Bhutanese school counsellor trying to balance traditional expectations of young people and conceptualisations of schooling with the emergence of ‘new’ social problems such as substance use and youth suicide. In the Australian context, the national Kidsmatter child mental health initiative identified a need for specific resources in relation to Aboriginal children’s social and emotional wellbeing, and here Smith, O’Grady, Curnow and Pearce outline the intercultural collaborative processes that were set in motion to ensure the resources developed would be culturally-appropriate and meaningful for Aboriginal families. Although one of these papers is a research report and the other is practice-oriented, both employed critical narrative approaches in their principles and processes, and both are place-based and highly sensitive to their respective community settings.

Conference delegates were treated to an exhibition of images from Motherhood Unmasked, a community arts project which is one of four initiatives highlighted in a paper critically reflecting on the role of mothers in society and how mothering is valued more generally. Sampson, Dane, McSolvin,
Northfield, Radermacher, and Short have set out to interrogate constructions and experiences of mothering; they argue that mothering remains marginalised in Western, developed (neoliberal) contexts, and explore particular tensions associated with ‘mothering from the margins’, whether of sexuality, family formations, mental health or sheer isolation, disempowerment and gendered oppression. Their analysis is grounded in community psychology principles of social change, social justice, valuing diversity and subverting power relations.

In somewhat similar vein, Bróna Nic Giolla Easpaig, Rachael Fox, and Sarah Bowman present three pieces of community research and practice that shared the aims of promoting the wellbeing of LGBT communities and groups within the Trans-Tasman region. Each of these projects offers learnings for researchers and practitioners alike and highlights the connections between community psychology frameworks and LGBT knowledge and practice. Both of these papers foreground some of the tensions and opportunities that emerge for community psychologists in our region who work with individuals, groups and communities marginalised by patriarchal and heteronormative social arrangements.

The final two papers share the distinction of inviting consideration of very specific community-based issues that I am confident have never previously appeared in the community psychology literature anywhere in the world. Denise Blake examines particular challenges to provision of and access to opioid substitution treatment following a disaster like the 2011 earthquake in Christchurch. She draws on a social determinants of health framework that should be familiar to community psychologists, to consider the way in which disaster preparedness planning might minimise harm and maximise psychological, social and physical health and wellbeing for people, their families and communities.

In contrast, Margaret Schubert and Julie Van den Eynde take a much more mundane and benign activity, the planting of a nature strip garden (is this term unique to Australia?? Try verge, curb lawn, berm, sidewalk plot, parkway…). They speculate about the transformative potential of this highly place-based and communal activity. Community psychology has relatively recently applied its emphasis on transformative change to the increasingly urgent imperative for society to reduce and adapt to the effects of climate change. Could the processes and experiences of joining with neighbours or fellow activists to plant a publicly visible and accessible edible garden help to promote ecological consciousness, share learnings about the operation of power, and eventually facilitate policy change?

Taken together, all nine papers identify principles for ensuring that our work is all-inclusive, recognises diverse and multiple identities, cultures and family and social structures, and is an empowering rather than an oppressive experience for the communities we serve (and of which we are all a part). Perhaps the take-home message from these disparate papers is that community psychology is not defined by its content but by its values and processes – echoing yet again James Kelly’s oft-cited trope 'Tain't What You Do (It's the Way That You Do It)' (2006, p.113).

We were proud of both the quality of presentations and the processes that supported them in making the Thirteenth Trans-Tasman Conference in Community Psychology so memorable for visitors and locals, veteran and neophyte community psychologists alike. We are equally proud of this special “Proceedings” edition of ACP, which brings together research and practice in community psychology, and encapsulates some of the most pressing theoretical and political issues confronting the field.

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Reference
Mobilising decolonial approaches for community-engaged research for racial justice

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This article will describe some projects at Victoria University that have sought to enact community-engaged scholarship concerned specifically with matters of race, racism and racialised exclusion. I will discuss some of this research within the changing broader landscape of critical community psychology contexts. The projects discussed sit within a program of work broadly focused on the challenges to living that people face in different contexts because of histories of colonialism, racism, displacement and exclusion. Community-based projects are described to show efforts to contribute to empowerment-oriented, community-engaged work. Important features of this work have included the creation of spaces within the university that are committed to inter-disciplinarity, creativity, support and survival within a neoliberalised institution. The connections made with community agencies and groups are equally important: they help to reduce the distance between university and community. Through these relationships, we participate in producing new ways to support individuals, groups and communities in actions aimed at individual and group self-determination and wellbeing.

This article will describe some projects that have sought to enact community-engaged scholarship that is concerned specifically with matters of race, racism and racialised exclusion. As part of the article, I outline the broader critical scholarship pertinent to critical community psychology that we have mobilised at Victoria University (VU) to articulate a decolonising standpoint for community-engaged research and pedagogy. Community psychologists in different countries around the world have a history of working in various social justice causes (Reich, Riemer, Prilleltensky, & Montero, 2007). In Australia, such causes have included supporting Indigenous self-determination, advocacy for peace and the prevention of war, and the promotion of gender and racial equality (Gridley & Breen, 2007). More specifically, at Victoria University situated in the western region of Melbourne, different groups of researchers have been involved in various projects that focus on tackling issues of racism and racialised inequalities that continue to shape the everyday lived experiences and life opportunities of Aboriginal Australians and various immigrant groups.

Race and racism have been central to the colonisation of Indigenous Australians. Stratton (2011) described Australia as a settler colonial nation with a shameful history of colonising Indigenous Australians. Colonisation and the ideology of race and racism are not phenomena of the past. Quijano (2000) argued that even though colonialism may formally have ended, “coloniality of power” names the continuities in the so called “post-colonial era” of the social hierarchical relationships of exploitation and domination between Europeans and non-Europeans built during centuries of European colonial expansion based on cultural and social power relations. Maldonado-Torres (2007) suggests that; … coloniality survives colonialism. It is maintained alive in books, in the criteria for academic performance, in cultural patterns, in common sense, in the self-image of peoples, in aspirations of self, and so many other aspects of our modern experience. In a way, as modern subjects we breathe coloniality all the time and every day. (p. 243).

In the Australian context researchers have similarly argued that colonisation and
Coloniality are not phenomena of the past. For example, Krieg (2009) commented that “colonisation was not a moment—but is an ongoing experience with multiple persistent contemporary traumatizing events continuing to impact daily on Aboriginal families and communities” (p. 30).

The colonising experience of Victorian Aboriginal people has included the systematic dispossession of culture, land, language, family and community. Colonial projects were realised through “massive violence, forcing the history, culture, and genealogy of blacks into oblivion” (Bulhan, 1985, p. 297). For Aboriginal people, particularly those removed and institutionalised, and their descendants, this has been further compounded by a removal of identity, including their legal identity and disconnection from Aboriginality, and by racism, as well as institutionalised physical, sexual and emotional abuse (Atkinson, Nelson, Brooks, Atkinson & Ryan, 2014; Dudgeon, Wright, Paradies, Garvey, & Walker, 2014; Quayle, 2017). But while violence and removal impacted severely upon the lives of Aboriginal people, such negative forces did not completely break connections with family and community.

Indigenous people continue to face various forms of exclusion, such as racism and marginalisation, that require responses from them and that have implications for the health and social emotional wellbeing of individuals and communities. Consultation with Aboriginal groups in the western region of Melbourne has identified a priority need for specific support for people who come to discover their identity as Aboriginal, particularly children and young people, and also people displaced through dispersal whose needs for understanding and care are insufficiently acknowledged or satisfied at present (Balla, McCallum, Sonn, Jackson, McKenna, & Marion, 2009). This population is diverse, because people have moved into the area from other parts of Victoria and Australia for a host of reasons, including to connect with family and to be closer to family members in prison.

Race and racism have also played a significant role in shaping Australia’s early immigration policies, which privileged white immigration under the immigration restriction Act of 1901 (known as the White Australia Policy) until its removal in the 1970s (Hage, 1998; Stratton, 2011). These historical policies alongside histories of colonialism and subjugation of Australia’s First Nations, have led to a racialised white Anglo national identity, positioned against a marginalised and excluded black “other” (Ahluwalia, 2001). While policies have changed towards social inclusion of immigrants, several studies have highlighted that racism and racialisation continues to characterize the experiences of immigrant groups, in particular those of African origin. Markus (2016), for example, reported that 60-77% of migrants from African countries (including Ethiopia, Kenya, South Sudan, Zimbabwe) reported having experienced discrimination that it is linked to the colour of their skin. The Australian Human Rights Commission (2010) also found that the majority of African-background Australians reported that their appearance influences their experience and manifests in racism and prejudice. There is also continued pernicious racialisation of Africans within media and political discourse, often constructing African people as criminal, culturally incompatible, and as being hampered by experiences of trauma and lack of education (Baak, 2011, 2018; Hatoss, 2012).

In order to tackle racism and its consequences, it is important to contextualise current dynamics of exclusion within these longer histories of colonization and racism. Fine and Ruglis (2009) suggest critical inquiry needs to disrupt the circuits and consequences of dispossession because of its deleterious psychosocial consequences for racialised groups, as well as the attendant privilege that accrues to those in dominant social positions. There is a growing movement in many countries in the global South and North, calling for a reinvigoration of community psychology research and action, advocating critical scholarship inspired by decolonising methodologies,

**Approaches to Decolonisation and Liberation**

Critical scholars have advocated the need for the retrieval, reclamation, and renewal of subjugated knowledges and practices, and argued that these are central to processes and practices of self-determination and emancipation of oppressed groups (Montero, Sonn, & Burton, 2017). In Latin America, Martín-Baró (1994) advocated that psychology should develop a new praxis that recognises people's virtues, based in the lived realities of the oppressed to engage in the recovery of historical memory, and to de-ideologise taken-for-grANTED social realities in the process of reconstructing identities and communities. Dialogue and ethics are central to this paradigm as it positions the other as a “social actor, who must be respected, who constructs knowledge, who has history. So there must be mutual respect. In those relationships, both human actors and the very relationship changes” (Montero & Sonn, 2009, p.2). Watkins and Shulman (2008) describe the work of liberation and decolonisation this way: “…claiming resources; testimonies, storytelling, and remembering to claim and speak about extremely painful events and histories; and research that celebrates survival and resilience and that revitalizes language, arts, and cultural practices” (p. 276). Linda Smith (1999/2012) has argued for decolonising methodologies and strategies: 

*Coming to know the past* has been part of the critical pedagogy of decolonization. To hold alternative histories is to hold alternative knowledges. The pedagogical implication of this access to alternative knowledges is that they can form the basis of alternative ways of doing things…. Telling our stories from the past, reclaiming the past, giving testimony to the injustices of the past are all strategies, which are commonly employed by Indigenous peoples struggling for justice. (p. 34)

More recently, and within the context of a growing modernity/coloniality project, Maldonado Torres (2016) wrote: 

... decoloniality refers to efforts at rehumanizing the world, to breaking hierarchies of difference that dehumanize subjects and communities and that destroy nature, and to the production and counter-discourses, counter-knowledges, counter-creative acts, and counter-practices that seek to dismantle coloniality and to open up multiple other forms of being in the world (p.10).

Decolonising methodologies and decolonial theory have their roots in different countries in the Global South (Mignolo, 2009; Smith, 1999/2012). Connell (2007) has referred to this as Southern Theories, and Santos (2007) has highlighted the need to challenge the ignorance that has been produced by “epistemicide”: the silencing of and ignorance to ways of knowing via the privileging of Eurocentric epistemologies. The decolonial project, as Ndlovu (2016) and others (e.g., Santos, 2007) have suggested, is not dismissive of knowledges that have been developed in western contexts. Instead, the decolonial project contests universal master narratives and seeks to promote epistemological justice by including that which has been excluded, silenced, dismissed and distorted (Santos, 2007).

This writing has been central to efforts to promote racial justice through our community-based research in Australia, and in other contexts. My Puerto Rican colleague Mariolga Reyes Cruz and I (Reyes Cruz & Sonn, 2015) have advocated for a decolonising standpoint, one that seeks to disrupt essentialist understandings of cultural matters that have served historically to marginalize others. This standpoint brings into clearer view ways in which power/privilege/oppression are reproduced and contested through
racialized and ethnicized practices and discourses; that is, how social inequality is maintained and challenged through culture (Reyes Cruz & Sonn, 2015, p. 128).

The standpoint in question is not limited by a discipline; it is transdisciplinary and it has been stitched together over time through engagement with critical theories of race and whiteness studies and Indigenous approaches. The domains of displacement, racism, sexism, and the challenges in everyday life that result from injustice are the starting point. As we have progressed our work we have drawn on various critical theoretical and methodological resources to elaborate liberation-oriented community research and action to contribute to social justice and empowerment - for it to be socially engaged, responsive and progressive (see Coimbra, et al. 2012; Kagan, Burton, Duckett, Lawthom, & Siddiquee, 2011; Quayle & Sonn; 2013; Montero & Sonn, 2009).

Critical theories of race and whiteness studies. A key strand of our work draws from critical theories of race and whiteness to examine how race thinking continues to structure injustice in society and everyday life. To this end, we have drawn from critical whiteness studies, where the focus is on the critique of dominance, normativity and privilege. According to Frankenberg (1993), whiteness signals the “… production and reproduction of dominance rather than subordination, normativity rather than marginality, and privilege rather than disadvantage’ (p. 236). According to Moreton-Robinson (2004):

Whiteness in its contemporary form in Australian society is culturally based. It controls institutions that are extensions of White Australian culture and is governed by the values, beliefs and assumptions of that culture. Whiteness confers both dominance and privilege; it is embedded in Australian institutions and in the social practices of everyday life. It is naturalised, unnamed, unmarked and it is represented as the human condition that defines normality and inhabits it (p. 172).

Whiteness studies (see Green, Sonn & Matsebula, 2007 for a review) have played an important role in our work. Theories from the area have been valuable in understanding how racialised privilege is reproduced through discourses and the implications of this for immigrants, refugees and asylum seekers who are negotiating ways to belonging in everyday settings in Melbourne (Sonn, Quayle, Mackenzie, & Law, 2014). These approaches have helped us to name symbolic power and how it shapes Indigenous and non-Indigenous people’s relationships in Western Australia (Green & Sonn, 2006; Quayle & Sonn, 2013). Central to the critical race work and whiteness studies and the approach that we have adopted is the notion of racialisation, which as Dhamoon (2009) writes, “alerts attention to the social processes of meaning making and highlights the significance of techniques of power, …” (p. 28). This approach means that we are able to focus on the way in which racialisation gets under the skin (Fanon, 1967), but also the diversity of white subjectivities andpositioning within the context of racialised power relationships in efforts to form alliances and solidarities across lines of separation.

Indigenous approaches: Challenging epistemological ignorance. Indigenous scholars and activists in Australia and other countries, alongside critical scholars of race have argued for Indigenous and Indigenist methodologies (Martin & Miraboopa; 2003; Moreton Robinon & Walter, 2009) as part of a broader set of responses to the history of colonisation and dispossession from an Indigenous Australian perspective. A vital part of this process entails contesting and making visible the processes and practices through which Western hegemonic ways of knowing have contributed to the production of ignorance about Indigenous ways of knowing, being and doing (Moreton-Robinson, 2004; Smith, 1999/2012). In psychology, Dudgeon and Walker (2015; see also Glover, Dudgeon & Huygens, 2005) have provided an argument for the
The decolonisation of the science of psychology and provided several strategies for doing so. These strategies include disrupting racism and Eurocentrism, the development of new discourses and narratives that challenge mainstream conceptions of people and the origins of problems, challenge privilege and whiteness, and promote resources and strategies that are Indigenous-led and hence vital to self-determination and social emotional-wellbeing (see also Walker, Schultz & Sonn, 2014).

Given this overview of the context and theoretical landscape, I now turn to describe three examples of our current work to illustrate how we are doing community-engaged inquiry in local contexts, “across the road”, as Julie van den Eynde, my local colleague referred to it, pointing to the fact that the work is literally with agencies in the same suburb. The stories described below are illustrative of efforts at our University to produce community-engaged scholarship (Boyer, 1996), a scholarship in the academy that is a more “vigorou partn in the search for answers to our most pressing social, civic, economic, and moral problems” (p.11).

Making Spaces for Creativity, Resistance and Self-determination
Making the Community Identity and Displacement Research Network (CIDRN)

The first example is about the research network called CIDRN that we have created at VU. It is a community of learning based on collegiality and mutual support within the neoliberalising university. CIDRN is a broad network that draws together and fosters scholarly investigation of new diasporas and changing meanings of displacement and identity. The network is conceived as an intellectual space where new questions about indigeneity, racism, refugees, sense of place, social inclusion, social justice, transnationalism and xenophobia can be raised, debated and discussed. Research activities, such as the two projects described below, span across disciplinary boundaries and advance multidisciplinary and transdisciplinary perspectives. The network also aims to explore and enable new theoretical and methodological interventions around issues of identity, displacement and community in a global and local context.

Given that this network is concerned with the social and political dynamics of a sense of place, Footscray with its rich history of migration and diversity provides an important site for the investigation of displacement, identity, community and change and the interaction between the local and global. Some researchers have focused on the dynamics of place and place making in Footscray with specific reference to notions of everyday multiculturalism and the meaning of diversity there (Oke, Sonn, & McConville, 2016). That work has provided important insights into unique and shared meanings that different population groups give to diversity as well as the positive symbolic capital afforded by the collective understanding of the city as a “migrant” city. McConville and Oke (2018) have also provided insight into the ways in which urban renewal projects are displacing longer-term residents, and they call for a much more nuanced use of the term gentrification in contexts of transformation.

The network launched in 2011 and held its first very successful conference in 2012, and a follow up conference in 2017 on the topic of Place, Politics, Privilege. The idea for the network arose from a combination of factors including reports that higher degree researchers felt isolated and that there was not a strong culture of research in our school at the time. At that time in 2011, I had also just returned from a visit to a university in South Africa to work on a project called the Apartheid Archive Project (AAP) (Stevens, Duncan & Hook, 2013). The AAP project is focused on race and racism in post-Apartheid South Africa and involves more than 20 researchers from various disciplines, but mostly critically oriented psychologists and numerous students from fourth year to PhD. The project is multifaceted and has generated many outputs and various spin-off projects since it was launched in 2010. For me the project was a model of academic collaboration anchored in a commitment to social justice and change, and to scholarly activism. The lead researchers promoted a
mentoring model, focused on empowering and supporting women and black academics, and being collegial and supportive. I was keen to see something similar at VU where we have many people researching and teaching about issues of race, migration, displacement, and so forth. Hence, the proposal for a research network organised around themes that resonated with researchers in different disciplines, and that was open enough for people to shape the direction of projects within the framework of the network.

As I reflect on CIDRN since its beginnings, I can say that we have survived and have operated inside the university, where restructuring and neoliberal managerial practices are seemingly the norm, without becoming a formal institute, group, or centre, yet. The group runs with an open structure and people opt in. In some ways, we are protesting productively within the system. We are producing work on our terms and we are seeking to be community-engaged, both within and outside the university. We are making progress, but still need to work on practices to make welcome different groups from our surrounding communities and organisations. We are looking to speak across disciplinary boundaries, to maintain spaces for counter work within the neoliberal university and the rigid managerial practices that are constraining our roles, scholarship, and creativity. We want to do more than survive in the system. Through CIDRN we are seeking to maintain and reinforce collegiality, critique, scholarship, and to open our own horizons to the various ways of knowing and doing as they pertain to pressing local and global issues. The next two projects sit within the CIDRN research theme of Race and Coloniality.

Aboriginal People Making Place in Melbourne’s West

This is an Indigenous-led project developed over several years of collaboration between university and community. The research involves people brought together through a community development project initiated in 2013-14 by the City of Wyndham in collaboration with Aboriginal and Torres Strait Islander people in that region, and the subsequent establishment of the Wyndham Aboriginal Community Centre Committee (WACCC). The collaboration between members of the Aboriginal Community and the City of Wyndham has been ongoing for some years and was a response to Aboriginal people’s expressed needs for permanent places where people can come together, access services, foster community, and strengthen cultural identities. The specific research project evolved from initial research questions posed of Aboriginal community members, the WACCC and the Care Connect Planned Activity Group (PAG). Members of these groups are seeking to establish spaces in which they can feel cultural safety and create new community narratives together. The purpose of the research was to gather the stories of members of these groups, many of whom were members of or children of Stolen Generations. As Maori scholar Linda Tuhiwai Smith (1999/2012) has noted, “Telling our stories from the past, reclaiming the past, giving testimony to the injustices of the past are all strategies which are commonly employed by Indigenous peoples…” (p.34). Central to the engagement was our effort to build relationships, enact reciprocity, and to follow the needs of the group. 

Making links and negotiating research process. We embarked on a small collaborative study with Karen Jackson, Director of the Moondani Balluk, Indigenous academic unit at VU, who has played a key role in connecting VU researchers with local Indigenous communities as well as forging relationships with researchers at VU. Guided by a commitment to self-determination and the principles of reciprocity, the project unfolded over time. The first stage of the community engagement process included visiting the group and sharing lunch with them. The purpose of the first visit was to introduce the researchers and the research and to gauge interest and levels of interest in the story-telling project. At this stage, we discussed our roles, the project design, and the group’s ideas about the research. We
highlighted the storytelling component and that we were interested in their stories of making place in Melbourne’s west. We also offered the group a storytelling workshop delivered by renowned Indigenous author, Tony Birch. In order to continue building links, two emerging Indigenous researchers with experience in working with Aboriginal people, including those who are members of the Stolen Generations, spent time with the group over several weeks, in a sense becoming participant observers at the PAG setting.

The two researchers spent several days over a 16-week period with the PAG group. During this period, nine stories were collected (from eight women and one man) from a possible 35. While many expressed an interest in sharing stories for the project, it was often very difficult to get access to people because many members are older and have health and mobility issues, and we had time constraints. The stories were transcribed and copies of the transcripts were returned to each of the interviewees for them to keep and to ensure that they were happy with the record.

After the story gathering, the next step was to organise and deliver the creative writing workshop. Tony Birch delivered the workshop to a small subgroup because other people were away on the day. He introduced strategies and techniques for writing, which included memory triggers and suggestions for writing – mnemonic devices to help trigger memory and story writing. The workshop setting was interesting and revealing in and of itself because of the dynamics between group members and seeming non-Indigenous staff. For example, while the workshop was aimed at the Aboriginal participants, staff members were free to participate. During the process of story sharing non-Indigenous members took over the opportunities to share stories. While in itself this may seem innocent, through the field work process it became clear that some of the Aboriginal group members described incidents which they felt were examples of differential treatment, such as being accused of not packing up equipment and tables and leaving the venue untidy. This setting was an Indigenous space, but within a broader non-Indigenous structure of the Community Centre. In the broader structure and power relations non-Indigenous staff seemingly took “over” the space, responding to provocations and invitations to share stories. We made this observation as participants in the session and named it at our subsequent debriefing as a group. Importantly, this insight provided additional context for understanding the interview data in relation to people’s experiences as members of PAG and their need for an Aboriginal-controlled space.

A key theme in the stories that people relayed centred around the impact of forced removals on their families and subsequent generations. Some of the effects were expressed in terms of the dispossession of culture and identity, disconnection from family and community, and racism and racialisation and its harmful psychosocial consequences. One person shared a story illustrating that she was othered as a young person – referred to as different and needing to be with “your kind”. She noted that: “…as a child I was seen by the Greeks and the Cypriots, Italians, Maltese in Fawkner when I lived there, ‘you not Australian what are you?’ I was put down because I was darker. And because my hair was different and I was always picked on that I didn’t belong. Now I know where I belong”. Several of the participants said that they affirmed their Aboriginal identities later in their lives because it was hidden or concealed. Some participants described the importance of this affirmation, but also the painful task of reconnecting and restoring these aspects of self and culture denied to them. People expressed the challenges that they have had in dealing with various institutions to get access to documents that are important to affirm their Aboriginal identity.

As a research group our initial analysis of the data also suggested that the PAG setting is central to the everyday life of this group. Participation is meaningful in different ways to people; for example, it fosters a sense of belonging derived from
strong family and social relationships as Aboriginal people making place together. The setting that people have created is productive and linked with other community settings and Indigenous community networks in the west of Melbourne and beyond. The data also suggested that participants engage in arts and creative practices to reclaim their cultural identities. These activities included knitting various items using coloured wool, typically, black, red and yellow symbolising Aboriginality, and creating paintings of landscapes and of places using dot-painting techniques. Importantly, the group members sometimes sell the artefacts that they make through networks at different venues and the funds are used to support other initiatives. The participants also send outputs to young people who are in juvenile detention centres. Through this practice of sharing, the group members are enacting support and solidarity, reminding the young people that their Aunty and Uncle are thinking of them.

Through this Indigenous-led project, we have been able to identify the various ways in which the PAG has come to play a central role in the everyday lives of its members. The project affirmed that PAG is a primary social setting and a main point of “access to such group-based resources that include but are not limited to instrumental support for action, leadership, channels of communication, trust, and solidarity” (Çakal, Eller, Sirlopú, & Pérez, 2016, p. 356). The information provided also points to the importance of providing space and opportunity for people to have support in their efforts to establish links with different Aboriginal groups, as part of the process of reclaiming identities and contributing to epistemic justice. The collaborative process of inquiry is guided by the ethic of reciprocity; it shares with participatory research the goal of being open and dialogical, centering the experiences and voices of people who are marginalized (Martín-Baró, 1994, Montero & Sonn, 2009). What’s in a Name: From Afrobeat to Anka.

A second distinct project illustrates the way in which we seek to be participatory and dialogical in centering the experiences of groups often silenced or misrepresented in mainstream media, political discourse, and everyday institutions’ social settings. The project follows on from initial student placements with an agency called cohealth Arts Generator (cAG). Their work is premised on the knowledge that access to the arts is fundamental to enriching people’s lives and therefore increasing their wellbeing. The organisation specializes in engagement with a range of African communities, in particular the Melbourne South Sudanese community, which is the largest in Australia.

cAG uses creative and participatory arts methodologies, where art is both a process and an outcome. Through arts-based and arts-informed practice, Arts Generator is seeking to:

- engage with Africans in Australia who experience limited access to arts and cultural opportunities, with the aim of improving wellbeing and increased agency through culturally appropriate arts-based practice that utilises a model of “embodied practice”;
- support community mobilisation and leadership opportunities that increase social inclusion, reduce discrimination and increase economic participation in African communities in cohealth’s catchments;
- Promote mental wellbeing in the African communities of Australia through intercultural dialogue with Aboriginal communities.

cAG is involved in an initiative to contribute to these objectives, the Afrobeat initiative. This initiative aims to empower young people through the creative documentation of the Afro Australian experience in Australia and to contribute to racial justice. The initiative involves three components:

- ‘In Our Eyes’ (working title): photodocumentary of Young Leaders in the African communities
- ‘In the Flesh’ (working title): writing about lives - intergenerational stories about identity and belonging with arts outputs of spoken word, storytelling and musical performances (live and video)
‘In the Spirit’ (working title): intercultural dialogues with Aboriginal Australians on place and country.

Critical conversations. My role has varied from mentor and critical friend, to evaluator researcher, to co-researcher since I first became involved with the group a few years ago. I have provided support for some of the staff through critical discussions about race and whiteness, and I have provided critical feedback on the art of radical listening workshops that the group has facilitated with Government organisations. These conversations are important ways of connecting with local groups and bridging the gap between the university and the community. To date, we have had several meetings with the broader group constituted by the cultural workers and the manager of cohealth Arts Generator.

While we initially discussed how we could complement the project by documenting it and gathering information to inform the evaluation of the project, I floated the possibilities for this project to follow a model of participatory and collaborative research. I attended several meetings and provided input into a staged dinner conversation on the issue of race and representation that emerged in relation to the first part of the “Afrobeat” initiative. That discussion raised many issues and challenges including the young people expressing concerns about an ostensibly white photographer re-presenting images of them. This discussion pointed to race and whiteness, and signaled deeper ethical and political matters related to voice, representation, and agency and its implications for differently positioned social actors within Australia’s racialised social system.

The conversation also showed the diverse ways in which the young people of African ancestry constructed their social and cultural identities in Australia. Subsequent to these discussions, I drafted a document proposing that we conduct a participatory case study that would capture the development and delivery of the second component of the project – called “In the Flesh” at the time. At the next meeting we had, I presented the proposal and linked the work with a broader project that we have been pursuing with an international group (Stevens, Bell, Sonn, Clennon, & Canham, 2017), and with colleagues at VU into meanings of Blackness in Australia (Smith, Sonn, & Cooper, in press). In this work, we are investigating experiences of being black, recognising that such experiences vary across context, time, and place. Michelle Wright (2015) noted that blackness is not a matter of asking what, but “about when and where it is being imagined, defined, and performed and in what locations, both figurative and literal” (p. 3). The group was very positive about these projects, so we agreed to move forward, and this meant getting ethics approval and a research agreement in place.

Some time has passed and several key members of the group (all creative workers who are also students at university or have employment) have since travelled to various countries in Africa, and some have attended the decolonial summer school that is held annually at the University of South Africa, Pretoria. For those who attended the experience was significant, in fact, transformative and liberating. They spoke of major mind shifts, about a new awareness, and that they now have a language to name their project, which until this time, was constrained by a Manichean binary of black and white, colonised and coloniser, and with the title “Afrobeat”. Through various critical and reflective conversations, deeper and more profound discussion happened spontaneously as they began to share stories of their re-imagined and renamed project, one that recognises and acknowledges Indigenous peoples and their knowledges, Aboriginal sovereignty, their/our positions as settlers of colour in Australia. This shift in gaze, of centering Indigenous people and their own speaking positions is a decolonial action. The project was no longer tentatively named Afrobeat: the group have done some deep thinking and have proposed to the manager of cAG that they want to pursue a decolonial agenda through the project, as well as within the broader organisation and specifically in relation to the project.
The first part of their critical action was the act of renaming the project and producing a new vision and mission statement for it. This was a significant moment. The group discussed questions and experiences that were wide ranging, including, racism, othering, being third culture young people, oppression, imagining new futures beyond the coloniality of whiteness, and importantly, connecting with their communities and the global African diaspora and other cultures. In many ways, the discussion signaled transgression, and the expression of place-making within the African diaspora reflective of rich social and cultural histories and their own complex subjectivities (Agung-Igusti, 2017). This was one of the many intentional dialogues, each person giving meaning to their engagement through decoloniality, expressing ways in which they, as cultural workers, are seeking to claim their place in the world through their activist art and creative practice, as well as claiming a speaking position, to assert who they are in the world. The group decided that decoloniality was going to be the basis for their project named Amka, which in Swahili means to rise up or arise. This act of naming, reclaiming, and grounding the project in their own lived experiences and community and cultural histories was a decolonising act, an empowered act.

Summary and Conclusion

There has been a growing number of calls for more radical and politically oriented community research and action (Dutta et al., 2016; Evans et al., 2017; Fine, 2012). One of the strands of these calls is the turn to decoloniality along with the powerful call for decolonising methodologies (Smith, 1999/2012). For our group, our engagement with calls for decolonial work is reflected in our efforts to enact research and knowledge production alongside community groups and to collaborate with those who are typically excluded or problematised. Over time, we have articulated a decolonising standpoint that draws from various areas of critical scholarship, including critical studies of race and whiteness studies and Indigenous studies. These areas bring into focus the dynamics of power in our research and practices, and have been important for contesting epistemological ignorance and promoting cognitive justice (Santos, 2007). These tasks entail deconstructing dominance while normalising the worldviews and experiences of the other (Adams et al., 2015), which is an important goal of decoloniality: to expand our ways of knowing, doing and being (Fanon, 1967; Santos, 2007).

In our community-engaged projects, which include engaging with Indigenous agendas through Indigenous-led research, we are being careful to respond to whose questions we address, whose perspectives count, and what knowledge counts. We are looking for new and alternative ways to broaden knowledge production processes in critical community-engaged inquiry. This has included finding new roles such as critical friend, mentor, evaluator and researcher as well as using methods to support the goals and aspirations of groups who are often excluded from knowledge production processes. These groups include the community agencies and the various people that they support in their pursuit of health and wellbeing, valued identities and supportive communities. We are also seeking to find ways to provide psychosocial support and education, to create and participate in community conversations about issues, to speak about difficult questions and sit in spaces with vulnerability and discomfort. I concur with Watkins and Shulman (2008) when they say that:

Liberation research is provisional. Its results do not seek to be overly generalized or to make the kind of universal truth claims that natural science has accustomed us to. It actively acknowledges the local context of most of its efforts. In some ways, it is a humble enterprise, self-conscious, self-correcting, and confessing of limitation. We place aside what we already know so that we can learn from what comes forward as new, surprising, and contradicting of our assumptions and biases. (p. 297)
As applied social and community psychologists we have roles to play in different settings, to be listeners, to document stories, to record oral histories and testimonies, to help create new ways of knowing, based on relational ethics and that can help produce supportive cultures rather than exclusionary cultures.

As I reflect on these projects in the context of critical community psychologies, as well as the virulent racism that continues to affect lives in Australia and elsewhere, the need for critical community engaged research as action becomes even more pressing. It is vital to support communities in their pursuits for self-determination and to make visible the ways in which they resist, survive and create meaningful lives within hostile contexts. This requires new approaches and epistemologies, rooted in a relational ethics, one that affirms the ways of being and knowing of communities who are marginalised and excluded (Dutta et al., 2016). It is also equally imperative to tackle the coloniality of power and whiteness to make visible, contest, and challenge the discursive and material practices through which it finds expression in everyday ways in institutions, community settings, and social life.

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Note

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**Author Biography**

Christopher C. Sonn, PhD, is an Associate Professor in Community Psychology at Victoria University, Melbourne, Australia on the land of the Wurundjeri of the Kulin nation. His research examines forms of structural violence such as racism, its effects on social identities, intergroup relations and belonging, and individual and group responses that are protective, resistant and resilient. He draws on participatory, creative and arts-based approaches to community research and action.
This paper draws on the experiences of several researchers, facilitators and support workers (hereafter referred to as researchers) working on community-based projects in South Africa, in order to explore a commonly-shared problem of traumatic exposure in this work. It is argued that there are three key ways in which these researchers encounter trauma in their work, namely: primary trauma, vicarious trauma (VT), and traumatic helplessness (stemming from an inability to fully protect project participants). This paper aims to highlight a critical and complex dialect in the nature of critical community intervention work - the tension between needing to create safe spaces for participants to explore and share their lived experiences; and the inherent risk of (re)traumatisation for all those involved in this process. More specifically, this paper maps the ways in which traumatic exposure shifts researchers’ engagement with the research material and participants they are working with, and identifies the consequent risks of harm to both researchers and their participants. It further highlights the complex ethical challenges of engagement with sensitive topics and vulnerable communities, and a need for more nuanced theory for teaching research methods and social engagement with vulnerable groups in community psychology, allowing researchers to be prepared for, and supported through, emotionally risky engagement processes.

Defining Vicarious Trauma

Over two decades of research has made it abundantly clear that experiences of distress around traumatic events are by no means restricted to primary victims. VT refers to the stress reaction experienced by those who have not directly (personally) experienced a traumatic event, but have
exposure to a traumatic incident through the accounts of others. “Bearing witness to an event, having to listen to explicit accounts of a traumatic event or even having explicit knowledge of an event have been shown to cause serious, prolonged anxiety in varying degrees” (Lerias & Byrne, 2003, p. 129). People suffering from VT have been indirectly exposed to a very threatening situation (or in this work, typically many situations) which has caused a shift in the way that they experience themselves and the world (Pearlman, & Mac Ian, 1995; Sui & Padmanabhanunni, 2016). This shift causes them to experience the world as an overwhelmingly harmful and dangerous place, and to experience others as threatening and untrustworthy (Schauben & Frazier, 1995). These effects appear to be “cumulative across time and helping relationships” (Pearlman, & Mac Ian, 1995, p. 558).

VT is related to a number of similar constructs including Secondary Traumatic Stress, Compassion Fatigue, and Burnout (Du Plessis, Visagie, & Mji, 2014; Hill, 2011; Lerias & Byrne, 2003). Although VT, itself, is not officially listed in the Diagnostic and Statistical Manual of Mental Disorders, the current edition (DSM-5, published in 2013) does include vicarious experiences of trauma, namely “learning that a relative or close friend was exposed to a trauma” or “indirect exposure to aversive details of the trauma, usually in the course of professional duties” (American Psychiatric Association, 2013), in the diagnostic criteria for Post-Traumatic Stress Disorder.

**Vicarious Trauma beyond Psychotherapy:**

### Outlining the Research Context

Vicarious Trauma is a commonly recognised experience of practising psychotherapists. There is a well-developed literature exploring the necessity of recognising and managing the negative effects of VT on practitioners and the resulting risks for clients (Brady, Guy, Poelstra & Brokaw, 1999; Dalenberg, 2000; Sui & Padmanabhanunni, 2016; Wastell, 2005). Yet the experience of VT is not limited to counsellors working with survivors of violence or catastrophic natural events. VT is a common experience of people working in social work (Goelitz, & Stewart-Kahn, 2013), palliative medicine (O’Mahony, Gerhart, Grosse, Abrams, & Levy, 2016), nursing homes (Mandiracioglu & Cam, 2006), hospice homes (Capretto, 2015; Sinclair & Hamill, 2007) and the police service (Carlier, Lamberts & Gersons, 2000; Leigh Wills, & Schuldberg, 2016), as well as amongst firefighters (Beaton, Murphy, Johnson, Pike, & Corneil, 1999; Sun, Hu, Yu, Jiang, & Lou, 2016), paramedics (Beaton, Murphy, Johnson, Pike, & Corneil, 1998), journalists (Pyevich, Newman, & Daleiden, 2003; Weidmann, Fehm, & Fydrich, 2008) and educators teaching on sensitive topics (Collins, 2013a). Relatively little research explores the parallel experiences of researchers working on community-based projects on sensitive topics or with vulnerable communities.

For many social science researchers, data collection involves interviewing individuals or conducting focus group discussions, which includes talking to people about their lived experiences (Kvale, 1996). In South Africa where there is amongst the most extreme inequality in the world, and very high prevalence of poverty, violence and chronic illness (Atwoli et al., 2013; Demombynesa & Özler, 2005; Hunter, 2010; Klasen, 1997), these narratives are often extremely distressing. This is exacerbated by the need for research and community projects to address the most serious social problems and vulnerable communities. These factors create a high risk of VT for both researchers and those project participants engaged in collective activities and sharing of experiences.

More specifically, this paper stems from preliminary research which explores the experiences of ten social science researchers and community activists working on “sensitive topics” in the South African context. Non-probability, purposive and snowball sampling techniques (Neuman, 2011) were used to deliberately select individuals who were engaged in “high risk” research areas/community projects – in other
words, projects that asked people to share their experiences that, or discuss issues that, are emotionally distressing, extremely personal, or socially taboo (Dickson-Swift, James & Liamputtong, 2008). This is consistent with Lee and Renzetti’s (1993) definition of “sensitive research” which includes research which may be considered threatening by “intrud[ing] into the private sphere or delv[ing] into some deeply personal experience” or “where the research deals with things that are sacred to those being studied that they do not wish profaned” (Renzetti & Lee, 1993, p. 6).

Examples of some of the research or community-engagement projects that these participants were engaged in include the organisation of a large anti-rape and sexual violence awareness campaign, developing and implementing a training programme for lay counsellors dealing with intimate partner violence, and designing and facilitating university courses, discussion forums and support interventions relating to a range of vulnerability and forms of violence including sexual violence, xenophobia, homophobia and violence against children. In addition, the participants in this research personally identified the research process and/or activism as challenging, complex and/or overwhelming.

Data was collected using semi-structured individual interviews, conducted by the authors. Although none of the researchers’ participants were directly sampled in this study, many of the researchers discussed and actively reflected on concerns about how their research, or engagement more broadly, may have negatively affected their participants.

Understanding the Symptoms of Vicarious Trauma

Research suggests that the process of Vicarious Trauma is very similar to that of survivors who have experienced trauma directly (Pearlman & Mac Ian, 1995). This includes the experience of many of the symptoms specified within the criteria stipulated for Post-Traumatic Stress Disorder (Lerias & Byrne 2003; Sui & Padmanabhanuni, 2016). Herman (1992) offers a seminal clarification of these symptoms by conceptualizing PTSD as having three core symptom clusters: Intrusion, Constriction and Hyperarousal.

Hyperarousal refers to the cluster of symptoms that highlight a traumatised individual’s tendency to perpetually anticipate danger, or the state of permanent alertness in which these individuals remain, as a means of self-preservation. The main symptoms in this cluster involve intensified physiological arousal such as heightened startle responses, exaggerated irritability or aggressive responses to relatively minor provocations and hypervigilant scanning of one’s surroundings for signs of danger. In addition, hyperarousal tends to cause nightmares, lack of sleep, intense anxiety and psychosomatic complaints (Herman 1992).

Several researchers working on community-based projects spoke to a number of these different symptoms. One described how her nightly bedtime routine changed dramatically after she began her research. She could no longer go to sleep without repeatedly checking that all the doors were locked and windows were closed. She also reported persistent difficulty falling asleep, as she listened for footsteps or any possible sounds of threat, and waking consistently during the night due to frightening dreams.

Another participant similarly described the onset of dramatically increased alertness and hypervigilance corresponding with her involvement in a community-based project. She recalled her fear of driving alone at night. When this was unavoidable she drove with an intense focus on her surroundings, often surveying them incessantly for possible approaching danger. Many of the researchers noted a considerably heightened sense of emotional agitation which was most often experienced as intense emotional responses such as anxiety, sadness, anger and irritability. Several identified the emergence of irritability and emotional outbursts in their intimate and family relationships. Additionally, experiences most commonly included physical complaints, constantly feeling ill, body pain and headaches and intense exhaustion. This included repeated
headaches after conducting focus groups, and overwhelming exhaustion after running support workshops.

The second cardinal cluster of symptoms that Herman (1992) identifies is called **intrusion**: “the indelible imprint of the traumatic moment” (Herman 1992: 35). Intrusion refers to the various different ways that traumatised individuals continue to relive or re-experience moments of terror from the past, as if they were recurring in present time. “The traumatic moment becomes encoded in an abnormal form of memory, which breaks spontaneously into consciousness” (Herman, 1992, p. 37).

People may experience this as flashbacks when they are awake, as terrifying nightmares when they are asleep, or through their actions in the form of re-enactments. Re-enactment refers to the process whereby trauma survivors “feel impelled to re-create the moment of terror, either in literal or in disguised form” (Herman, 1992, p. 39). Returning traumatic memories are often triggered by seemingly innocuous cues in the individual’s environment. These intrusive memories are often accompanied by intense emotional distress, most commonly in the form of terror and rage, and as a result people make extreme efforts to defend themselves against this process.

Although this symptom cluster usually presents more intensely amongst those who have, themselves, been directly victimised, it is still common for those with VT to also re-experience aspects of the trauma. Most often, hearing explicit descriptions of the trauma seems to create mental visualizations which tend to be repeatedly triggered by reminders of the victims or events (Herman, 1992; Sui & Padmanabhanuni, 2016). Furthermore, when people deeply empathise with another’s experience, they are likely to develop similar emotional responses as the victim. One of the researchers recalled an example of re-enactment. She and her partner were having a minor disagreement at home and during their discussion, her partner touched her, gently, and she angered immediately, saying “Don’t you lay your hands on me!” with unnecessary hostility, repeating a traumatic narrative she had heard from her participants. Another researcher described her experiences of obsessively thinking about the stories she had been told, and continually replaying the scenarios in her mind. Several researchers also recalled experiencing trauma-related nightmares. Perhaps most notable, again, was the intensity of the emotional responses with which these all occurred (Wastell, 2005).

The final cardinal symptom cluster that Herman (1992) refers to is **constriction**. Constriction, commonly referred to as numbing, tends to be a direct response to the overwhelming emotions triggered by intrusion, where a person feels entirely powerless and, as a result, falls into a “state of surrender” (Herman, 1992. p. 42). In contrast to the intense fear and rage associated with intrusive symptoms, constriction includes an unusually detached sense of calm and/or profound passivity. “The helpless person escapes from her situation not by action in the real world but rather by altering her state of consciousness” (Herman, 1992, p. 42).

Although this altered state of consciousness, referred to as dissociation, can be an adaptive response during moments of danger, it severely hinders recovery once the individual is safe. Dissociative responses ensure that traumatic memories, and their associated emotions, are kept split or sealed off from conscious awareness, only appearing in painful splintered fragments (intrusive symptoms). This splitting denies the person the opportunity to understand, process and re-integrate the traumatic experience and also tends to impair an individual’s ability to experience a full range of human emotion and relationships, leaving them blunted and withdrawn. Furthermore, the “constrictive symptoms of the traumatic neurosis apply not only to thought, memory, and states of consciousness but also to the entire field of purposeful action and initiative” (Herman, 1992, p. 46). In other words, people with PTSD tend to restrict or confine their lives as a means of establishing a perceived degree of safety and control, and managing their persistent terror. This tends to include
avoiding all possible reminders of the trauma, intimacy, and previously enjoyable activities, and is often accompanied by social withdrawal and reduced interest in one’s future.

Constrictive symptoms were extremely common amongst researchers. Many reported withdrawal from loved ones, social activities and society in general. The woman who developed a fear of driving at night went to great lengths to avoid it. When she had no option, she began treating traffic lights as four way stops: she stopped only briefly, frantically checking for traffic, before hurriedly driving on. Another researcher recalls how she began avoiding the site where her interviews had taken place, saying she often chose to walk a considerably longer distance than to walk past those buildings. Other examples include no longer attending church, a reluctance to “look pretty” by a researcher who worked with sexual violence, and reduced enthusiasm and patience with spouses and children. A recurring theme of helplessness emerged in working with survivors and vulnerable groups, as a growing insight into, and empathy with, these situations was accompanied by loss of optimism in being able to provide effective support. This played out as emotional disconnection from the work, difficulty in completing projects, and/or a pervasive sense of despair.

**Expanding Ethics in Social Science Research**

Ethics in the social sciences tends to be strongly focused on not harming participants. In most research courses, students are taught at length about the well-developed conceptualisation of procedural and practical ethics aimed at upholding the rights of participants. This has historical roots in the medical sciences and the principle of *not causing physical harm (primum nil nocere)*, and has subsequently been expanded in the social sciences to include avoiding emotional harm (Hugman, Pittaway & Bartolomei, 2011). Although procedural ethics, as established by the ethics committee and policies and principles they assert, are essential in all studies in order to protect the rights of all research participants, it can be argued that this focus is insufficient as it is too rigid and therefore does not always account for the vast array of experiences and situations that researchers will encounter once they commence research in the field (Guillemin & Gillam, 2004). This is particularly relevant in qualitative research, where the researcher is closely involved with research participants, and the participants themselves are regarded as an integral part of knowledge production (Willig, 2008).

One of the most challenging aspects of qualitative research is ensuring that one maintains a non-exploitative pattern of interaction with all participants while at the same time fulfilling the purpose and role of researcher (Guillemin & Gillam, 2004). In order to move beyond procedural ethics and produce critically ethical work, researchers need to acknowledge the ways in which theory, research and action can all be both emancipatory and oppressive in nature and, therefore, to actively adopt values, assumptions and practices which foster the liberatory effects of knowledge production (Prilleltensky & Nelson, 2002). Here the shift in emphasis is both away from simply avoiding harm and towards actively striving towards positive outcomes, and towards expanding the understanding of the kinds of harm that are possible. This is particularly relevant in a South African multicultural context. With a history of racial and gender based inequality and a severe disparity in economic wealth distribution, there is a broad scope for abuse of power and entrenchment of oppressive practices of which researchers need to be critically aware.

Guillemin and Gillam (2004) highlight that this requires competence in recognising ethical issues when they arise, as well as the ability to consider all the possible courses of action and respond most appropriately. This process is greatly facilitated by critical reflexivity. In other words, one of the most crucial elements of research which is pragmatically ethical involves paying great attention to one’s own role in the research process and critically reflecting on the process as a whole. Here Freire’s (1993)
work on “critical consciousness” is essential for understanding and managing the power imbalances (Straubhaar, 2015). For example, some of the researchers working with victim-survivors of intimate-partner violence came to realize that by simply asking questions about the context in which violence had occurred, they were re-victimising participants, as the received meaning of the questions was framed by the existing victim-blaming culture in which victim-survivors where implicitly or explicitly judged for remaining in potentially dangerous relationship, and/or have failed in their ‘feminine duty’ of de-escalating conflict. Even neutral questions were understood within this dominant system of persecutory meaning, and thus a combined socially critical and personally empathic style had to be adopted to prevent re-traumatising participants.

Despite this increasingly more nuanced and thoughtful consideration of ethics in qualitative work, some lingering problems need further attention. More specifically, in social science research methodology courses in South Africa, ways of protecting oneself as a researcher are often insufficiently covered or simply overlooked altogether. While attention may be given to the physical safety of the researcher, emotional vulnerability in the research process tends to be overlooked. There is also inconsistency and great variability between disciplines and institutions in terms of how they deal with these issues. Significantly, what is often neglected in this research methodology teaching is the way in which a “protected” researcher is fundamental if the rights of participants are to be satisfactorily upheld. This is explored in more depth in the following section.

In addition, much more thought could (and should) be given to the ways in which the processes of reflexivity and critical consciousness, previously shown to be essential to conducting practically ethical research, require the researcher not only to cognitively reflect on their subject positions, but to unpack their emotional responses to various aspects of their work (Fook & Askeland, 2007). Several authors have begun to explore this area in different ways. Dickson-Swift, James, Kippen and Liamputtong (2009), for example, discuss the “emotional labour” involved in conducting qualitative research, and Finlay (2002) provides a detailed articulation of reflexivity, including an exploration of the importance of emotions in this process. This is a psychologically complex and emotionally taxing process that requires much more attention, specifically within the South African context.

**Linking Vicarious Trauma and Research Roles**

In qualitative enquiry, the researcher is frequently the main “instrument” in the research process. To a large extent, the “success” or “failure” of qualitative research relies on her involvement during the entire research process (Holliday, 2002). Firstly, gathering in-depth and detailed qualitative data requires her to have the ability to engage with participants in an open and empathetic way. The researcher is responsible for creating a safe and trustworthy space where participants feel comfortable enough to share their experiences. Researchers need to be consistently present within these spaces, listening actively and responding in ways that both affirm participants’ experiences and encourage them to share further. Secondly, once these accounts have been gathered, the analysis of qualitative data requires spending considerable amounts of time immersing oneself in detailed descriptions of participants’ experiences (Holliday, 2002). Where these experiences and accounts are deeply distressing, this ongoing constant exposure increases the researchers’ risk of experiencing VT.

Vicarious Trauma appears to have a troubling double effect for qualitative researchers. Firstly, VT is an emotionally painful and potentially overwhelming experience. As mentioned earlier, the symptoms strongly resemble primary PTSD, yet with no overt incident of a personal trauma the symptoms may be ignored or misinterpreted. This is exacerbated by the professional role of “researcher” and the...
burdens with which that self-definition is laden. Researchers can feel as though the role requires them to be “superhuman” - any signs of vulnerability or emotionality are perceived as weakness, inadequacy or incompetence (Dickson-Swift et al., 2009; Howlett & Collins, 2014). These ideas are closely linked to, and further reinforced by, the ideals of objectivity, neutrality and critical distance traditionally valued in traditional research and still commonly revered today, despite an attempt to move toward the inclusion of researcher subjectivity in qualitative methodologies (Willig, 2008). A dangerous dichotomy is created between the researcher/researched or the helper/helped. This prevents one from seeking assistance when one feels overwhelmed or distressed (Dalenberg, 2000; Wastell, 2005).

Most of the interviewed researchers revealed that they did not recognise or attach meaning and significance to their presenting symptoms at the time, and often required another person to point these out. Researchers who were able to identify concerning responses at the time reported being reluctant to discuss their difficulties with others, specifically with supervisors, colleagues or their organisation, as they feared appearing incompetent and were concerned about the intensity of their emotional responses. This was similarly discussed in Fook and Askeland’s (2007) work on critical reflection. They found that “participants may feel an unwanted pressure to disclose incompetence… [and] participants also express the desire to ‘protect’ others from strong feelings” (Fook & Askeland, 2007, p. 2). This led to one of the most significant problems that researchers experiencing VT evidenced: failure to complete projects, and withdrawal from community engagement work. Many researchers experiencing symptoms of VT found themselves uninterested or frustrated with their projects, were unable to continue conducting interviews, or abandoned their analyses before they could complete their work. Not only is this personally problematic for the researchers themselves, but it is also ethically questionable as they are “abandoning” project participants to whom they had made a commitment to provide assistance and support.

An important aspect of VT to consider here is the subtle but significant shift of worldview that occurs from persistent exposure to distressing narratives. Janoff-Bulman (1985, 2010) asserts that people live by a set of core positive assumptions about the world, how it operates and the people in it, including the self. In particular, they see the world to be benevolent, meaningful and predictable: people are viewed as generally good and kind; and they have a positive and worthy sense of self. These positive assumptions are also closely linked to early childhood experiences where we learn that we are safe, secure, protected and not vulnerable. A person experiencing VT has been faced with a much darker and malevolent account of humanity and the world which directly challenges, disrupts, or “shatters”, these previously held positive assumptions (Janoff-Bulman, 2010).

This process is particularly relevant to researchers working on sensitive topics. More often than not, the researcher occupies a more privileged position in society, and has therefore been able to take their assumption of safety relatively more for granted than the vulnerable project participants. When they encounter the participants’ greater experience of vulnerability, these firmly held assumptions of worldly safety and human decency are seriously challenged. This can lead to a significant, but not always immediately obvious, shift in the emotional and cognitive outlook of the researcher. This shift toward a pessimistic worldview and a negative view of self can produce an overwhelming sense of helplessness and cynicism, or a feeling of futility, for those researchers suffering from VT (Janoff-Bulman, 2010; Wastell, 2005). This, in turn has a significant influence on the ways in which the researcher responds to participants they are working with, and specifically, tends to produce a number of countertransference reactions (Dalenberg, 2000), discussed in more detail below.
Secondly, VT has serious consequences for project participants. As previously discussed, VT is experienced as a series of complex and contradictory symptoms, with intense and conflicting emotional responses. These primarily negative emotions make it very difficult for researchers to interact ethically with participants for a number of reasons. Herman (1992) describes various stages of recovery through which the survivor needs to mend the different capacities that were damaged during the trauma: “trust, autonomy, initiative, competence, identity and intimacy” (p. 133). If community-engaged researchers are to be helpful rather than detrimental to this process, it requires them to be consistently present, reliable, empathetic and accepting. This is also often required for the projects themselves to be successful. Unfortunately, VT makes these key responsibilities much more difficult.

The problematic responses of the researcher detailed above can be framed, and more fully understood, by the concept of countertransference. According to Bouchard, Normandin and Seguin (1995), countertransference can be described as “the entirety of the analyst’s emotional reactions to the patient within the treatment situation” (p. 719) or, as Wilson and Lindy (1994) define, “the reciprocal impact that the patient and the therapist have on each other during the course of psychotherapy” (p. 9). The critical element tends to be the negative reactions that are triggered in the therapist by the clients’ experiences. Dalenberg (2000) highlights key characteristics of countertransference of therapists treating traumatised patients, including both a feeling of strong attachment toward the patient as well as “conflict-based responses” that the therapist has in relation to the patient and the “trauma related material” (p. 11). Wilson and Lindy (1994) conceptualise countertransference as consisting of two key dimensions. The first dimension refers to “the degree to which the therapist either over-identifies or the therapist avoids identification with their client” (Wastell, 2005, p. 134). Both of these responses appear particularly relevant to researchers experiencing VT.

Recovery from trauma requires a healing relationship (Herman, 1992). Survivors need to recover from the alienation and isolation of traumatic events and form new connections with people. Ideally, community-engaged work should share these common aims. For this to occur, researchers and activists must be consistently empathically attuned. This, however, becomes very difficult if the researcher is experiencing VT as the need to “invoke (voluntarily or not) defences in order to contain and bind their own distress” (Wastell, 2005, p. 119) becomes overwhelming. The increased anxiety and arousal, and the avoidance symptoms associated with VT, often leave people numb, detached, irritable or angry. These negative emotions make it very difficult for researchers to have consistent empathy and caring attunement to the person or communities they are trying to assist, which then severely undermines the ability to form a safe and trusting bond with them (Trippany, White Kress & Wilcoxon, 2004). Furthermore, Dalenberg (2000) adds that the countertransference responses of withdrawal, avoidance or irritation may also undermine a survivor’s “sense of reality” (p. 92) as they may be interpreted as disbelief, judgement or blame. In these circumstances researcher distance and neutrality begin to be experienced less as professional objectivity and more as insensitivity and victim blaming (Wastell, 2005).

In addition, survivors, and marginalised groups in general, need to experience (re)empowerment. Taking charge of their recovery is the first step to re-establishing control over their lives. Herman states “others may offer advice, support, assistance, affection and care, but not cure” (p. 133). People experiencing VT are often inclined to manage their own emotional vulnerability by trying to “fix” those they are supporting. Anxiety and feelings of being helpless and overwhelmed can make them desperate to solve others’ problems as a way of alleviating their own distress. In these
cases, people feel compelled to act well beyond their jurisdiction, often adopting the role of the “rescuer” (Wastell, 2005). This countertransference response commonly involves over-identification with the survivor and “empathetic enmeshment (over involvement)” with their shared experience (Dalenberg, 2000, p. 74). This “if you feel better, I feel better” dynamic often leaves survivors feeling at best misunderstood, and at worst, re-traumatised by re-experiencing a lack of control similar to that of their traumatic experience(s) (Herman, 1992). Allowing survivors to re-establish a sense of autonomy in their lives, and to independently redevelop the personal competencies they need to achieve this, requires a degree of emotional consistency, attunement and ‘boundary-maintenance’ that VT hinders in those that experience it. This is particularly difficult in community-engagement settings, where the balance of power is already heavily skewed in favour of the “professional” coming to “fix” a community’s problems (Fook & Askeland, 2007).

**Experiencing Primary Traumatisation in Community-Based Work**

Although experiences of VT proved challenging for community-based researchers, it was not the only trauma-related issue they faced. When discussing their experiences of hearing others’ distressing narratives, another key issue was raised: What happens when participants’ **ideas and actions**, not just their accounts of their experiences, cause distress? Two examples to frame this question include a self-identifying gay researcher facilitating a group in which a participant stated that “all people deserve equality, except the gays, that’s just wrong”, or an African immigrant researcher being told “but foreigners are cockroaches who steal our jobs, you are an example”. The deeply threatening nature of these comments is to be understood in an environment where homophobic assaults (Ferim, 2016; Msibi, 2009; Reid & Dirsuweit, 2002) and xenophobic murders (Harris, 2002; Mutanda, 2017; Neocosmos, 2008) are regular occurrences.

These examples are taken from community-based violence reduction interventions where facilitating a shift in ideas or understandings about the world and one’s self is a central goal. This is a complex and challenging task that requires repeatedly deconstructing firmly held beliefs (which are often negative, stereotypical, prejudiced) about other people and the world more broadly. Before these ideas can be deconstructed they are often shared as “fact”, common sense or “just” one’s personal opinion. People “merely” sharing their opinions/ideas often involves the negation of particular participants and groups, including the facilitators themselves. In this sense, many people, at least initially, appear to display an “anti-social” or hostile attitude toward positive social change as this involves relinquishing ideas or beliefs that either serve them socially, or act as a defence mechanism protecting them from anxiety or fear (Festinger, 1962). As Fook and Askeland (2007) argue:

> The challenge of confronting more culturally embedded ideas constitutes one of the major challenges of critical reflection. We have termed it a challenge because we see it as a ‘double-edged sword’: it can be a very potent way of confronting ‘sticking points’ or previously unresolvable dilemmas; but its effectiveness may be limited because of the misunderstanding, resistance and anxiety which can result when deep-seated assumptions are questioned (p. 2).

Consider the previous example of a participant supporting the xenophobic slur that all foreign African nationals are criminals. Alternate narratives which directly challenge this belief construct the participant’s view as not only as factually incorrect, but also as hurtful and contributing to ongoing systems of violence. But being open to new narratives can produce feelings of shame and guilt regarding one’s past thoughts, feelings and behaviours toward other people, and could directly undermine
the positive sense of self that is protected by the original narrative (Gilligan, 1996). Thus the gratifying sense of superiority given by the good citizen/criminal foreigner dichotomy is replaced by a shameful acknowledgement of oneself as an agent of xenophobic prejudice that is both irrational and harmful to others.

Furthermore, firmly held beliefs may be developed as a response to threatening and overwhelming personal experiences of violence. In these cases, individuals adopt the beliefs, values and behaviours of those who are threatening or attacking them as a means of protecting themselves from the traumatic acknowledgement of their own vulnerability and suffering. In psychodynamic terms this is referred to as “identification with the aggressor” (Adorno et al., 1950; Miller, 1990) or in certain instances as Stockholm Syndrome (Herman, 1992). To prevent a sense of emotional annihilation, individuals may repress from awareness the “experience of being an overwhelmed victim, and instead imagining oneself to be in the position of the threatening aggressor” (Collins, 2013, p. 78). Any challenge to these firmly held beliefs then runs the risk of exposing this traumatic vulnerability. From this perspective it can be understood that these disclosures are no longer simply pieces of data that the researcher can gather and interpret - they are complex and risky social encounters that have both emotional and intellectual impact, and produce significant identity effects.

An added layer of complexity is linked to the group nature of this work. Community-based projects, as their name suggests, tend to be interested in exploring issues amongst particular groups of people. This often requires the facilitation of focus group discussions or participatory discussions where people are encouraged to share and discuss their ideas and experiences together. In these cases, not only the researcher but the other participants in the group are potentially at risk of traumatisation through the offensive and potentially hateful ideas disclosed by participants. An example of this was revealed by a researcher who grappled to come to terms with her experience of a man arguing that all women, including his own sister, deserve to be raped if they are ‘dressed provocatively’. This statement was not only threatening for the researcher as a woman, it was expressed in a group that included self-identifying female survivors of sexual assault.

In scenarios similar to these, researchers encounter a third extremely distressing experience: a sense of traumatic helplessness from being unable to effectively protect the participants in their care. In this sense researchers tended to experience themselves as being channelled into the position of a bystander (Herman, 1992), observing harmful events without being able to fully challenge or control them. Thus the well-intentioned and seemingly positively ethical attempt to produce more respectful social relationships can itself become differently traumatic for all of the participants, including the facilitators.

This highlights a critical dialect that exists between openness and safety within these projects. Openness is the primary requirement for transformative engagement but, at the same time, the more open and participatory we make spaces, the greater the risk that participants will be (usually inadvertently) harmful toward others. In other words, the more democratic and open our engagement practice is, the more it allows the risk of reproducing elements of the violent power relations of the external world within the activities. This raises an important question: how do we keep these spaces both safe and open when openness comes at the cost of safety and safety comes at the cost of openness?

Our conclusion, in highlighting and exploring the problems of vicarious trauma, is not that it is simply a risk to be avoided, as research approval committees might be inclined to assume. On the contrary, it is a risk that increases precisely to the extent that social engagement and research is empathic, attuned, participatory, and open – all primary values of socially committed community psychology work. The point is rather that it is a risk to be recognised and managed as
effectively as possible. This requires integrating a clear understanding of vicarious trauma into research and community engagement training. The minimum elements here would entail being able to identify potential risks and emerging reactions, being trained in appropriate self-care techniques, and ensuring that social and organisational support processes and relationships are in place. The specifics of these have already been mapped within psychotherapeutic frameworks – the challenge is to effectively transfer these insights and skills into community engagement and research settings.

References


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Bringing a community psychology lens to understanding suicide.

Lyn O’Grady
Independent Researcher

Suicide prevention has been an area of concern in Australia for several decades and recent statistics continue to highlight the extent to which this continues to be a community and public health issue. Historical and contemporary theories about why suicide occurs focus on a range of individual, social and broader societal factors and these are reflected in policy directions and program development. Community psychology principles can be applied to assist in understanding the phenomenon and this paper calls for action by community psychologists and policy and program developers to further enhance understandings based on evidence and principles of social justice and empowerment.

Suicide is a complex phenomenon which occurs within a context influenced by many social, cultural, economic and psychological factors. Research continues to look towards identifying underlying factors which may lead to suicide attempts and death by suicide. These factors include individual, family and community factors, particularly as it is clear from the data that the risk of suicide varies in ways which relate to social, economic and demographic factors. In this way, principles and approaches of community psychology can be useful in understanding suicidality and informing suicide prevention.

This paper explores some of the most well-known theories and approaches to suicide as well as some of the critical gaps (particularly in relation to culture) requiring further analysis and inclusion. It begins with current Australian suicide statistics, policy directions and historical and contemporary theories to understanding and preventing suicide. It is acknowledged that recent years have seen a flurry of activity in suicide prevention activity and accompanying research, all of which cannot be captured in an article such as this. It is also noted that there will always be a lag between the development and implementation of programs and interventions and the release of evaluation reports. Accordingly, this article does not focus on current programs or initiatives. Concepts and principles of community psychology are considered throughout the paper to highlight how a community psychology lens is consistent with a number of approaches to suicide prevention. As with all writings about suicide, it is acknowledged that, while best efforts have been made to follow ethical guidelines in presenting the information, it is possible that the content may be triggering for some readers.

Bringing a Community Psychology Lens to the Forefront of Understanding Suicidality

Community psychology incorporates a “core set of values, concepts, and principles to guide research and action… By values we are referring to conceptions of the desirable – that is, shared ideas about what our field should attend to and aspire to achieve – both in terms of process and content” (Bond, Serrano-Garcia, & Keys, 2017). The strongest values have been identified as:

- the search for social justice,
- the belief in equality,
- the importance of fostering participation in research and action,
- a focus on prevention, and
- fostering strengths versus identifying deficits (Bond et al., 2017).

It will become evident throughout this paper that the principles and practices of community psychology are relevant and indeed could be used to enhance current approaches to suicide prevention within Australia and internationally.
It is clear that, despite a range of efforts to prevent suicide, the rates of suicide continue to raise concerns in Australia and globally. The most recent preliminary statistics available from the Australian Bureau of Statistics (ABS) reveal that 2,866 people died by suicide in 2016 at a rate of 11.8 per 100,000 people. Table 1 shows the gender breakdown. This compared to 3,027 deaths in 2015 at a rate of 12.7 deaths per 100,000. In 2016, preliminary data showed an average of 7.85 deaths by suicide in Australia each day (ABS, 2017).

For those of Aboriginal and Torres Strait Islander descent in New South Wales, Queensland, South Australia, Western Australia and Northern Territory there were 162 deaths due to suicide (119 male, 43 female). Suicide was the fifth most common cause of death in Indigenous communities. For those states and territories, the standardized death rate for Aboriginal and Torres Strait Islander people (23.8 per 100,000) was approximately twice the rate of non-Indigenous people (11.4 per 100,000) (ABS, 2017).

In 2016, the ABS reported that suicide was the leading cause of death among all people aged 15-44 years and the third leading cause of death among those aged 45-54 years. The median age at death for suicide was 43.3 years compared to a median age of 81.9 years for all deaths. The highest proportion of suicide deaths of males occurred among those 30-34 years of age, while for females it was in the 50-54 age group. Within the latter age group, females make up a higher proportion of deaths by suicide. For both males and females, the proportion of suicide deaths decreases among those over 55 years of age, although it is important to note that the age-specific suicide death rate is highest among males 85 years and over, although the number of suicides in this age group accounted for 0.2% of all intentional self-harm deaths in 2016 (ABS, 2017).

The issues around youth suicide began to be addressed in Australia with the appointment of the Youth Suicide Prevention Advisory Group by the Commonwealth Department of Human Services and Health in 1995. The 1995-96 Federal Budget allocated $13 million over four years to programs to reduce the rates of youth suicide. (Commonwealth of Australia, 1995). Youth suicide rates in Australia peaked in 1997 with 122 male deaths (18.6 per 100,000) and 33 female deaths (5.3 per 100,000). As a comparison, in 2016 in the age group 15-19 years there were 101 male deaths (13.4 per 100,000) and 33 female deaths (5.0 per 100,000). This may indicate that the demonstration programs funded under the Youth Suicide Prevention Strategy from 1996 have had some effect on the rates of youth suicide in subsequent years. Youth suicide continues to be prioritised as a particular concern for governments.

Like the adult population, Aboriginal and Torres Strait Islanders are over-represented in deaths by suicide of children and young people compared to non-Indigenous people of the same age. The ABS reported that over the 5 years from 2012 to 2016, Aboriginal and Torres Strait Islander children and young people accounted for more than a quarter of all suicide deaths in this age group (90 of the 337 deaths, 26.7%). The age-specific death rate for Aboriginal and Torres Strait Islander children and young people was 9.8 deaths per 100,000 persons, compared to 1.9 per 100,000 for non-Indigenous persons.

Other groups which are not yet recognized in data collection but are now

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
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<tr>
<td>No. of deaths</td>
<td>2,151</td>
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<td>Rate per 100,000</td>
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Ongoing Concerns about Suicide Rates in Australia

Table 1

Gender breakdown of deaths by suicide in Australia in 2016
recognised to be more at risk of suicide include lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people. Recent research undertaken by Reachout, an Australian internet service for young people which provides information, support and resources about mental health, involved a longitudinal study of almost 2,000 young Australians aged 16 – 25 years and found that nearly one half of all LGBTI young people surveyed (42.7%) were at high risk of suicide compared to 23.7% of those who identified as heterosexual (Reachout, 2017).

Other groups in the community who are at risk of suicide include young people with mental health problems and mental illness. A study in Adelaide in 1994 found that mood disorders and depressive illness in young people in particular are a significant risk factor (Kosky & Goldney, 1994). In a Queensland study, more than half of the young people who die by suicide were clinically depressed (Cantor, 1994).

Unemployment and social disadvantage particularly affect young men, with high rates for death by suicide occurring during periods of economic downturn, for example in 1912, 1930, 1962 and 1987 (Morrell et al., 1994).

It is important to note that while the ABS reports annually on those deaths identified through coronial processes as due to suicide, there is no Australian-wide data available in relation to suicide attempts, although hospital attendances provide one source. This source is limited as not all people who attempt suicide attend hospital or seek medical or psychological support.

Understanding Suicide

Defining suicide in a way which takes into account the complexity of the phenomenon, yet is simple enough to incorporate the key elements, has proved challenging for both researchers and practitioners. Mayo (1992) provided a simple definition that “to commit suicide is to end one’s own life intentionally” (p.88). He acknowledged that, on first glance, this definition may appear uncontroversial, however it is more complex. Suicide occurs within a context of social and cultural factors that impact on the individual during the lead up to and the point of time that suicide is being considered and carried out.

One area of ambiguity which complicates the definition of suicide is the issue of intention. This is because the intentions of the suicidal person are not directly observable, and can even be falsified. De Leo, Burgis, Bertolote, Kerkhof and Bille-Brahe (2006) note that “[w]hat is intended by a suicidal act remains in the mind of the individual. If the act has a fatal outcome, then we are left to infer what was intended, unless a suicide note is found” (p. 10). Following a suicide, there can be questions raised about whether the person was feeling suicidal but wanted to be found before they died or whether the person actually intended to die at all but died accidentally. Conversely, when people die of apparent accidental causes there may be questions about whether there was actually an intention to die. This question of intention is open to interpretation and lacks scientific method as those who are investigating the cause of death may rely upon a post-death psychological autopsy where interviews with people known to the person and other information are gathered and analysed. While this data may explain certain factors, there still remains an element of the unknown in relation to intent (De Leo et al., 2006).

Contemporary ideas around suicide prevention often draw upon a risk and protective factors framework including a wide range of factors that influence suicidality, with risk factors increasing the likelihood of suicidal behaviour and protective factors improving a person’s ability to cope with difficult circumstances (Department of Health and Ageing, 2008). A number of theories draw upon this framework. For example, risk factors have been described in explanatory models of suicide, such as the stress-diathesis model (Hawton & Van Heeringen, 2009). The stress-diathesis model of suicidal behaviour is based on the recognition that stressful life events can trigger suicidal behaviour. It is also noted that many people experience
stress and negative life events but these do not always lead to suicidal behaviour, even when extreme stress is present. The stress-diathesis model therefore considers the development of suicidal behaviour involving a vulnerability or diathesis as a distal risk factor predisposing an individual to such behaviour when stress is encountered. The model is useful in the identification of suicide risk and preventing suicidal behaviour, but further research is still required to gain a better understanding of how the stress and diathesis components relate to each other (Van Heeringen, 2012).

**Suicide Prevention**

Efforts to prevent suicide have been in place for several decades, yet, as is evident from annual statistics, death by suicide continues to occur. While the rates of suicide in some groups in Australia have decreased since 1997, rates of suicide remain high in some communities – notably Indigenous communities. Some researchers have become critical of the efforts made to prevent suicide as not being serious enough. Caine (2013), for example, argued that programs to prevent suicide need to:

...deal with the fundamental factors that precede becoming suicidal – such as family turmoil, early life abuse, alcohol and substance misuse, partner violence, employment adversity, and encroaching medical comorbidities associated with poorly treated pain and functional decline. We must pay as much attention to context as we do to person. Put another way, we must reduce the prevalence of adversities that drive human vulnerabilities toward distress and disease; at the same time we must strengthen community support and increase people’s willingness to accept help (p. 824).

Consistent with community psychology approaches, prevention models in public health approaches to suicide prevention can be described as primary, secondary and tertiary, depending upon whether activities are targeted before suicidal behaviours occur, as they occur or after they occur. In addition, the activities can be targeted at the universal level for the whole population without any prior screening for suicide risk, targeted to those most considered to be at risk (targeted/selected approaches), or indicated, which involves identification and treatment of those individuals who exhibit early signs of suicidal behaviour (Mrazek & Haggerty, 1994; Hadlaczky, Wasserman, Hoven, Mandell & Wasserman, 2011).

The aim of primary suicide prevention is to prevent suicidal behaviour occurring. It therefore consists of “activities intended to discourage or interfere with completion of suicides before the onset of suicidal behaviour is noted” (Hadlaczky et al., 2011, p. 47). Caine (2013) suggested that, as most deaths from suicide arise from the general public, messages in the public arena which target all community members are required, rather than interventions which target only those who are known to be at high risk of suicide.

In recent years, the context in which suicide prevention occurs has been recognised as crucial in that prevention activities need to be tailored in ways that respect and acknowledge cultural factors. In Australia, the disproportionately high rate of suicides amongst Aboriginal and Torres Strait Islander people has been recognized as needing a tailored approach led by Aboriginal and Torres Strait Islander communities to understand the mental health needs of communities and develop ways of preventing suicide. As indicated above, Aboriginal and Torres Strait Islanders continue to be over-represented in suicide deaths compared to the non-Indigenous population. Clifford, Doran and Tsey (2013), in a review of suicide prevention interventions targeting Indigenous peoples in Australia, United States, Canada and New Zealand, suggested that tailoring best evidence and culturally-specific individual strategies into a coherent suicide prevention program for delivery to whole Indigenous communities and/or population groups at high risk of suicide offers considerable
promise. The authors argued that better ways to evaluate and monitor the interventions are required to bring about improved understandings of what will in fact be most effective in addressing this urgent issue (Clifford et al., 2013).

Current Policy Directions
Efforts to reduce suicide have been in place for several decades in Australia. The initial focus on suicide prevention was on young people because the available evidence since 1982 indicated that the suicide rate for men aged 15-24 years had been higher than the average suicide rate for men of all ages (Commonwealth Department of Health and Human Services, 1997).

In recent years there has been a significant move towards addressing suicide prevention across all Australian communities with more consultation, growing the evidence-base and building suicide prevention into strategic policies. The Australian National Suicide Prevention Strategy was initially developed in 2000 and was later supported by the national framework document titled *Living is for Everyone (LIFE) Framework for Prevention of Suicide and Self-Harm in Australia* (2008). This Framework provides information, resource materials and strategies that support population health approaches and suicide prevention activities which are expected to contribute to a reduction in suicide and suicide attempts. The Framework acknowledges the requirement for “a number of interlinked and coordinated strategies that reflect Universal, Selective and Indicated approaches” (2008, p. 22). The Framework is now being updated to develop a systems-based regional approach to suicide prevention. Primary Health Networks (PHNs), local hospital networks and local organisations will be able to access flexible funding to enable appropriate programs to be set up to address suicide prevention issues in each community (Australian Government, 2016).

The Fifth National Mental Health Plan released late in 2017 is now incorporating suicide prevention as a priority via the Fifth Mental Health and Suicide Prevention Plan, a national framework for Australian communities and more specifically for Indigenous communities. This could be a significant step in identifying concerns about suicide as well making an explicit link between mental health and suicide. A series of consultations were undertaken in early 2017 by the National Coalition for Suicide Prevention, convened by Suicide Prevention Australia, to discuss the 2025 framework for suicide prevention. The consultation identified the following key messages as instrumental in the design of improved approaches to suicide prevention:

1. A whole system approach to suicide prevention
2. A properly resourced and funded suicide prevention system
3. A whole of community support and engagement model
4. A ‘person centric’ and integrated approach in service delivery
5. High quality services through standards and the regulatory framework
6. A robust “knowledge to practice” system
7. Research to have heavy focus on what works

The focus on whole system approaches is consistent with the most recent approach of the World Health Organisation Suicide Prevention framework (2014), which identifies risk factors and accompanying interventions across multiple levels – health systems, society, community, relationships and individuals. This approach also reflects a community psychology way of thinking about individuals within communities and systems and the need to respond to complex issues in systemic ways.

**The Role of the Media in Suicide**
The impact of the media on suicidal behaviour was first noted in the late 18th century following the publication of Goethe’s “The Sorrow of Young Werther”. In this text the hero killed himself after falling in love with a woman who was out of his reach. Following a spate of suicides across Europe after its release, the novel was implicated as many of those who died were dressed in a similar fashion to Werther,
adopted his method or were found with a copy of the book. The book was consequently banned in several European countries (World Health Organization, 2008).

During the last four decades, scientific investigations have been undertaken to further explore the concern that widespread coverage of a suicide in the media triggers copycat (or imitation) suicides in the mass public. For example, an increase in suicide deaths of 12% was reported following the death of movie star Marilyn Monroe (Stack, 2003). Despite this kind of reported increase, research results have been inconsistent in suggesting the degree of impact the reporting of a suicide might have. Generally, social learning theory has been used to explain how this works. According to this theory, one learns that there are troubled people who solve their life’s problems through suicide, and that they may have copied this behaviour after hearing about it. A more sophisticated aspect of the theory suggests that people identify with the person they heard about and this in turn increases their own risk of suicide. A further version of this theory suggests that hearing stories when societal suicidogenic conditions are high (e.g. unemployment, divorce rates) will have more of a copycat effect (Stack, 2003).

Stack’s 2003 review of 42 scientific articles found that there are particular aspects of media coverage which increase the likelihood of copycat suicidal behaviour. Celebrity suicides or deaths by suicide of well-known people were 14.3 times more likely to uncover a copycat effect than studies about less well-known people. The meta-analysis also found that studies based on real suicide stories are 4.03 times more likely to report copycat effects than studies based on fictional studies. The study also found that research based on televised stories was 82% less likely to report a copycat effect than research based on newspaper stories. It is important to note that Stack’s review was undertaken prior to the advent of online media usage, or on demand television or movie viewing.

It is within this context that guidelines for reporters (such as limiting the amount of coverage, avoiding sensationalising in covering the story, and not including detailed information about the method of suicide) have been developed as a universal primary prevention intervention. Stack (2003) outlined two key questions that need to be considered in this area: under what conditions, if any, can suicide professionals influence the way in which suicide is reported and which aspects of reporting, if any, make a difference in generating copycat effects? He found that efforts in Austria and Switzerland to change the quantity and/or quality of news reporting on suicide did appear to contribute to a reduction in suicide (Stack, 2003).

Since Stack’s review, much work has been undertaken within Australia and internationally to work with reporters in promoting better understanding about the ways in which the media influences the risk of copycat suicides, and in creating a range of resources to support the media in taking responsibility for this risk. As part of its Action Area to improve community strength, resilience and capacity in suicide prevention, the Australian Government’s LIFE Framework (2008) included a strategy to “work with the mainstream and multilingual media to improve community knowledge and understanding of suicide and suicide prevention and encourage responsible coverage of these issues” (p. 30).

The World Health Organization (WHO) (2014) highlighted the increasing concerns about the supplementary role that the internet and social media are playing in suicide communications, stating that there are sites which inappropriately portray suicide, with some implicated in inciting and facilitating suicidal behaviour. Uncensored suicidal acts and information can easily be posted on internet and social media sites. Despite these concerns, WHO outlines the potential role that the internet and social media can play as a universal suicide prevention strategy. By promoting mental health, they can assist in promoting health-seeking behaviours. Examples include online chats by people experiencing suicidal...
ideation with professionals, self-help programs and online therapy. To date, however, WHO reports little evidence of the effectiveness of the internet and the role of social media in preventing suicides.

The World Health Organization (2000, 2008, 2014) lists a range of ways that responsible reporting should occur, including avoiding sensationalism, using responsible language, avoiding oversimplifications and providing information on where to seek help. Further, the Hunter Institute of Mental Health (2014) outlines characteristics of reporting associated with decreased risk of suicidal behaviour as follows: portrayal that positions suicide as a tragic waste and an avoidable loss and focuses on the devastating effects on others; not reporting method or location; and reports about overcoming suicidal thinking.

MindFrame, an Australian media initiative, was developed to provide a comprehensive approach using active dissemination strategies including resources and capacity building for groups working with media. This initiative “advocates not for the avoidance of suicide coverage in the media, but rather attention to ensuring accuracy and examining the framing of such reports” (Skehan, Maple, Fisher & Sharrock, 2013, p. 224). The authors note that there have been some indications from media monitoring studies of a significant improvement in the quality of media reports about suicide. They also noted that there are a number of gaps remaining in the research and in program responses. The complexity of suicidal behaviour, particularly the specific responses of different audiences to presentations about suicide, is an area requiring further research. They explored one such group as those bereaved by suicide, noting that they have described the actions of the media as often exacerbating their distress throughout the coronial process.

Another group of particular concern noted by the Hunter Institute of Mental Health is Aboriginal and Torres Strait Islander Australians. In a consultation conducted under their MindFrame initiative in 2004 they found that Aboriginal and Torres Strait Islander Australians are affected by reports of people who have died by suicide whether or not the person who died was Indigenous, especially if they identify with them in some way. Identification with a person in a media report is seen as a risk factor for copycat suicide, especially among young men and boys; and in many communities mentioning or using the name of a person who has passed away can cause great distress, as can showing their image through visual media (Hunter Institute of Mental Health, 2014).

Understanding Suicide and its Causes – Historical and Contemporary Theories

**Durkheim’s Sociological Theory**

Sociological theories for understanding suicidal behaviour first began with the work of French social philosopher/sociologist Emile Durkheim in the late 19th century. Durkheim defined suicide as an act undertaken by the subject to achieve death which may be direct or indirect, active or passive. In his view it seemed that the most important element of agency in relation to suicidal acts is the responsibility for the outcome, not the performance of the behaviour, concluding that suicide should be defined as an act that is self-initiated (De Leo et al., 2006). However, Durkheim began to explore suicide as a social act impacted by social structures and social forces. He began to explore possible imbalances between centrifugal forces (too much individualism within a society) and centripetal forces (too much social pressure) (Thompson, 2003). Accordingly, Durkheim hypothesized that “suicide varies inversely with the degree of social integration of the social group of which the individual forms a part” (Maris, Berman, Silverman & Bongar, 2000, p.44). According to this model, when people are socially involved they are protected against suicide. When people become disconnected from their social networks both integrative and regulative social supports are reduced and accordingly suicide rates are likely to increase.

Durkheim’s major contribution to the study of suicide has been considered to be his “…

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carefully argued rejection of psychological, geographical, sexual and similar approaches to an understanding of suicide. Instead he placed an overriding emphasis on social characteristics” (Pickering & Walford, 2000, p. 4). Durkheim’s efforts in shifting the focus to sociological factors and particularly the paradigm of integration versus regulation has been credited as beginning a focus on an epidemiological approach which continues (Van Hoof, 2000). Others critique the Durkheim model as being too simplistic and useless in predicting suicide, suggesting that a model of suicide should have more variables, including psychological, biological and temporal variables as well as the social variables, all of which interact with each other (Maris et al., 2000).

Shneidman’s psychache

Shneidman (1993) coined the term “psychache” as the cause of suicide. He described psychache as “the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind. It is intrinsically psychological – the pain of excessively felt shame, or guilt, or humiliation, or loneliness, or fear, or angst, or dread of growing old or of dying badly, or whatever” (p. 145). He stated that suicide occurred when the psychache became unbearable for the individual, noting that there were different individual thresholds for enduring psychological pain and a range of psychological needs which could be blocked and lead to psychache.

O’Connor’s Integrated Motivational – Volitional Model of Suicidal Behaviour

A model that incorporates social factors along with other factors is the Integrated Motivational-Volitional (IMV) Model developed by O’Connor (2011a). This model incorporates a range of previous theories in an attempt to recognize the complexities associated with suicidal intentions and behaviour. O’Connor described his model as a “… tripartite model [which] maps the relationship between background factors and trigger events, and the development of suicidal ideation/intent through to suicidal behavior” (2011b, p. 181). The model therefore aims to identify the risk and protective factors prior to suicidal intention forming as well as enabling mediating factors to come into play to prevent a suicidal act occurring. It has a particular focus on suicide as a “behavior or an action, [which] should be conceptualized as such” (2011b, p. 185).

The model drew upon three previous frameworks (O’Connor, 2011a). The first framework, the Theory of Planned Behaviour, is a social cognitive model of behaviour developed by Ajzen in 1991 (O’Connor, 2011b). This model identifies the behavioural intention as a proximal predictor of any behaviour. The intention is thought to be determined by a range of attitudes, subjective norms and perceived behavioural control. Attitudes are described as positive or negative evaluations of the behaviour and subjective norms represent the social pressure to engage (or not) in a behaviour. When perceived control is high it can directly relate to behavioural enaction. O’Connor (2011b) stressed that through focusing on the behaviour associated with suicide, rather than “merely seeing it as an epiphenomen of mental disorder … a number of theoretical and prevention possibilities which may yield considerable fruit” are opened up (p. 186).

The second theory O’Connor (2011a) draws upon is the diathesis-stress hypothesis highlighting the key role of vulnerability factors which become most damaging when activated by stress. These diatheses, together with environmental influences and negative life events, are related to the pre-motivational phase of the IMV Model as they set the biosocial context in which suicidal ideation and/or behaviour may develop. The third theory O’Connor (2011a) draws upon is the flight model of suicidal behaviour which “informs the central pathway within the Model, describing the development of suicidal ideation (i.e. motivational phase) and behavior (i.e. volitional phase)” (p. 297). He describes the flight model as focusing on situations of arrested flight whereby people feel defeated or trapped as the setting conditions for suicidal behaviour, which can arise out of actual traumatic experiences,
such as sexual abuse, or from perceptions of one’s life experiences, such as feeling like a failure. The IMV Model, O’Connor argues, extends the flight theory model by specifying the moderating factors which account for the transition between defeat and entrapment from entrapment to suicidal ideation and from ideation to behaviour.

It could be argued that O’Connor’s IMV model builds upon the ideas of the original sociological theory developed by Durkheim over 100 years earlier as it recognizes social factors as playing a role in the overall suicide planning and action phases. O’Connor’s efforts to determine the pathway between suicidal thoughts and behaviour overcome some of the criticisms aimed at Durkheim that his theory did not go far enough in explaining why suicide might happen and predicting when it is most likely to happen.

Joiner’s Interpersonal-Psychological Theory of Suicide (IPTS)

The Interpersonal-Psychological Theory of Suicide (IPTS) focuses more on the factors which lead to suicide ideation, and proposes that suicide ideation occurs due to the interaction of perceived burdensome and thwarted belongingness, in which each predictor amplifies the harm of the other (Cero, Zuromski, Witte, Ribeiro, & Joiner, 2015). Further, the model proposes that “suicidal behavior is so frightening that in order for an individual to engage in suicidal behavior, desire for suicide must be accompanied by the capability to do so” (Ribeiro et al., 2014, p.544). According to the theory, the desire to die by suicide is not sufficient for lethal behaviour to occur. This is because individuals must lose some of the fear associated with suicide before death by suicide can occur. The authors speculate that this may be related to the adaptive value of fear related to the evolutionary survival instinct. The theory suggests that it is possible to acquire the capability for suicide through habituation and activation of opponent processes, which may relate to lowered fear of death and increased physical pain tolerance (Van Orden et al., 2010).

IPTS is based on the assumption that people die by suicide both because they can and they want to. Thwarted belongingness is related to social isolation, which is one of the strongest and most reliable predictors of suicidal attempts and lethal suicidal behaviour across the lifespan. When the need to belong is unmet, referred to in the theory as thwarted belongingness, a desire for death develops. In this way the theory has links to Durkheim’s theory related to social integration although it highlights the need to belong as the specific interpersonal need involved in the desire for suicide. It also recognizes that thwarted belonging is a multidimensional construct, including the need for positive interactions with the same individuals over the long-term and reciprocally-caring relationships (Van Orden et al., 2010).

Leenaars’ model

In developing approaches to manage suicidal behaviour, underlying understandings of suicidal behaviour need to be taken into account. This provides the framework in which management strategies can be developed, particularly in relation to particular risk and protective factors which may be impacting on the client. According to Leenaars (2011), suicide can be clinically understood from at least two patterns, intrapsychic and interpersonal, within the context of a larger multidimensional perspective. He described the intrapsychic clusters as including unbearable psychological pain, cognitive constriction, indirect expressions (e.g., ambivalence, unconscious processes), inability to adjust (or psychopathology) and (vulnerable) ego. Interpersonal clusters include disturbed interpersonal relations, rejection aggression and identification egression (or escape) (Leenaars, 2011). From this basis, he stressed the importance of not losing sight of the person and recommended using a person-centred approach to working with clients who are suicidal. He stated that “it is the relationship that lies at the heart of successful intervention with suicidal behaviour… Suicidal people need a human exchange” (p. 238). He affirmed that this is evidence-based
practice as it is consistent with the common elements of effective therapy relationships: therapeutic alliance (or rapport), therapist empathy, and patient-therapist goal consensus and collaboration (Leenaars, 2011).

Leenaars (2011) noted that some clients who are suicidal can be difficult to treat and in such a case suggested that a multimodal approach is taken. This means, in addition to more traditional approaches such as psychotherapy, medication, hospitalisation and direct environmental control (such as gun control and restriction of access to medications), active outreach and community supports such as help lines and support from family, friends and other health professionals may be required. This requires communication, collaboration and coordination in order to be effective (Leenaars, 2011). It is within this context that responses to suicide can be explored in ways that take into account the meaning of suicide for the client and underlying factors that play a role in the client’s life at any given point in time. Building in social connections as part of a management plan draws upon protective factors to complement the strategies developed to manage the risk factors.

In line with the views of Leenaars (2011), Maltzberger (2001) and Wasserman et al. (2012) also stressed the importance of a therapeutic relationship in managing suicidal behaviours. Maltzberger (2001) stated that a successful alliance is built upon the therapist’s devotion to the patient’s growth and development of attributes necessary for successful autonomous adult functioning. This includes emotional containment and support, assistance in modulating painful affect, validation, education, help with reality tests and limit setting. Wasserman et al. (2012) stated that a secure relationship with the clinician is crucial: “such a relationship should minimally be safe with regard to shame, which means that in the therapeutic interaction, suicidal patients should feel free to be themselves and experience being accepted as they are” (p. 138).

Considerations Relating to the Impact of Culture on Suicide

From a Community Psychology perspective, culture is an important and necessary consideration in understanding individuals within the context of their family and community. Research which explores suicidal behaviour in various countries and across cultures highlights that suicidal behaviour is “differently determined and has different meanings in different cultures” (Lester, 2008, p. 53). Lester (2008) explored a number of theories which relate to the way in which culture may affect suicidality, including the impact of culture conflict, where pressures to acculturate lead to stress. While he noted that culture conflict is not typically listed as a precipitating cause of suicide per se, the level of stress it creates may be a factor in suicide of members of the less dominant culture. He noted the cultural influence on methods used for suicide and the reasons for doing so. Lester also noted that cultural heterogeneity within cultural groups means that “it cannot be assumed that suicides from the different cultural groups are similar in rate, method, motive and precipitating factors” (2008, p.64).

The role of cultural factors in understanding suicidal behaviours is critical but has not been integrated into suicidology and in fact may not be highly regarded by some researchers, according to De Leo (2009). As the sociocultural context is the “fundament of people’s lives”, it inevitably means that is also plays a crucial role in suicide, according to Hjelmeland (2010, p.34). Hjelmeland states that while it should be self-evident that suicidology research should consider cultural factors, this is not the case, and cites a number of conceptual, theoretical, methodological, ethical and political challenges which prevent it being incorporated into research models. Perhaps most important however, according to Hjelmeland (2011), could be the “biologification” of suicidology. Further, defining culture itself is complex with more than 150 definitions in existence, some of which define practices, meanings and meaning-making. Some definitions refer to people belonging to a culture while others refer to culture belonging to an individual.
person. To further complicate the understanding of the term, some definitions also refer to culture belonging to the interrelation between the individual and the environment. Therefore, culture can be defined as a process of interaction between a person and his or her surroundings, or as the dynamics that arise in the interaction between the person and their environment. It can therefore be seen as a causal or explanatory variable in understanding differences in behaviours between countries or regions, although it cannot be a measurable variable and operationalised in research projects (Hjelmeland, 2010).

Similarly, Kral (2015) argued that a theory of suicide which studies cultural contexts and systems of meaning in suicide is currently missing. Kral attributes this gap to the way that “[s]uicidology has long been medicalized with suicide viewed as a symptom of mental illness or perhaps a mental disorder in itself” (p. NP14). This view is also shared by Joe, Canetto and Romer (2008), who argue that research is needed to understand the phenomenology of suicidal behaviours among ethnic minority populations. This includes research on “the presentation of ethnic minority suicidal behaviour, meanings of suicidal behaviour in different cultural groups, risk factors for suicidal behaviours and their correlates, and mechanisms that may serve to deter suicidality” (p. 357). Whilst the authors acknowledge that the known suicide risk factors may also apply to particular ethnic groups, these need to be checked through research and whether the presentation of suicidal behaviour may be similar or different. Through such research, more refined understandings of risk and protective factors that can target preventative actions can then be developed. They also warn against the risk of over-attributions to culture in the case of ethnic minorities and conversely, an invisibility of the dominant culture which can underestimate the effect of culture (Joe, Canetto & Romer, 2008).

Stack and Kposowa (2016) also supported the view that research on the links between culture and suicide has been ignored, stating that this focus is relatively new, despite the classic sociological work of Durkheim. The authors explore two aspects of culture, survivalism and self-expressionism, and suicide acceptability. Building on the work of Durkheim, they theorise that societies high in self-expressionism or tolerance would be expected to be relatively accepting of suicide (Stack & Kposowa, 2016). Their research found that, controlling for factors such as religious, marital and family integration, self-expressionism remained a major predictor of suicide acceptability. They also suggested that shifts in culture from survivalist values to self-expressionist values has implications for suicide prevention, in that this shift may define suicide as more acceptable. The authors cite the United States as a relatively high survivalist cultural system compared to Europe. They argued that the US has a relatively low suicide rate compared with Europe, despite very high gun ownership, which provide a lethal means for suicide (Stack & Kposowa, 2016).

When considering interventions and treatment, Joe et al., (2008) state that culture powerfully shapes and constrains people as it “is a product of people living together and creating traditions, norms, and values that manifest as a pattern in a specific group of people” (p. 359). This means that prevention efforts need to take into account the relevance of cultural values, customs, and strengths within specific domains such as work, schools, relationships and therapy. This is particularly the case as historically, factors such as social support and spirituality as culturally relevant factors in people’s coping abilities have been largely ignored (Joe et al., 2008).

It is now well recognized that Aboriginal and Torres Strait Islander concepts of health are best understood within a context of social, emotional and cultural wellbeing of the whole community and that responses to support the health of Indigenous people need to address the social and economic disadvantages that contribute to their poor health status (Vos, Barker, Begg, Stanley & Lopez, 2008). This is highlighted
The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013) which states that:

[...] land is central to wellbeing and when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health persists. Additionally, there is no single Aboriginal and Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living (p. 13).

Hunter and Milroy (2006) outline a number of social forces impacting on young Indigenous males in particular, including traditional sacred and economic roles diminishing, differentially blocked access to mainstream ideals for Aboriginal men compared to women, and economic disempowerment, all leading to changing structures and roles within Indigenous families with consequences for the construction of young male identity. They argue that factors form part of a complex interplay of historical, political, social, circumstantial, psychological, and biological factors that have already disrupted sacred and cultural continuity; disconnecting the individual from the earth, the universe and the spiritual realm – disconnecting the individual from the life-affirming stories that are central to cultural resilience and continuity (p. 150).

Hunter and Milroy (2006) further explain how this interplay can impact on the development of children and family functioning, which in turn can lead to the risk of suicide as “not the ultimate expression of control over one’s body, but the embodiment of social and painful disconnection from others… [which] can only be described as intragenerational trauma” (p. 149).

It is significant to note that Aboriginal and Torres Strait Islander suicide rates were very low until the 1980s, from which time the rates have increased to being higher than non-Indigenous population rates (Hunter & Milroy, 2006). Hunter and Milroy regard the social and historical context in which Aboriginal and Torres Strait Islander suicide occurs as critical in understanding the increasing rates. They also note that Australian Indigenous suicide has not only varied across time, but is also unevenly distributed geographically. They note too that

[the] development of political understandings of hanging foregrounded the effects of colonisation and oppression, thus contributing to the contemporary ‘meaningfulness’ of hanging by young Indigenous people whose manifest disadvantage by comparison to the wider society is often experienced as oppression and discrimination (p. 144).

With increased rates of suicide comes a parallel increase in exposure to suicide, and this is recognized by Hunter and Milroy (2006) as further risk factors, citing child deaths by hanging occurring within a context of direct or indirect experience of suicide or suicidal behaviour, and noting that these children “belong to the first generation whose early development has included exposure to the threat or act of self-annihilation” (p. 145).

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy states that:

[high rates of suicide among Aboriginal and Torres Strait Islander peoples are commonly attributed to a complex set of factors which not only includes disadvantage and risk factors shared by the non-Indigenous population, but also a broader set of social, economic and historic determinations that impact on Aboriginal social and emotional wellbeing and mental health (Department of Health and Ageing, 2013, p.13).]

Further, the Strategy outlines community development approaches, with the understanding of community as related to
culture for Aboriginal and Torres Strait Islanders, with many shared elements of culture as well as cultural and linguistic diversity between and within communities identifying as Aboriginal and Torres Strait Islander. This diversity may have a range of implications for Aboriginal and Torres Strait Islanders in terms of support and engagement by services and recognition by elders. In addition, “[t]he place of sports, the arts, including music, painting and dance in resilience promotion and in encouragement of healthy cultural affirmation of identity are relevant here” (Department of Health and Ageing, 2013, p. 19).

In terms of specific responses to suicide, the Strategy outlines how action needs to be taken at a number of levels, commencing with mobilisation of community understandings about suicide, establishing community infrastructure to support suicide prevention, planning and development of community-based suicide prevention plans, and the implementation of good-practice strategies. This approach is particularly important in those communities where Aboriginal and Torres Strait Islanders have a high rate of suicide and self-harm, sometimes in clusters (Department of Health and Ageing, 2013).

There are increasing calls for approaches and methodologically rigorous research study designs which ensure that the perspective of Indigenous peoples are included so that interventions and data are accurate and reflect Indigenous cultural definitions of health and wellbeing (Clifford et al., 2013). One example of a project which utilised participatory action research to prevent suicide in Aboriginal and Torres Strait Islander communities is the National Empowerment Project (Cox et al., 2014). This Project aimed to (a) promote positive social and emotional wellbeing to increase resilience and reduce the high reported rates of psychological distress and suicide among Aboriginal and Torres Strait Islander people and (b) empower communities to take action to address the social determinants that contribute to psychological distress, suicide and self-harm. A framework built on social and emotional wellbeing concepts was used to support each community to target community-identified protective factors and strategies to strengthen individual, family and community social and emotional wellbeing. The authors stated that strengthening the role of culture was critical to this approach and differentiated it from non-Indigenous mental health promotion and prevention activities, including suicide prevention. They argued that the Project offers a framework which could be used by policymakers to develop and strengthen culture and connectedness and also foster self-determination (Cox et al., 2014).

Lived Experience
Recent efforts to understand and develop more successful approaches to suicide prevention have included lived experiences of people who attempted suicide and did not die or people who were close to a person who died by suicide. These people have an insight that is now considered valuable in enhancing and deepening our understandings and increasingly is built into planning of programs. In 2006 David Webb completed the world’s first Ph.D. on suicide by someone who had attempted it. In an interview following the release of his book, Webb spoke of the tokenistic nature of hearing from people with lived experience and advocated that “any efforts to prevent suicide must begin with an understanding of what suicidal feelings mean to those who live them. And for this, we need to hear directly from suicidal people themselves” (cited in Sheean, 2010, p. 28). Webb further argued that the critical change needed to make any progress with suicide prevention is a change in community attitudes towards suicide. This requires a broad and ongoing community conversation. This conversation is required to break the toxic silence around suicide, and to move away from shaming suicidal feelings to respecting them. It is also important to expose the many myths, especially the medical myths, which sustain the fear,
ignorance and prejudices around suicide. A ‘whole of community’ conversation is required because it is clear that this conversation cannot be left solely to the professional experts (in Sheean, 2010, p. 31).

Suicide Prevention Australia (2016) has built lived experience into its model of suicide prevention activities in recent years, developing a Lived Experience Speakers’ Bureau to raise awareness, provide information and encourage help-seeking.

**How Can a Community Psychology Lens Help to Understand and Respond to Suicide?**

It is clear that many of the historical and contemporary approaches to suicide prevention draw upon models and understandings which are consistent with the principles of community psychology. The value of prevention for example has been highlighted by community psychologists as a necessary way to reduce the likelihood of mental health problems through recognising human needs prior to problems arising. Similarly, recognising social determinants of health, the role of social connections and the value of strengthening communities is core to community psychology practice.

Bond, et al., (2017) identified the core values in the recently published Handbook of Community Psychology as follows:

- social justice and change,
- taking an ecological multi-level perspective,
- appreciating diversity and
- empowering the oppressed.

It will be clear that these values are consistent with the considerations outlined above in understanding suicide, particularly in relation to the need for multi-level perspectives and responses, and the need to develop approaches that promote empowerment and participation. For example, the over-representation of Aboriginal and Torres Strait Islander children, young people and adults in deaths by suicide has led to questions in relation to equity and the need for social justice in policies, practices and programs to reduce inequalities, racism and discrimination which may be at play in relation to factors that increase risk of suicide.

Community psychology views individuals’ experiences as shaped by how and where they are situated within their social world (e.g., sociodemographic group member, cultural and economic circumstances, historical forces, as well as daily roles and settings) (Bond et al., 2017). These values and ways of seeing are increasingly becoming more evident in mainstream approaches, such as including the voices of people with lived experience, meaningful consultation and engagement of community members in planning suicide prevention programs and interventions. It can be an ongoing challenge when attempting to understand suicide to focus on strengths rather than deficits, particularly when the outcome is about death. However, efforts to identify when suicide has been successfully prevented and highlighting the capacities of community and regional areas where suicide rates are low may be ways that can be incorporated into future research in this area.

Concepts of prevention and promotion are “inextricably woven into the history of the field of community psychology … and continue to be prominent areas of emphasis” (DuBois, 2017). DuBois (2017) notes that most of the prevention and promotion strategies research has been at the individual level, focusing on efforts to directly change the skills, attitudes or behaviours of members of the target population, although “a growing number of interventions have begun to incorporate strategies aimed at modifying potentially influential characteristics of the relatively immediate or proximal life contexts of participants in program (e.g. their families, schools or neighbourhoods)” (2017, p. 239). The author argues that there is a notable lack of research focused on “broader, systems-level and structural approaches to change that is, factors that operate primarily at the level of what Bronfenbrenner (1977) referred to as the macrosystem in his influential social ecological model” (p. 239). This focus on “upstream” influences on health and
wellbeing has been a longstanding feature of community psychology. Models of suicide prevention, such as those adopted by the WHO, are increasingly taking these factors into account.

Other approaches which are consistent with a community psychology approach include:

- Community-driven approaches to intervention development and testing;
- Strategies for facilitating efficient and effective scale-up of interventions; and
- Increased attention to systems and community-level change efforts. (DuBois, 2017).

Such approaches are considered important in future planning and design of suicide prevention programs, particularly with new approaches currently being developed through regional and place-based partnerships in Australia.

**Conclusion**

Primary prevention models of suicide prevention are proving to be important in the global battle to reduce death by suicide. Comprehensive and multilevel approaches which take into account local and cultural factors show signs of promise. One such primary universal approach involves ensuring the responsible use of media, including online forms. Increasingly, it is recognised that there are various ways that the media can support prevention efforts, including raising awareness of suicide, promoting help seeking for vulnerable people as well as reducing the possibility of contagion after suicide occurs. Evaluations which take into account the various groups in the community and new and emerging modes of communication will assist in ascertaining whether current efforts to promote responsible reporting are in fact effective.

It is evident from research particularly during the last decade that the role of culture cannot be ignored when exploring risk and protective factors related to suicide in Aboriginal and Torres Strait Islander populations. While cultural meanings may vary between communities, it would appear clear that experiences of systemic racism and disconnection from culture are significant factors in Indigenous suicidality.

Community psychology aims to bring voice to the experiences of those groups and individuals whose voices are not typically heard – or heard loudly enough. These are the groups that are over-represented in suicide deaths (or not recorded in statistics). Recognising the expertise of those who have lived experience is also a strongly held value and increasingly the voices of people with suicide-related experience are now typically heard and incorporated into community psychology approaches.

Suicide policy directions at any one time reflect the available theories about why suicide occurs. This paper highlights some ways in which community psychology principles can be applied to suicidology, and calls for action by community psychologists and policy and program developers to further enhance understandings based on the culturally situated lived experience of those most affected and on principles of social justice and empowerment.

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Complexities of a Bhutanese school counselling community: A critical narrative insight

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While school counselling was introduced to the Bhutan school system in recent years due to increased concerns about student wellbeing, there is a significant dearth of research on the influences and experiences of the profession. This is the first documented study on school counselling in Bhutan by an insider, a Bhutanese school guidance counsellor. Using social constructionism and critical theory to inform a narrative inquiry methodology, we story the complexities and struggles of a first generation school counsellor in Bhutan. This study enables voice on explaining counsellors' multifaceted roles and responsibilities, and on disclosing tensions in the school system. School counsellors are challenged by limited training and professional development, and yet are expected to provide expert-led responsive services. Regarding these challenges, we examine the influence of metanarratives (governing community expectations) on counsellor legitimacy – and uncover counsellor counter-narratives as enactments of voice and resistance. We adapted a semi-structured narrative interview and thematic narrative analysis to facilitate participant reconstructions of events with their experiences. Findings suggest a need for relevant stakeholders within the education system to acknowledge and collectively address the current challenges faced by school counsellors.

Bhutan is a tiny Himalayan Buddhist kingdom that has faced challenges in societal changes to youth wellbeing. Twenty-five percent of its 708,000 inhabitants are school children (National Statistics Bureau, 2011). Bhutan transitioned from a feudal and monastic education structure to a modern capitalist economy and mass education system where English became the medium of instruction for primary, secondary and tertiary education (Ministry of Education, 2013). Since Western modernisation, there have been concerns of its greater influence of social and economic development on Bhutanese culture, traditional values and belief systems. Youth now have a lifestyle based on consumerism and Western modern values (Mathou, 2000). A rise in self-harm, suicide, drug abuse, theft and crime rates has been linked to a shift of values, attitudes and expectations that potentially isolate and create social disharmony (Wangyal, 2001). Foreseeing the needs of young people to acquire greater skills than before, the Bhutan Government responded by directing their Ministry of Education (MoE) to develop and institutionalise youth guidance and counselling services.

School counselling services have been growing rapidly around the world as a part of Western globalisation and they have been adapted by Asian countries (Rivera, Nash, Wah & Ibrahim, 2008). In Asia, education officials are now investing in the psychosocial wellbeing of both children and young adults at all levels within the school system (Low, Kok, & Lee, 2013) and Bhutan is no exception.

Bhutanese counselling initiatives commenced in the late 1990s as a response to a Royal Decree. School counselling began with the Youth Guidance and Counselling Section (YGCS) in 1996 under the Ministry of Education (MoE), which expressed the "need for proper youth guidance and counselling to impart wholesome education to our younger generation" (Ministry of Education, 2010, p. 10). Since then, the YGCS has grown into the Department of Youth and Sports. Its Career Education and

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Counselling Division (CECD) worked towards institutionalising comprehensive and systematic guidance and counselling programs, which involved recruitment, training and placement of a new generation of full-time school counsellors in various secondary schools across Bhutan (Ministry of Education, 2010). The first twelve full-time school guidance counsellors were placed in the schools in 2010. They provide counselling services, plan and facilitate guidance curriculum, prevention programs, and the school parenting educational awareness programs. Systematic guidance and counselling services were promoted for general wellbeing and academic achievement of all students and to provide equitable services to all students in their school communities. Training for school counsellors then became more sophisticated with the introduction of the first Postgraduate Diploma in Guidance and Counselling in 2011.

The National Board of Certified Counsellors (NBCC) U.S., along with the non-governmental organisation (NGO) called Respect, Educate, Nurture and Empower Women (RENEW), founded in 2004 by her Majesty Ashi Sangay Choden Wangchuck, offered assistance to develop counselling between Bhutan and USA to better understand and shape the global emergence of the counselling profession (Lorelle & Guth, 2013). The implementation of these initiatives in Bhutan parallels the influence and development of Western consumerism and modern values in the country.

**Study Rationale**

Although school counselling has developed globally, understanding the concept and benefits of counselling has been a major hurdle for the profession. Counselling is constructed as an imported concept from the West by principals, teachers and parents. There was resistance to counselling because they assumed it would influence traditional ways of working with students. Conversely, there is a strong need for an intervention to cater to the needs of the rising youth issues, and facilitate better academic performance, adjustment and career development. Thus, school counsellors are caught in a web of these complex situations.

As a first generation school counsellor in Bhutan, I (Kuenga) was confronted with many challenges in implementing the guidance and counselling programme in my school. Initially, the guidance and counselling programme was not given much importance like other academic and non-academic programs in the school system. There was a general lack of understanding about the nature of counselling among principals and teachers, which led to role confusion. There was no fixed time allocated for the counselling programme during school hours. I had to manage my time to provide services to students. This eventually led to overwork, working out of school hours to provide individual and group counselling services, along with teaching guidance and career education and other non-counselling related activities during school hours. I experienced a sense of helplessness, and, in retrospect, burnout. We did not have clinical supervision as it is practised in Western countries, and consequently my limited knowledge and skills further added to the challenges in working with diverse issues that were confronting students. These experiences motivated me to explore and understand the complexities of the Bhutanese school counselling profession and find ways to communicate with various stakeholders, including the educators, students and families, to understand the realities of the 'experts' that have been placed in schools.

Hence, the purpose of this study was to explore these complexities in the school counselling profession and find ways to overcome these intricacies to enhance the practices of the profession in Bhutan. The specific aim was to explore and understand, within a critical narrative framework, the complexities and challenges of the first generation of school counsellors in Bhutan. This was to enable an in-depth understanding of the challenges they face in implementing their programmes in schools to inform and potentially transform the systems that structure their practice.
experiences are largely undocumented. If we consider them as key players in educational reform, it is valuable to hear their voice. This is the first study on school counselling in Bhutan by an insider and this may open a dialogue to understand the profession and shed light on future directions.

Given the dearth of research on school counselling in Bhutan, this study documents the work of the pioneers in the field. I (Kuenga) wanted to live alongside their stories and understand their lived experiences, as these people created the system of guidance and counselling in schools. The school counselling profession that exists today in Bhutan will have a huge impact on its future quality. Therefore, it is essential that we understand its present situation and give school counsellors a voice to enhance their knowledge and practices. I (Kuenga) will also look at a case narrative of a school counsellor and his accounts of how principals and teachers position him.

Literature Review

As no research exists specifically on the Bhutanese school counselling profession, the literature review focused on two aspects. Literatures were examined where school counselling is at a developing stage, similar to that in Bhutan. However, these resources did not highlight the complexities of school counselling. Consequently, I (Kuenga) looked at different elements of school counselling from various literatures, including research from Asian countries, to appreciate the potential complexities of school counsellors in Bhutan.

School counselling programmes in many countries have gone through changes, from focusing on dissemination of career information to the planning and implementation of guidance and counselling programs influenced by wider educational contexts (Gysbers, 2001). School counselling is an integral support structure in education because it attends to the personal, social and emotional needs of students and the various influences that might interfere with their learning (Kok, 2013). Hence, efficient and successful guidance and counselling programs are imperative for student wellbeing and require school counsellors to play a vital role.

Support from school leaders is likely to serve as a motivating factor for teachers and school counsellors to implement reforms. For instance, US teacher counsellors who received higher support from school administration reported a higher quality of implementation in contrast to those who had no support (Ransford, Greenberg, Domitrovich, Small & Jacobson, 2009). Ultimately, effective implementation of school counselling programmes requires the acceptance of stakeholders who are equipped with the required knowledge and skills to change (Fullan, 2005). School counsellors in Bhutan often work in isolation, which is not an effective practice for programme implementation. The need for collaborative relationships between school administrators and teachers is important when applying school counselling programs (Fagan & Wise, 2007). Yet, there is reluctance from administrators and teachers to promote school counselling as a whole school approach as it is either considered not their responsibility or outside of their scope of practice (Lam & Hui, 2010).

Stigmatisation

Stigmatisation is one main determinant in why counselling services among students remain unpopular, creating a roadblock for programme implementation, particularly in non-Western contexts. It is a serious problem faced by counsellors in Malaysia. In Low et al.’s (2013) study, about 70% of 88 Malaysian school counsellors felt stigmatisation was one of the main difficulties that restricted students and parents for seeking services. Counselling was considered as a service for students ‘who have a problem’ and some Malaysian and Chinese parents in Macao/Macau fear stigmatisation (Low et al., 2013; van Schalkwyk, 2011). Similarly, Okocha and Alika (2012) found that one of the challenges faced in Nigeria was the uncooperative and negative constructions of students and parents about counselling. Their findings are supported by Alutu’s (2005) study, finding that most secondary school students refused
counselling because they did not recognise its usefulness.

**Ambiguous Roles and Responsibilities of School Counsellors**

The ongoing debate over role definition is the most significant challenge discussed in school counselling literatures (Paisley & McMahon, 2001). It is evident that, for many years, the school counselling profession experienced functional uncertainty (Borders, 2002), role ambiguity, conflict (Lambie, 2007) and role confusion (Burnham & Jackson, 2000). Over the last decade, research has increased our understanding that unclear roles of school counsellors can lead to their work often being derived from priorities determined by the principal and other stakeholders rather than from a set of professional goals and definitions directed toward the needs of students (House & Hayes, 2002; Shimoni & Greenberger, 2014). This situation is also reflected in Lambie and Williamson's (2004) historical study, which found that counsellors performed functions outside the definition of the profession.

Studies show a problematic gap between the actual involvement of counsellors at school and the desired involvement of counsellors in their professional domains. While some studies in the USA found that school counsellors were involved in domains in line with American School Counselling Association (ASCA) policy (e.g., House & Hayes, 2002; Shimoni & Greenberger, 2014), other studies have found that school counsellors are extensively involved in non-counselling activities (Chata & Loesch, 2007; Foster, Young, & Hermann, 2005). Incongruence between what is advocated and the actual duties of counsellors has cultivated role ambiguity and conflict, increasing occupational stress in school counsellors (Lambie, 2007). Furthermore, school administrators, teachers, parents, and other groups have divergent perspectives on school counsellors' roles (Burnham & Jackson, 2000).

Role ambiguity is an on-going concern and school counsellors themselves can struggle with priorities and competing demands due to a myriad of responsibilities.

School counsellors are often involved in non-counselling related administrative and disciplinary tasks, requiring inordinate periods that could have been spent on appropriate counselling sessions (Burnham & Jackson, 2000). For instance, Malaysian school counsellors had to check students' uniforms and nametags, and deal with fighting problems and other disciplinary cases in addition to their services (Low et al., 2013). Likewise, Jamtsho (2015) argued that in Bhutan, school counselling is positioned as a disciplinary and punitive measure in the school. Having to meet huge expectations from various stakeholders to perform non-school counselling related tasks can often lead to burnout (Gysbers & Henderson, 2014).

**Burnout Concerns**

Role strain leading to burnout is also a major concern. Burnout is the condition caused by overwork stress, which leads to emotional depletion and feelings of incompetency followed by an increase in work inefficiency and dissatisfaction (Moyer, 2011; Schaufeli, Leiter, & Maslach, 2009). Lambie (2007) found that almost 39% of all mental health counsellors experience burnout. This can be due to lack of skills and time constraints (Lam & Hui, 2010), workload (Wilkerson, 2009), exceptional levels of job stress (Wilkerson & Bellini, 2006), lack of clinical supervision (Brewer & Clippard, 2002), large caseloads and role ambiguity (Moyer, 2011).

Pressures to perform additional tasks outside of counselling and high counsellor-to-student ratios are also concerns relating to school counsellor burnout. Moyer (2011) found that over 50% of school counsellor participants spend 10 or more hours per week on unrelated duties. Spending an overwhelming amount of time on activities outside of counselling, along with large caseloads, continue to plague the profession, and often do not allow school counsellors from providing quality services to students in need (Brown, Dahlbeck, & Sparkman-Barnes, 2006).

**Supervision Challenges**

It can be extremely challenging for school counsellors to have the range of
knowledge and skills to provide adequate and effective counselling services for the diverse counselling issues and student groups represented in their schools (Paisley & McMahon, 2001). Their constantly changing roles need ongoing professional supervision, which is essential to improve skills, develop new competencies, and provide needed support (Borders, 2002; Evans, Zambrano, Cook, Moyer, & Duffey, 2011; Gysbers & Henderson, 2014; Herlihy, Gray, & McCollum, 2002).

Although school counsellors recognise supervision needs, they receive it only occasionally (Evans et al., 2011). Few school counsellors have supervision opportunities from a trained school counsellor (Page, Pietrzak, & Sutton, 2001). For instance, Page et al., (2001) in their national US survey, found that barely 13% of school counsellors received individual clinical supervision and almost 10% received group clinical supervision. Such results impact on the counsellor’s professional development and student support. It is quite likely that these percentages are even lower or do not exist for school counsellors in most Asian countries where school counselling has been dominated by paraprofessionals (Page et al., 2001).

The need for school counselling, challenges in programme implementation, the ambiguity of roles and responsibilities, challenges in supervision and professional development, and the potential for burnout tell a broad story of complexities and challenges in school counselling. With the dearth of research on how these experiences specifically relate to Bhutan, I (Kuenga) formed two specific research aims: 1) to understand the storied roles and responsibilities of school counsellors in Bhutan, and 2) to identify the challenges and opportunities of implementing school guidance and counselling programmes.

Research Design

Theoretical Orientation and Methodology

Bhutan is a predominantly Buddhist country where Buddhism mostly influences the unique Bhutanese cultural and traditional values and beliefs. For generations, Bhutanese communities have used media such as art and stories to transmit these beliefs and values in their community practices. Narrative inquiry was therefore the chosen methodology in this research. As the researcher, I (Kuenga) used narrative inquiry to pave new ways to understand and enhance the knowledge and practices of school counsellors in Bhutan. This chosen methodology made sense to me because I come from a culture where we always tell stories, we believe and make sense through stories, and stories are an integral part of who we are. Narratives not only enable us to make sense of who we are; they are constitutive of our realities (J. Bruner, 1986). Therefore, we used social constructionism and critical theory to understand the constitutive power of participant story telling.

Social constructionism is a philosophical position that regards experience and meaning as constructed by culture and the action orientation of language (Burr, 2015). People understand their world through discursive and social processes from various contexts (Donaldson, Christie, & Mark, 2009). Rather than a neutral expression, language has a constitutive action as it incites people to react and take up positions on matters (Gergen, 2001).

Narrative approaches are infused by a social constructionist stance to understand how people (re)produce language, history, and culture as told through storying (Riessman, 2008). Narrative inquiry assumes that we come to understand, enact and give meaning to our lives through story (Andrews, Squire & Tamboukou, 2013). Stories are valuable in studying lived experiences and can give rich and subtle understandings of life situations (Riessman, 1993). Thus, this approach is deemed most appropriate and valuable to hear the complexities of Bhutanese school counselling roles. Consequently, this research enables a school counsellor’s standpoint through storying the experiences of power relations (Andrews et al., 2013) within the Bhutanese school community.

Stories can represent social realities as
texts, and as social constructions located within various power structures and social milieux they have potential for empowerment and transformation (White & Epston, 1990). Narratives, as units of power, can recreate people’s identities, enabling a platform of change from where they are to where they can be (E. Bruner, 1986). In line with these possibilities, we employ critical theory from poststructuralist influences (Lyotard, 1984; Foucault, 1977) as a suitable theoretical orientation for this narrative research.

Critical theory emphasises the need to develop a critical consciousness of power relations (Crotty, 1998) for transformative practices. We have developed a critical narrative inquiry to enable marginalised voices to be heard (Pitre, Kushner, Raine, & Hegadoren, 2013) and to bring to light the complexities of the power relations in the school counsellor narratives. This invites a dialogue on how to improve the systems and relations school counsellors face. Employing a critical narrative inquiry, we focus on two important types of narratives that contribute to these complexities: metanarratives and counternarratives. Metanarratives are encompassing and prescriptive (and often oversimplified) ideas that are self-legitimising tellings due to their dominance/authority (Lyotard, 1984). Due to their universalising effects, Lyotard (1984) argued that all metanarratives must be questioned and challenged. This can be done through finding counternarratives. Tellings that are counter or resistant to other narratives, including metanarratives, are counternarratives (Bamberg, 2004). Locating counternarratives can enable not only marginalised voices but generate a potential consciousness raising of a more complex picture of power between the repressive and productive effects of metanarratives and counternarratives.

**Methods of Sampling, Data Collection and Analyses**

Using purposive sampling, four school counsellors were recruited as participants with approval from the University of Notre Dame Human Research Ethics Committee (Reference Number: 016121F). An email with information asking to interview school guidance counsellors was sent to the Chief of the CECD. Once approval was granted, an email was sent to six chosen school guidance counsellors for interview (four participated). The sample of counsellors were selected for their extensive counselling experience. Counsellors were provided with a participant information sheet that outlined the study. Recruitment involved three men and one woman who were 25-45 years old and had similar backgrounds. (Pseudonyms were used: Wangchuk, a teacher counsellor who had trained to be a fully fledged school counsellor; Sonam and Pem, both teachers who also trained to be a school counsellor; and Tashi, a school counsellor who wanted to do more than just teaching and trained in school counselling following a psychology degree.) They were based at different high schools in Bhutan and all were from the same generation of school counsellor training.

A semi-structured narrative interview was employed through Skype conversations, except for one face-to-face interview, and all were audio recorded. Jovechelovitch and Bauer's (2000) narrative interviewing technique was adapted and we included a focus on a retelling that involved a remembering/history of events, occasions and experiences to fit with a narrative approach (see Appendix). The adaption of Jovechelovitch and Bauer's technique involved four phases: initiation (asking the key interview questions focused on events, occasions and experiences), main narration (minimal responses and encouraging elaboration), a later questioning phase (shifting the narrative to focus on solutions) and a concluding talk phase that involved switching off the audio recorder, using small talk to shift the conversation to a more relaxed dynamic and then concluding the conversations.

To provide a rich description and in-depth illustration of the complexities and challenges, we focus on a case narrative of one participant. As narrative analysis is case-centred and theorised primarily from within a
case to keep a story intact (Reismann, 1993), a case narrative from a larger study was analysed to illustrate the complexities counsellors faced. Rather than a broad-brush overview of narrated themes, we tell Wangchuk's story as a detailed thematic narrative analysis of his experiences as a school counsellor. Data triangulation, comparing Wangchuk's account with descriptions from the other school counsellor participants, was also used to gain a fuller understanding of Wangchuk's case narrative.

A critical thematic narrative analysis (TNA) was used to honour and deconstruct participant voice. TNA “takes as its object of investigation the story itself” (Riessman, 1993, p.1) through analysing how the story is told, focusing on the content of narrative, and the events and experiences told (Riessman, 2008). Analysis involved familiarisation of content to find key issues and themes and then connecting to a wider cultural context through the interpretations of events, experiences and assumptions (Riessman, 2008). The analysis involved reading the transcripts multiple times and generating themes through inductive latent coding (Braun & Clarke, 2016). Associated with each theme, we also identified core narrative arguments as statements of conduct and authority (Lyotard, 1984) and located their social tensions (Foucault, 1977). This critical addition to TNA focussed on the identification of metanarratives as dominant cultural ideas and practices that are assumed normative experiences, and identification of counter-narratives as resistances to, and always in tension with, those dominant culturally available told ideas and practices (Andrews, 2004). Thematic arguments from Wangchuk's case narrative were presented with reference to meta- and counter-narratives and triangulated with descriptions from the other participants.

**Findings and Interpretation**

What follows is an analytical telling of Wangchuk's story in relation to the complexity and challenges of school counsellors. We note that the narrative exemplars provided are of a different ‘grammar’ to Australian English due to English used as a secondary language to the Bhutanese language of Dzongkha. Rather than 'correcting' the narratives, we have kept them intact to honour representation and voice.

Wangchuk started working as a teacher counsellor after taking a basic course in counselling and went on to join one of the first cohorts of full time guidance counsellors in Bhutan through pursuing a postgraduate diploma in counselling. He was passionate about becoming a full-fledged counsellor after working with children with various problems. Wangchuk experienced a paradigm shift from being an “advice giver” to a “full time counsellor,” which involved valuing a broader and more complex understanding of counselling.

**The Metanarrative: Counselling as Simply Advice Giving**

'Advice giving' was storied among the school community (teachers in particular) as a metanarrative that simplified understandings of counselling. Wangchuk narrated that teachers resisted the school guidance and counselling programme because they were highly sceptical that it would work. They described counselling as 'advice giving', viewed as a deeply rooted aspect of Bhutanese culture where advice is given to the younger generation and an increase of this, through counselling, was an indulgent activity that would spoil the child. This played into an assumption that counselling was a redundant profession that often did not work to solve rising youth issues.

Many of my colleagues had that deeply rooted notion, which I had few years ago, that counselling was advice giving, which was, in fact, culturally inherent in our society. Since time immemorial, our forefathers were into giving advice. So, this was one of the most common mediums which was used by our teachers and parents to help younger people or anyone overcome their problem. Often especially teachers have that notion that advice giving is something that
doesn’t work with modern children and when I came up with a counselling knowledge and a new identity as counsellor in the same school system, where I worked as teacher before, was challenging. Counselling was viewed with skepticism; such as “it is advice giving”, and “they have been doing that”, “it doesn’t work”, “kids would be pampered or spoiled by counselling”. It was very difficult for me to get in and convince my principal and colleagues - and, in fact, convince a system as whole.

The dominant influence of the metanarrative of counselling as simply advice giving can be seen in/through the language of Wangchuk's story. The metanarrative contains denotative language such as "it is advice giving", "was in fact culturally inherent", and "it doesn't work". The use of such factually constructed terms denotes that counselling had a literal, factual and authoritative meaning to Wangchuk. Denotative language is used in metanarratives to (re)produce its legitimacy but it also forms (meta)prescriptive rules on what is legitimate behaviour (Lyotard, 1984). As the teachers were telling Wangchuk that counselling is advice giving, this was also prescribing how he should conduct his job as a counsellor. Those who tell the metanarrative are teaching staff (including administration and management), or what Lyotard (1984, p. 9) argues as the sender, "invested with the authority to make such a statement" to the addressee, the school counsellor. If counselling is advice giving, the school counsellor is expected to adhere to it. Paradoxically, as it is believed that additional advice giving "doesn't work", a school counsellor's professional status is seen with scepticism and this constructs an implied expectation that excessive advice giving should be avoided. Otherwise, it would have negative consequences (spoiling the child or having no impact).

Narratives can prescribe what is real and just through reference to a moral order that enables and constrains the subjects the narrative constitutes and positions (Coombes, 2000; Coombes & Morgan, 2004). Through the metanarrative, advice giving is constituted as the reality of school counselling and yet the application of it is constructed as unjust because the child would be "spoiled by counselling" or "it doesn't work". These paradoxical prescriptions that "school counsellors should stick to advice-giving and are therefore redundant" produces a complex moral ordering of counsellors that creates challenges for convincing teachers of their value.

Similar themes on the redundancy of the school counselling profession through the metanarrative of advice giving were expressed by other participants. Another counsellor, Pem, retold that one principal assumed, "all teachers are counsellors and counsellors are no different to teachers". Sonam, another counsellor, stated that counselling was also viewed as advice giving by teachers, including the principal who argued, "we give counselling to students every day, there is no use doing that, it's better they are dealt with school disciplinary policy than softer measure". In Pem's retelling, the use of "are" creates a denotative argument where it is stated as if it is a fact that counsellors and teachers are no different. Sonam's account is a reference to a prescriptive argument that positions teachers as more effective with students than counsellors, who are positioned as soft on students, with the potential to pamper and spoil them. These paradoxical arguments of counsellors as no different to teachers but redundant due to their perceived softer measures in contrast to teachers shows the complex metanarrative, which Wangchuk storied, retold as the realities of other school counsellors. Such statements are indicative of a moral ordering that delegitimises the professional status of school counsellors. Counselling as an Ancillary and Marginal Programme

Narratives enable the authority of a speaker's position to be (re- or de-) legitimised as they are connected with a specific moral ordering of social power.
relations (Busch & Coombes, 2008; Coombes, 2000; Coombes & Morgan, 2004).
Through the metanarrative of advice giving that positions counselling staff as the same or redundant to teachers, teaching staff are able to (re)inforce an asymmetrical power relationship between counselling and teaching staff where counsellor legitimacy is challenged. When Wangchuk retold how counselling programmes were scheduled, he argued that school counselling was marginalised by administrators during times when he thought counselling programmes would be useful.

Whenever I have program, well planned and put it in schedule like in school calendar, the moment other programs come up, then they would shift guidance and counselling programs and replace it with other programs and they would say like ‘this can be done even at the end of the year, when we don’t have other programs’...
So, I feel it is being viewed as a secondary or ancillary program to academic or other programs.

Another participant, Sonam, reported a similar experience of being marginalised. When he conducted his first presentation to convince teaching staff of the importance of school counselling, "they were not keen to know", he was rushed by staff and had "only one hour" to present. Teaching staff kept referring to school counselling as "your [his] program", and "it was not really welcomed", which made him feel isolated. Both Sonam's and Wangchuk's accounts constructed a moral positioning of counselling as marginal rather than integral to the school experience. Challenges of Convincing Staff and Students

Wangchuk realised there were discursive barriers making it difficult to convince the school community that counselling needed to be an integral component. Schoolchildren reproduced the metanarrative of counsellors in that they were positioned as advice givers and therefore were seen and valued the same as teachers. This meant that they were also positioned as disciplinarians through the metanarrative, which created a barrier for student trust and disclosure. Likewise, Pem revealed that "students think it [counselling] is a disciplinary measure even after many orientation programmes", reinforcing the counsellor as a disciplinarian metanarrative. Wangchuk found it challenging to convince the students that school counsellors could be trusted and not feared.

Students still didn’t find any difference between a teacher and counsellor in the school. They were sceptical about entrusting their problem stories to a counsellor who seemed a disciplinarian figure to them, they feared that all teachers in the school would know their stories, if they shared with me, as I am also one of the staff members. So I had to spend lot of time again in advocating the counselling program and only towards the end of my first year, as a result of my vigorous advocacy programs, the number of my client intake increased. However, it was still a challenge in my school, because students have to wait for the right time to avail services, as I am not allowed to take them away during the academic instructional hours, this was a big issue. Teachers despise that.

The above example shows resistance from Wangchuk through advocating the counselling programme vigorously but also the barriers he faced despite the advocacy. The prescriptive utterance of "not allowed" to encroach on academic instructional hours again produces a moral and temporal ordering of school counselling as marginal rather than integral to the school community. This treatment is indicative of a normalising judgement, a form of disciplinary power that enables people to check if others (or themselves) are meeting a required standard in how they should be behaving according to their position within an institution (Foucault, 1977). Normalising judgements enable dividing practices, a
strategy of marginalising or excluding people within a community who are seen as a threat (Foucault 1982). Such judgements may be indicative of a language game (Lyotard, 1984), a game of social power relations with a set of rules that authorise and govern the style and purpose of talk (Coombes & Morgan, 2004), which turns into a truth game, determining how valid something is, yet limited by its epistemic bounds (Foucault, 1997). The metanarrative of counsellor as simply advice giver and therefore 'no different to teacher' and disciplinarian is a game that involves a set of assumed 'truths' and rules that reproduce denotative statements to determine what is a school counsellor and therefore how a school counsellor should conduct themselves. In other words, Wangchuk reported that he was judged and expected to behave like a disciplinarian in his school community and conform to the idea that counselling was not a core component of the school. However, his (counter-)narrative resists this metanarrative through a different set of values, ideas and meanings about school counselling. Through not playing 'the game' of the metanarrative, his decision to have appointments with students during instructional hours was despised and disliked by teaching staff. Consequently, Wangchuk found it harder to convince staff the relevance of his programs.

High Expectations

Although the counselling programme was considered secondary to other programs, teaching staff had high expectations of Wangchuk. There was pressure to bring immediate changes in students seeking counselling support within a short time span. They have huge expectations that change should happen within short span of time, they do not have time, they cannot afford to have students with disciplinary problem running in conflict with school rules for longer period of time, that can have ripple effects on others students, because of which the expectations is very high, time is very limited and because of which I was not able to deliver that expectations… they feel that counselling doesn't have the capacity to address such disciplinary issues. So, in that sense, gradually, I saw that there was a division in the system, one group that strongly supports and the other group that doesn’t support counselling program.

As well as being divided from others, Foucault (1982) argued that an internal dividing practice of/within the self can also occur. Perhaps due to the social pressure to conform to teaching staff expectations, as well as being the only counsellor in the school, Wangchuk's self-positioning fluctuated between a division/binary of competence and incompetence. He described feeling this fluctuation less over time but still internalised guilt from how others positioned him.

I was put in an expert shoes especially due to the fact that I was the only counsellor placed in my school, well, I guess I was an expert in my own rights except the pressure of my expertise was too heavy to bear. In the beginning my being viewed, as an expert did not really go well with the kind of services that I provided but over the period of time after my advance training and experiences, I began to feel more competent and my level of confidence began to increase. Hence, in my own small rights, I think I fitted well with me being viewed as an expert by those around me though I still had internal guilt of proclaiming myself as an expert and saviour when I was not.

High Workloads and Burnout

Despite being considered as an expert or the saviour in the school, Wangchuk often experienced intense burnout due to limited knowledge and competence to work with complex issues. This was due to a lack of available support structures and no supervision, resulting in helplessness.
I get burnout sometimes, since I was a lone counsellor placed in a school with over one thousand three hundred students, where I was viewed as an expert counsellor despite my limited skills and competence, the burnout was something I predicted... it was more intense whenever I came across a situation where problem of the client seem beyond my capacity or comprehension. In such time I remained helpless, as I did not have any other expert counsellors for consultation nor supervision and undermined the quality of my service to the clients... they don't care whether you are overloaded or not and if there are 10 cases you have to take care of 10 cases in a day... one after another and you have to deal with it... You can't afford to have any delays. So in such situations you totally become tired, burned out, it's difficult, it demotivates you and you start questioning yourself...

Wangchuk's telling challenges the assumptions that counsellors are not needed for the running of the school programme and counters a metanarrative that assumes school counsellors have much time on their hands to do their duties. Wangchuk found it challenging to see students during teaching time. Another participant, Pem, found it challenging as well, attending to clients "during break times, after school, during games sessions as there is no extra time allocated for counselling", often working within her personal time as a consequence. Marginality, time poverty and a lack of support resulted in stress.

Wangchuk felt inadequate with the challenging issues confronting him in his position. Other participants told of similar experiences. Pem stated, "when the case is complicated, I don't know what to do, I get lost", Tashi expressed, "I urgently feel the need for supervision" and Sonam argued, "we need more training in working with various rising youth issues and mental health concerns". Wangchuk felt that if had there been constant supervision and professional development, he would not be blamed for being unable to save some students’ lives. If I share some experiences, which I wish I could bury them forever along with my past, there were few cases of suicide, which I felt I could have done more, I still live with the processes and effects of marginalisation in that the metanarrative of school counselling as advice giving reproduces a discourse that school counselling should be marginal.

"I had nowhere to turn to": A Need for Supervision and Professional Development

Wangchuk also recognised the need for strategies to deal with burnout, as the availability of supervision was limited due to a scarcity of professionals to provide such services. He reflected on how he was blamed for not being able to meet the expectations of the school system and how he was exposed to risky situations and vulnerabilities without support mechanisms in place.

Counsellors are actually placed in different schools in different parts of the countries and once they are placed in the school they are on their own... if things go wrong then you would be blamed and you would be blamed because people failed to understand counselling program, there is total dearth of support mechanism in place... so we are exposed to high risk, huge vulnerabilities, these events actually makes my position very challenging... I didn't realize when these things went wrong because even if I knew something was wrong I had nowhere to turn to.

Wangchuk felt inadequate with the challenging issues confronting him in his position. Other participants told of similar experiences. Pem stated, "when the case is complicated, I don't know what to do, I get lost", Tashi expressed, "I urgently feel the need for supervision" and Sonam argued, "we need more training in working with various rising youth issues and mental health concerns". Wangchuk felt that if had there been constant supervision and professional development, he would not be blamed for being unable to save some students’ lives. If I share some experiences, which I wish I could bury them forever along with my past, there were few cases of suicide, which I felt I could have done more, I still live
with that wish and regret for not able to save those two beautiful lives, which happened in the school where I began my first year of my novice-counselling career. I regret every day of my life reflecting on what went wrong and what could have saved their lives. When I think of such incident I feel very incompetent and quite stupid to call myself a counsellor who is viewed as an expert to solve people’s problems while I was not able to manage my own stress and guilt of not able to do much. There were times when I thought many times about quitting my job simply because I was not able to do much to help those who needed my help.

Wangchuk's narrative reveals a lived experience of the consequences of inadequate supervision and professional development where he internalised responsibility and accountability, feeling "he could have done more", and pathologised himself as "incompetent", "stupid" and "not able". These self-positionings are internalised dividing practices (Foucault, 1982) serving to self-marginalise as Wangchuk "thought many times about quitting" due to believing he was incompetent.

Importantly, these self-positionings are contingent with a wider social context of devaluing and marginalising school counsellors through the advice giver metanarrative. The denotative discourse of school counselling ("it is advice giving"; "it doesn't work"), constructed through the advice giver metanarrative, produces a prescriptive normalising judgement (i.e., if it is assumed that "it is advice giving", it should be practised as advice giving and if it is believed that "it doesn't work", it must not be effective and therefore valued). If school counsellors are expected to only be advice givers and disciplinarians, and are seen as not integral to the effective development of the student or functioning of the school, supervision and further professional training may be assumed as unnecessary through such a metanarrative. Wangchuk described not being able to manage his own stress and guilt. Yet, without adequate supervision, professional and social support, the ability to self-care and be an effective counsellor may suffer.

Successful Transformations - Past and Future

Despite all challenges and roadblocks, Wangchuk managed to make a difference to his school, supporting students, parents and teachers. His counter-narrative challenges the advice-giving metanarrative that positions school counsellors as redundant, noting his achievements and successes. This included transforming the way teachers related with their students, with teachers adopting a less punitive disciplinary approach.

Despite lack of clarity of direction of the program in the school, within my first year of placement, I have managed to bring down the number of school dropouts, reduce self-harm and suicide, increased the number of students referred to other agencies for further help, increased the number of parents seeking family counselling; curtailed student truants, improved relationship with some students and teachers; brought changes in the way teachers views on school discipline; in fact I managed to change their paradigm of disciplining their students, use of corporal punishment has gone down drastically and most of all teachers were more aware of the consequences of the harsh treatment on their students without knowing their in-depth background.

Wangchuk also reflected on what was needed for successful outcomes in the future. He recommended a need to define clearly roles and responsibilities in the school system to ensure that the school counsellors are not overburdened, and argued that school principals and teachers have a clear understanding of counselling so that they can educate other colleagues and support the
counselling programme. He also saw the need to have at least two additional counsellors to reduce caseloads and the likelihood of burnout.

**Further Discussion**

Wangchuk's narrative highlights the importance of a critical narrative inquiry for understanding the storied positionings of school counsellors to expose the complexities and challenges of the systems they work within. This paper aimed to honour the voice of Wangchuk by presenting his narrative to gain an in-depth understanding of the largely unspoken experiences and power struggles of a school counsellor.

While focusing on a single case narrative might be viewed as restrictive, it enabled a specific and rich insight and a fuller contextual picture of the power relationships in Bhutanese school counselling was enabled through comparisons with other participant data. Wangchuk’s thematic concerns of the advice-giving and disciplinary metanarrative, marginalisation, challenges of convincing non-counsellors, workloads and burnout, and a lack of supervision and professional development were validated by other participants.

Wangchuk’s story represents a discursive mapping of the territorial complexities of school counsellors in Bhutan. Though he faced resistance in the beginning, the school community gradually accepted him as an expert and as a saviour of youth. This was at a cost. School counselling programmes were trivialised and subordinated. School counsellors were meta-narrated as advice givers who were no different to teachers, and as redundant, to negate the domain of the counsellor in fear of intrusion among the disciplinary purview of teachers. Consequently, Wangchuk felt the brunt of the high expectations imposed on him, he struggled with a lack of expertise in working with complex issues, and he was blamed when he could not meet expectations. He felt overloaded and burnt out on many occasions without support mechanisms for supervision and professional development.

Initial resistances to school counselling could be explained as a misunderstanding due to different epistemic views. Scepticism from school principals, teachers, and students posed challenges for Wangchuk and the other participants to develop counselling programmes. Wangchuk narrated that they conflated counselling with disciplinary domains. In many respects, there are similarities between school counselling in Malaysia and Bhutan. Low et al. (2013) revealed that there was a “lack of understanding about the nature of the school counselling services” (p. 193) in Malaysian schools. Counselling services were constructed as a part of the disciplinary system. Students who attended counselling services were stigmatised as counselling services were constructed as only for students with problems (Low et al., 2013). Jamtsho’s (2015) study also found that school counselling was constructed as a disciplinary and punitive measure. This misunderstanding creates barriers to define the roles and responsibilities of school counsellors clearly.

Furthermore, Wangchuk and other participants felt that counselling was considered as an “ancillary program” rather than a “necessary component”, which not only complicated their positions and programmes but also displaced them through a reproduction of non-support. Parallel to this finding, school counsellors in Malaysia battle for time to run counselling programmes during school hours, as teachers refuse to give time for the counselling programmes and thus counsellors are not given a fixed timetable (Low et al., 2013).

Moreover, Wangchuk told how it was challenging to meet the high expectations of the principal and teachers in bringing immediate change in the students within a short timeframe. The lack of support from the assistant principal and national language (Dzongkha) teachers stifled programme implementation. This power struggle occurred because “Dzongkha teachers are educated in traditional systems where physical punishment used to be a norm” (Jamtsho, 2015, p. 160). This is a
complex situation in Bhutan as there is a need for interventions to cater to the rising youth issues and yet there is resistance to such counselling programmes for fear of intrusion into beliefs and traditions.

The misunderstood concept of counselling through the metanarrative of advice giving resulted in an excessive workload and burnout for Wangchuk and the other participants. These experiences are supported through research that confirms that role ambiguity and role conflict in combination with job overload may lead to school counsellor burnout (Wilkerson & Bellini, 2006). Moyer (2011) found large school counsellor caseloads as one of the main causes of burnout.

An important finding from Wangchuk's narrative was the need for clinical supervision. Lack of sufficient supervisory support increases stress and intensifies immense workloads, which often makes counsellors less effective to provide meaningful support to their students and thus contributes to burnout and role dissatisfaction (Borders, 2002; Page et al., 2001). Wangchuk and other participants argued that the impact of not having clinical supervision and the majority of the experiences described by the participants inhibited their professional development profoundly.

As Wangchuk revealed, he worked based on instinct and though he made mistakes, there was no one to follow up with him. School counsellors are often placed alone to socialise themselves into the profession without appropriate guidance or supervision to safeguard ethical practice (McMahon, 2005). Hence, the need for supervision is obvious to ensure the welfare of students with increasingly complex needs is protected together with counsellor encouragement and support (Borders, 2002; Herlihy et al., 2002). With this important means of support and development, school counsellors are more likely to reflect adequately on their knowledge and skills to strengthen their professional development (Paisley & McMahon, 2001) and develop a school-integrated approach to counselling rather than a subjugated and divided practice.

This critical narrative inquiry enables a starting point into examining the broader contextual influences from the discursive, relational and structural constraints this study exposed. Wangchuk’s concerns, shared by the other counsellors, mirrored many of Kuenga’s experiences that motivated her to understand their storied experience. Marginalisation, teacher resistance, challenging workloads, burnout, a lack of supervisory and professional development support were common experiences that may warrant further research into education policy alignment with school practices. Further research could explore to what extent ‘Western’ approaches would be congruent with Bhutanese values and culture to support school counsellors. A promising example is a wellness approach where self-determination and health is promoted, maintained and restored at various levels of influence from a respect for diversity, participation and collaboration to a broader collective valuing of social justice and support for community structures (Prilleltensky & Prilleltensky, 2003). However, care is needed in incorporating Western frameworks and we are also conscious that even though our narrative approach may fit with Bhutanese values of storytelling, it is also limited through its Western European theoretical and epistemic influences.

**Conclusion**

This research revealed the influence of a metanarrative that contributed to a misunderstanding of school counselling, which created structural constraints and barriers to counselling in Wangchuk's school. These constraints exposed him to vulnerabilities, leading to limited knowledge and skills, and minimal supervision. Wangchuk was struggling with high workload that led to burnout, which impeded his practice. These concerns were validated by other school counsellors.

The challenges found in this critical narrative research can provide avenues to develop guidance and counselling programs in schools, if school guidance counsellors’ voices are heard and considered by relevant
stakeholders. This study calls on various stakeholders – the educators, students, families and government – to assess the current reality of school counsellors in Bhutan in how they are positioned in the school. Attending to such needs would help the successful implementation of guidance and counselling programmes and enable further inclusivity and integration of counselling within the fabric of school communities.

References


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*Appendix: Semi-structured Narrative Interview Technique* (adapted from Jovchelovitch & Bauer, 2000)

**Phase 1: Initiation**
I am curious to hear your story of your experience as school guidance counsellor. I would like you to recall the events that have shaped your experience up until now, starting from the beginning of your position.

i. In recalling these events, I would like you to explore what it means and feels to be a school guidance counsellor in Bhutan. *(move to Main Narration)*

ii. How did you feel about the way guidance and counselling programmes were going in your school? What occasion(s) do you remember contributing to these experiences? *(move to Main Narration)*

iii. How did your position fit in school during your time here? Tell me what led you to think/feel this way. *(move to Main Narration)*

iv. What events made your position challenging and why? *(move to Main Narration)*

**Phase 2: Main Narration**
*Use of minimal responses* (e.g., “Hmm”, “Yes”, “I see”)

i. “What happened next?”

ii. *At signs of concluding the story:* “Is there anything else you would like to say or recall on this question?” *(move to the next question in Phase 1. Otherwise, move to Phase 3)*

**Phase 3: Questioning Phase**

i. “What happened before/after/then?” *(Questions refer only to events in the story)*

ii. What support system would you envisage putting in place for yourself within the school and outside of the school?

**Phase 4: Concluding Talk**
*(Stop recording, continue the conversation with small talk and conclude)*
The intercultural collaborative processes underpinning the development of the KidsMatter resources to support the social and emotional wellbeing of Aboriginal children

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KidsMatter is an Australian mental health and wellbeing initiative for primary schools and early childhood education and care services. The initiative utilises an inter-sectorial partnership between mental health, primary school education and early childhood education and care settings. The need for the development of specific resources in relation to Aboriginal children’s social and emotional wellbeing was identified by KidsMatter, to strengthen the model but particularly to support families, communities and educators in communicating and deepening understandings to better support Aboriginal children within a holistic approach. This article outlines the intercultural collaborative processes utilised in the development of these resources, noting the importance of processes to recognise and reduce power imbalances, enable participation through a range of consultation and engagement processes, and manage the expectations of all parties.

KidsMatter is an Australian mental health and wellbeing initiative for primary schools and early childhood education and care services. The initiative utilises an inter-sectorial partnership between mental health, primary school education and early childhood education and care settings. These sectors work together to implement the framework which builds upon a prevention, promotion and early intervention model adapted from the World Health Organisation (1994). KidsMatter brings together the adults in the lives of children and encourages education staff, parents and carers, and health and community professionals to work together to create settings that support children’s social and emotional wellbeing. The initiative includes a framework which encompasses four components: 1) Creating a positive community, 2) Social and emotional learning for all children, 3) Working with parents and carers, 4) Early intervention for children experiencing mental health difficulties. Within these components the KidsMatter initiative uses Guiding Principles to assist education settings progress through the KidsMatter journey, utilising a process of data collection, professional learning for staff, effective planning and ongoing review (plan, do, review). The Guiding Principles include: diversity is respected and valued; respectful relationships are foundational; parents and carers are recognised as the most important people in children’s lives; students need to be active participants; and education, health and community agencies and families need to work in partnership.

The KidsMatter framework utilises three well-known theoretical models: the socio-ecological model (Bronfenbrenner, 1977), risk and protective factors framework (Commonwealth Department of Health and Aged Care, 2000; Spence, 1996) and a whole setting approach based upon the World Health Organization’s model for promotion, prevention and early intervention in education settings (1994). The socio-ecological model views children as active participants in their own development, both shaping and being shaped by their environment. This recognises that children’s development is influenced by the wider social, economic, cultural, workplace and political forces in which their relationships with their families, communities and education settings exist. Risk and protective factors exist
in each of these contexts and efforts can be made to prevent or mitigate those risks. Whole-setting approaches encourage all community members to work together and to implement the initiatives across the setting.

In relation to Aboriginal and Torres Strait Islander children and families, Milroy (2014) noted that:

> although there is a paucity of data on specific child mental health conditions for Aboriginal and Torres Strait Islander children and youth, there is evidence of greater risk of emotional and behavioural difficulties; greater exposure to risk factors and stressful life events; higher rates of suicide; higher rates of hospital admissions for mental health problems; higher rates of incarceration; and higher numbers of removal of children under child protection compared with the general population. Added to this is the increased risk for: developmental disability; low birth weight; physical health problems; and poorer educational outcomes, suggesting the need to consider a comprehensive approach when considering mental health disorders in Aboriginal and Torres Strait Islander children and young people (p. 374).

In a 2011 literature review relating to the social and emotional wellbeing of Aboriginal children, Dobia and O’Rourke identified education settings as critical for the socialisation of children and young people, noting that “[t]he reactions of school staff to the psychological, social and cultural needs of students can support or hinder a sense of belonging and nurturance for students and families alike. Family, community and school were nominated as the most important influences in contributing to a positive self-identity, crucial for academic performance” (p. 21).

In 2012, an evaluation report by Flinders University was conducted to examine the KidsMatter Early Childhood (KMEC) model which explored the extent to which the KMEC Model relates to early childhood services in communities with relatively higher proportions of Aboriginal or Torres Strait Islander peoples. The findings of this report indicated that broadly, the KMEC model, professional learning and framework suited the Aboriginal and Torres Strait Islander context, although culturally specific elements were lacking in the KMEC resources. It was recommended therefore that Aboriginal and Torres Strait Islander culturally-specific elements be embedded within KMEC to better adapt the initiative in Indigenous Australian contexts. The research concluded with a strong call for significantly greater efforts to be made to engage and involve local Aboriginal and Torres Strait Islander communities in the implementation of KMEC, and that KMEC needed to provide information on the social determinants of mental health that were relevant to Aboriginal and Torres Strait Islander communities (Slee, Skrzypiec, Dix, Murray-Harvey & Askell-Williams, 2012).

It is within this context that the need for the development of specific resources in relation to Aboriginal children’s social and emotional wellbeing was identified by KidsMatter, to strengthen the model but particularly to support families, communities and educators in communicating and deepening understandings to better support Aboriginal children within a holistic approach.

### Cultural Domains of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

According to Gee, Dudgeon, Schultz, Hart and Kelly (2014), “… the social and emotional wellbeing of individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality” (p. 58). The authors further describe these connections in terms of the diverse experiences and expressions of the domains of social and emotional wellbeing throughout an individual’s lifetime, which change over time as their needs shift during childhood, youth, adulthood and old age. This may include healthy connections and resilience in some domains, while also encompassing some difficulties or need for healing in other domains (Gee, et al., 2014).

The authors further note the importance of
family and kinship systems to the functioning of traditional and contemporary Aboriginal and Torres Strait Islander societies. They note the complexity and diversity of systems with interconnectedness through cultural ties and reciprocal relationships. Further, Milroy (2014) noted that “[u]nderstanding child and youth mental health can be challenging especially when considering the cultural context, historical legacy, and social determinants as they apply to child development” (p. 373). In particular she noted the importance of understanding developmental milestones and the impact of development on language, behaviour, and relationships. Further, these aspects of development also contribute to the emerging sense of self, ways of seeing the world and learning life skills which will adapt across the life span (Milroy, 2014).

**Project Development Principles and Processes**

A number of principles were drawn upon during the development and implementation of the project to guide the partnership development with the consultants. Cultural safety was the primary guiding principle. The intersection of the principles of Participatory Action, Critical Theory and Reflexivity, and Narrative Therapy offered further promise for the task of creating culturally safe practice.

**Cultural Safety**

Cultural safety refers to the culturally appropriate provision of healthcare which is empowering and respectful of cultural identity. It aims to create environments and relationships which are “safe for people, where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experiences of learning together with dignity and truly listening” (Eckerman et al., 1999, cited in Williams, 1999, p. 213).

Culturally safe practice refers to “effective clinical practice for a person from another culture, [whereas] unsafe cultural practice diminishes, demeans or disempowers the cultural identity and wellbeing of an Individual” (Walker & Sonn, 2010, p.162). Cultural safety is determined by the individual receiving the service and can also be an effective decolonising process. This process can enable awareness of difference, consideration of power relationships, reflective practice and most importantly, Indigenous self-determination regarding the meaning of safety (Laverty, McDermott, & Calma, 2017).

**Participatory Action Research (PAR)**

Participatory Action Research (PAR) is considered an appropriate approach to working with Aboriginal and Torres Strait Islander communities as it advances the sharing of knowledge and understandings in the context of respectful relationships. PAR centres on the collective ownership of the research processes and outcomes. This approach can also be empowering as the research is driven by those most affected by the topic, and researchers become facilitators rather than experts. Participatory action processes aim to recognise and address social inequalities and power imbalances.

According to Kidd and Kral (2005), PAR involves the following key elements: “understanding, mutual involvement, change, and a process that promotes personal growth” (p. 187). They further stated that it is “ideally, a process in which people (researchers and participants) develop goals and methods, participate in the gathering and analysis of data, and implement the result in a way that will raise critical consciousness and promote change in the lives of those involved” (p. 187). The research relationship is one of respect and trust building, where researchers take the role of facilitators rather than experts. The research or project becomes a process for change driven by those who are most affected by the topic (Kendall, et al., 2011). This approach is based on critical theory, which asks social justice questions related to power and exploitation, and is particularly important when non-Indigenous researchers or project workers are engaged in research or projects with Indigenous people (Wright, 2011). Mason (2015) noted the complexities of participatory action research as the researcher has “multiple ethical relationships to maintain, with research partners, the academy, the institutions of the state, notably ‘the law’, and with her or himself. The researcher must consider how to do the right, fair, just or legal thing by a variety of...
people and institutions, between which there are often tensions or even conflict” (p. 500). He further outlined the role of emotional engagement in projects utilising participatory action processes, noting that:

`committing to participatory action research means having to ask yourself questions about who you are and the life choices you make: it is not a straightforward impersonal, abstract or un-affecting decision; not an easy emotional, political or career choice… It is a strength of participatory action research that it can create opportunities for research partners to reflect on the power relations and knowledge they foster and then experiment with other ways to do things (p. 502).

Participatory action processes take an approach that focuses on collective ownership of the research and project process and outcomes, where a shared understanding is generated to mobilise collaborative action for change (Kendall et al., 2011). Consultation throughout the process is key and data is taken back to the community for validation, ensuring ways of knowing and meaning have been captured (Sherwood & Kendall, 2013). Participatory action processes that promote participation can include creating an environment of mutual respect and openness, establishing flexibility for adapting a project to the pace of participating communities, involving the community from the beginning, and incorporating the community’s physical and intellectual resources (Van der Velde, Williamson & Ogilvie, 2009). Kendall et al. (2011) explain that these participatory strategies can be challenging for many research and project workers due to time, funding and logistical restraints. These challenges need to be negotiated with Indigenous research partners to ensure that power relationships do not change or diminish through each phase of the project.

**Critical Theory**

Critical theory requires the practitioner to consider how their own social positioning can impact on relationships by reflecting on their cultural base, evaluating their own contribution to the encounter, and considering what is going on for them during the process (Laverty et al. 2017). The practitioner’s understanding of what they bring to the relationship and how this might impact is considered critical to culturally safe practice because “otherwise there is an assumption that all people have similar experiences and can therefore speak on behalf of each other” (Wilson, 2014, p. 6).

Such critical reflexivity also supports the principles of participatory action. Parker (2005) stated that reflexive work is part of action, and in projects utilising action research methods much of that reflexive work is undertaken alongside and in collaboration with clients. A central focus of this reflection process is to analyse and address power imbalances throughout the project process that highlights the privileged position of the project researcher or worker. One common reflexive question in research or project work is who is able to have a choice about staying or leaving the group. This highlights the privileged position of the project researcher or worker, who is the one who has that choice. An ongoing relationship may be formed but the worker might not continue to work with the group in the same way over time. An ‘exit strategy’ will enable the worker to manage the changes in emotional engagement with the group over time and develop a process to pass on the roles and responsibilities that were taken on. Mason (2015) warns that workers should be prepared for the emotional impact of this leaving on themselves. One also needs to consider the different levels of investment community partners have compared to research project staff and how this investment continues beyond the completion of projects.

Critical reflection requires the examination of one’s own social and cultural identities and the power and privilege which are afforded because of these identities (Walker & Sonn, 2010). This involves the process of reflecting critically on the self (as researcher) as the human instrument and defining this as a conscious experiencing of oneself as both the inquirer and respondent, as well as the teacher and learner. Through this process, the researcher becomes the one coming to know the self within the process of the research itself.
(Guba & Lincoln, 2005). Reflective practice of this kind is integral to working towards creating culturally safe practices as it can address power imbalances in collaborative partnerships by allowing the sharing of power and control between Aboriginal people and non-Indigenous practitioners. Reflexivity provides the opportunity for learning and contributes to improving social justice outcomes for Indigenous people. It can also promote a culturally secure process and environment that increases the likelihood of improved health and wellbeing outcomes for Indigenous people (Walker et al., 2014).

**Narrative Approaches**

Narrative approaches or ‘conversational methods’ to working with Indigenous peoples provide a means of gathering knowledge based on oral story telling tradition which is congruent with an Indigenous paradigm (Kovach, 2010). Narrative practice has been considered an appropriate approach to working with Aboriginal peoples and in the Aboriginal context has been described as telling stories in ways that strengthen. Narrative approaches can also be empowering, situating individuals as experts in their own lives, encouraging dominant narratives to be challenged and privileging the alternative narrative.

The project also embodied narrative practices through its principles and processes. Narrative practices take a collaborative and non-judgemental approach to counselling and community work that embodies respect and views people as experts in their own lives (Morgan, 2000). This approach takes a social justice perspective that considers the broader context of people's lives particularly in the various dimensions of diversity including class, race, gender, sexual orientation and ability. Narrative practices understand that people possess skills, competencies, beliefs, values and abilities that will assist them to reduce the influence of their problems and views problems as separate from people (White, 2007). While Aboriginal people and communities are diverse and are not one homogenous group, Wingard (cited by Drahm-Butler, 2015) explained that there are shared stories throughout time and across place which connected experiences of Aboriginality through the currency of relationships. She referred to the time since colonisation in which injustice and harm occurred. Wingard continued that Aboriginal stories have survived over generations and that Aboriginal people have always told stories about their lives, knowing how important it is for people to be connected to their stories that directly related to land (Country), languages and culture (cited by Drahm-Butler, 2015).

These approaches formed the basis of the way of working with the Aboriginal consultants to guide the development of the KidsMatter Aboriginal Children’s Social and Emotional Wellbeing Project. They enabled the APS KidsMatter staff to reflect and engage in rich discussions as a project team and with the consultants as well as to advocate for these approaches to be incorporated into the process for the use of the resources by education communities.

**The KidsMatter Aboriginal Children’s Social and Emotional Wellbeing Project**

The project aimed to strengthen the KidsMatter project through the addition of culturally appropriate resources to promote understandings of Aboriginal and Torres Strait Islander children's social and emotional wellbeing. Working with Aboriginal consultants was recognised as critical in order to develop resources that would be culturally-appropriate and meaningful for Aboriginal families. The focus of the project therefore included the development of quality content through processes which were empowering and culturally appropriate. The phases of the project are outlined in detail by Smith, O’Grady, Cubillo & Cavanagh (2017) and are summarised below.

**Phase 1: The Consultation Process**

Phase 1 of the project focused on consultation, engagement and learning about social and emotional wellbeing of Aboriginal children and families. A total of nine Aboriginal consultants (four from Melbourne, five from Alice Springs) were invited to work with the Australian Psychological Society (APS) KidsMatter team. The consultants included Aboriginal educators, health workers and Elders from both the Central Australia and Melbourne regions. Two Indigenous psychologists were also engaged to review and provide comment on
the content of project materials. An Aboriginal media production company was engaged to produce the animations including an Aboriginal script writer, director, actors for voice overs, film crew, artists and musical composer. Funding and geographical limitations impacted the ability of KidsMatter to work with Torres Strait Islander consultants. Therefore, the content in the videos cannot be assumed to represent the social and emotional wellbeing of Torres Strait Islander families, nor can they be considered representative of all Aboriginal people.

The use of participatory action research and narrative approaches was incorporated into the development and facilitation of workshops held in Alice Springs and Melbourne in late 2013 to explore what wellbeing meant when talking about Aboriginal children. Smith et al. (2017) outlined the initial themes identified in the workshops which were then further refined and the Indigenous Psychologists were engaged to provide feedback on the consistency of these themes with literature relating to Aboriginal children’s social and emotional wellbeing. The APS KidsMatter team also reviewed the themes in light of KidsMatter core messages.

The three core concepts which would become the themes for the animated videos were further refined as follows:

1. Cultural (self) identity: mind, body, spirit; strong values and beliefs with respect for elders and relations; knowledge systems embedded with values and beliefs; acknowledging the family’s structure and teaching children about relationships and a sense of belonging; being assertive and strong and having responsibility for each other.

2. Parents and families caring for themselves: engaging in positive activities, pride, having a role, including employment; role of stress and shame; division between males and females; seeking support and being assertive to deal with pressures.

3. Resilience/strength: trust in relationships; being comfortable to be alone sometimes; safety; boundaries, values and beliefs; gathering knowledge over time from stories, cultural role modelling.

Once the core themes were developed, the focus shifted to the production of a series of 12 animated videos to communicate these with key messages about the day-to-day caring of Aboriginal children that supported their social and emotional wellbeing. Regular meetings were held with the consultants during this period to enable them to provide input into the development of the messages and images. Several consultation stages were built into the project plan to enable the project team to:

- Confirm the appropriate translation of content to the scripting, styling and design of the animations;
- Ensure a shared approach/responsibility to the project implementation;
- Actively continue to include the Aboriginal consultants;
- Privilege Aboriginal voices when working to address the needs of Aboriginal peoples; and
- Continue to maintain trusting relationships.

This process is outlined in Figure 1 overleaf.

**Phase 2: Supporting the Culturally Safe Use of the Animations**

The critical reflection process, through the focus groups and consultations undertaken with workers in the field, which took place after the animations became publicly available, suggested that the animations could trigger strong emotional responses for some individuals; they seemed to be used more broadly than anticipated and there was also some confusion about the intended audience for the animations with some people believing they were developed for children. It was recognised that there had been insufficient time in the project development phase to audience test to identify these issues earlier. Therefore, Phase 2 of the project involved the development of resources to support the culturally safe use of the animations. This included actively highlighting the various possible uses of the animations and some of the potential risks associated with their use. This phase was enabled due to additional funding made available after the launch of the animations, however, project staff had mostly moved on to new roles. However, the trusting relationship that had formed with the consultants enabled
their ongoing interest and participation in the project.

Significant efforts were required to maintain project sustainability during transition. It was evident that project viability depended on relationships being developed between the new APS KidsMatter team and the cultural consultants. Effectively, the relationships formed in Phase 1 needed to be ‘handed over’ to the new project team. Smith et al. (2017) noted that this was a sensitive point in the project requiring an ‘exit strategy’ to be developed to help the project transition. Transition strategies included engagement of new staff with handover processes while maintaining consistency where possible in relation to the Indigenous psychologist and film production company and crew.

The experiences of the Aboriginal consultants were drawn upon heavily for this phase of the project to develop guidance resources. Smith et al. (2017) provide a summary of the consultants’ reflections on processes which underpinned the making of the animations, with comments including:

⇒ You know when you’re talking about yourself you need to feel safe and comfortable and then that comes from the people who you’re sitting in the room with you know and this was, that was nearly every time we met that’s what we talked about at the start. How’s everyone going? Everyone feeling safe? Ready to get going?
⇒ Because we don’t often have a voice and to me this is our voice and it’s, a lot of the stories we can connect to and [it’s sort of] we’re sharing our stories and it’s [um]...
The culturally safe environment in which the animations had been developed was highlighted by one of the consultants:

Well it’s kind of like the process of doing the claymation, doing the animations, getting the point across, you know it’s coming from that shared learning, you know and you got to be able to feel safe to do it and setting a scene of safety for people to be able to discuss and talk about things is number one, you know and like I said, if you’re coming in the room as the expert and you know everything then before you even set your second foot in that door you already put up a barrier (Smith et al., 2017, p. 303).

Three focus groups were also developed from across Australia. Participants comprised an Indigenous psychologist, non-Indigenous psychologists, KidsMatter staff, early childhood educators, a policy officer, a child and family worker and a counsellor; Central Australian-based school teachers, a community engagement officer and a family mental health worker; and seven members of a Central Australian Aboriginal family, including Elders. Following a screening of the animations the group members noted that the stories were powerful and emotive, so that safety needs must be prioritised. They also noted that the messages contained in the animations highlighted how cultural strengths, traditional practices and kinship can support Aboriginal children’s social and emotional wellbeing. They also confirmed that they believed the animations could be helpful for educators and other professionals to begin conversations with Aboriginal families, as well as help them to increase their knowledge of Aboriginal children’s social and emotional wellbeing (Smith, et al., 2017).

To assist in the culturally safe use of the animations, a series of documentary style ‘How to’ films was developed which featured footage from the consultation workshops, as well as individual interviews with the cultural consultants and key project stakeholders. Drawing on the key themes from the consultation workshops, the conceptual framework and content for each film was developed and the films scripted to enhance those themes:

- **Connecting to Heal** - explores how the concepts of identity, resilience and ‘adults taking care of themselves’ are important to Aboriginal children’s social and emotional wellbeing;
- **Starting Conversations** - explores the layers of meaning in the animations and ways in which they can be used to start conversations around children’s social and emotional wellbeing;
- **Through Your Lens** - explores the importance of creating culturally safe environments (Smith et al., 2017).

Accompanying written resources were also developed to complement the guidance films, enabling the user to explore the concepts highlighted in the films in more depth. They aimed to enable the user to begin with their own personal and/or professional experiences to explore the concepts of both the animations and the guidance films. It was intended that this process would assist the user to make the best use of the animations for their own circumstances.

The range of tools included safety statements, scenarios, suggestions for use, key

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themes and messages with accompanying discussion points, reflection tools to encourage users to reflect on their own current practices, and action charts to encourage ways to strengthen practices. In keeping with the consultation process previously established, the Melbourne-based cultural consultants and other focus group members reviewed the films and written resources to ensure the materials were consistent with the key messages of the animations and reflected their experiences, and to ensure the cultural appropriateness of the materials. (Smith et al., 2017).

Phase 3: Showcasing the Resources

Once the guidance resources were finalised the next phase of the project focused on showcasing the resources to early childhood services, schools and health and community professionals in various locations around Australia. The KidsMatter APS project team sought guidance from the cultural consultants on the development and delivery of the workshop presentations, which required tailoring to take into account the audiences and community in which the workshops took place. This was especially important as the initial workshops included co-facilitation by the KidsMatter APS project team member and one or more consultants. The local KidsMatter project staff were also involved in the planning of the workshops and where possible were in attendance on the day. In particular, the following factors were explored:

- Content of workshop, taking into account location, timing, attendees
- Anticipated cultural constraints that may impact on the workshop
- Role clarity, including areas of presentation the consultants would like to lead
- Composition of audience (i.e. professional backgrounds of registered participants, Aboriginal, non-Aboriginal participants and community representatives).

It was identified that particular emphasis would need to be placed on safe viewing considerations for participants and the potential for the animations to trigger strong emotions in viewers. At the beginning of the workshops some time was spent on a safety statement which involved:

- Presenters acknowledging that the animations can trigger strong emotions in viewers
- That some viewers may find themselves identifying with the characters or themes of the stories
- Strategies to manage any strong emotions which might arise, including debriefing with colleagues
- An explanation of the processes involved in the development of the animations, including the involvement of the Aboriginal cultural consultants guiding the culturally safe project processes and content development
- Any arrangements for support and debriefing of staff if necessary.

It was important that the cultural consultants’ voices were included in the session. The guidance videos featuring the consultants’ reflections on the development and use of the animations were screened at various stages throughout the session. This was done to reinforce how the animations and resources had been developed as a process of co-design and co-production with Aboriginal people, including Elders.

The presenters acknowledged that, although the session would take a strengths-based approach and focus on higher level promotion, prevention and early intervention strategies, the trauma experienced by Aboriginal and Torres Strait Islander families and communities was acknowledged. The session would encourage partnerships between schools, families and health and community services and explore how these partnerships can best bring about positive mental health outcomes for Aboriginal children. These considerations were critical to the cultural safety of the workshop for the following reasons:

- The presentation was being delivered off Country (not within the consultants’ own traditional communities)
- It was anticipated that the audiences would comprise both Aboriginal and non-Aboriginal participants (therefore a broad range of experiences and levels of understanding around presentation content could be assumed)
How could the animations be used to start conversations with families and school staff/colleagues about helping children with mental health difficulties?

Given that the resources were developed within the context of strengthening the KidsMatter resources more broadly, increasingly the workshops focused on those early childhood services and schools who were already, or interested in, participating in KidsMatter. Having the local KidsMatter project staff on hand to follow up was also helpful, particularly within the context of further KidsMatter involvement.

Follow up beyond the workshop was critical to ensure ongoing reflection and learning and processing of any concerns. Accordingly, the APS KidsMatter team contacted the consultants in the days following the workshop to debrief and discuss any recommendations they had for consideration when planning future workshops.

It was recognised that the success of the resources was dependent upon the ways in which they were used. To this end the workshops focused on promoting the culturally safe use of the resources, within various contexts in which people would engage with them. Over the course of the period in which the workshops were held, it became evident that workshopsfunctioned best when the resources were seen as part of the KidsMatter model rather than as standalone animations. It was also noted that the opportunities provided for participants to explore ways they might work together to support Aboriginal children and families within their local networks was highly valued and useful. All of this required time and commitment in order for participants to consider the use of the resources within their particular circumstances. This meant that the focus of the workshops shifted to becoming embedded into KidsMatter events so that the resources could be utilised as part of the implementation of the KidsMatter project at an early childhood service or school.

The general aims of the workshop then became to showcase the KidsMatter Aboriginal social and emotional wellbeing resources as specific tools for professionals to:

- To counter consultants potentially being ‘put on the spot’ or questioned about project areas outside of their involvement
- To support the consultants to speak about their experiences of being involved in the project and share their own reflections on the processes and development of the animations
- How could the animations be used to start conversations with families and school staff/colleagues about helping children with mental health difficulties?

The APS KidsMatter project staff were in frequent contact with the consultants in the days leading up to the workshop and were available to the consultants at the venue, spending time preparing with them on the day of the session. The role of the APS KidsMatter staff was to lead the workshop and provide opportunities for the consultant/s to share what they were most comfortable with in the context of the workshop environment. This varied between workshops, depending upon the attendees and discussions which took place on the day.

The animations were screened in parts to explore the three modules (Cultural Identity, Adults Taking Care of Themselves and Resilience) and how these modules connect to the KidsMatter components. Group reflective exercises were then conducted and questions were put to the group to prompt reflections as follows:

- Positive School Community: Cultural Identity
  - In what ways did connecting to culture support a sense of identity for the characters

- Social and emotional learning: Adults Taking care of Themselves and Resilience
  - What role did the adults and extended family play in supporting the characters social and emotional wellbeing?
  - How can schools and families use these animations to determine what’s important to Aboriginal children’s social and emotional wellbeing?
  - What were some of the strengths/protective factors that supported the characters to overcome these challenges?

- Helping children with mental health difficulties: Starting Conversations

a. Positive School Community: Cultural Identity

b. Social and emotional learning: Adults Taking care of Themselves and Resilience

- Helps children with mental health difficulties: Starting Conversations

- How could the animations be used to start conversations with families and school staff/colleagues about helping children with mental health difficulties?

Given that the resources were developed within the context of strengthening the KidsMatter resources more broadly, increasingly the workshops focused on those early childhood services and schools who were already, or interested in, participating in KidsMatter. Having the local KidsMatter project staff on hand to follow up was also helpful, particularly within the context of further KidsMatter involvement.

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The general aims of the workshop then became to showcase the KidsMatter Aboriginal social and emotional wellbeing resources as specific tools for professionals to:
• gain confidence to engage in conversations with families based on an increased understanding of the important social factors to Aboriginal children’s social and emotional wellbeing; and
• support the creation of culturally safe environments for Aboriginal children families and staff.

Feedback from these workshops indicated that participants found the resources useful as part of their KidsMatter tool kit to engage and progress Aboriginal and Torres Strait Islander perspectives within their respective communities. Opportunities for links to the KidsMatter Training to be held later in the day were made where appropriate so that the resources were not seen in isolation of the broader KidsMatter framework (e.g., mapping of community agencies and linking with Aboriginal Elders). While the content was at times confronting for both Aboriginal and non-Aboriginal participants, the themes’ messages and the nature of the animations led the group to further discussions about the historical, political and social disadvantage of Aboriginal peoples within a contemporary context, and how this impacts on the social and emotional wellbeing of Aboriginal children. The workshops enabled participants to discuss how the resources could be shared within their particular education contexts, including boarding schools (i.e. if resources are appropriate to share and discuss with school students). Participants also emphasised the need for a better understanding on how to use the animations and guidance resources within the context of KidsMatter prior to sharing more broadly amongst colleagues or using the animations with families.

Discussion

Cultural safety was seen as paramount in the project’s development and implementation principles and processes. Reflection is a key aspect of applying cultural safety, where one needs to critically examine their own power, privilege and position. Guba and Lincoln (2005) also point out the importance of seeing and experiencing oneself as both a teacher or respondent and a learner or inquirer, to be open and know the self within the process of the research.

In terms of the KidsMatter Aboriginal and Torres Strait Islander project, critical reflection on cultural safety enabled those involved to take into account people’s cultural and historical context. This required ongoing reflections on one’s own social and cultural identities, the power and privilege which arose from those identities and how these could influence the project and its other partners. This ongoing process of reflection and awareness can help promote a culturally secure and safe process and environment that will improve health and wellbeing outcomes for Indigenous people (Walker et al., 2014).

The collaborative processes of the project also assisted in building a culturally safe environment. The continuing engagement of the cultural consultants throughout the project and the application of narratives contributed by the consultants enabled the formation of trusting relationships between the Aboriginal consultants and the project staff. Through balancing power and providing a safe environment for consultants, it enabled the project content to be rich and meaningful as well as realistic as it was drawn from real life experiences (Wright, 2001). Aboriginal consultants provided ongoing feedback through active participation throughout the project on the conceptual development of the animations, including the scripts, imagery and key messages. Finally, there was important feedback and contributions from the consultants to provide ways of continuing cultural safety processes and practices in the use of the animations.

The current project had made a commitment to the use of Participatory Action processes that involved Aboriginal project partners from the beginning and throughout the project. Ongoing consultation and negotiation through all phases of the project was essential for shared ownership of the project and to ensure as far as possible that the resources accurately reflected what was considered most important to the development of Aboriginal social and emotional wellbeing. Whilst there were ongoing challenges in this process, such as limited time and funding, Aboriginal project consultants were able to utilise their knowledge and expertise through the development to the implementation of the resources. These
understandings and contributions enabled the resources to be used in more culturally safe ways where Indigenous and non-Indigenous professionals can engage in conversations with the communities they worked with based on an increased understanding of the important social factors to Aboriginal children’s social and emotional wellbeing.

Using Participatory Action processes the project aimed to recognise and work towards addressing social inequalities and power imbalances within the project through ongoing reflection and action regarding power balances. As Bourke (2008) noted, non-Indigenous research project workers need to know their limits of sharing power and decisions from the outset of the project. The process of reflexivity is then needed to be continued throughout the project, where project workers must continually reflect on the balance of power through ongoing consultation and negotiation (Massey et al., 2015). This required the non-Indigenous research project workers to recognise and constantly be aware of their more privileged position, build trust through reciprocity and consensus, and work to develop the best practices possible within the constraints of the project to reduce power imbalances. This required reflexivity about project workers’ understanding that Aboriginal consultants are experts in their own lives, cultures and communities.

Using a collaborative approach, the project staff needed to make decisions regarding managing privilege, such as: how will the workers and consultants continue to participate and represent the group? What happens when the project workers are offered a job somewhere else? What happens when funding is exhausted or if the overarching project changes direction? These decisions needed to be made through transparency, consultation and negotiation with the project’s Aboriginal consultants (Smith et al., 2017).

One aspect of privilege for the project workers related to who was able to have a choice about staying or leaving the group. Therefore, an exit strategy was developed to manage the changes in emotional engagement with the group over time and develop a process to pass on the roles and responsibilities that were taken on. As Mason (2015) warned, workers and consultants should be prepared for the emotional impact on the self that this leaving can have. This was particularly important in the transition phases of the project, which incorporated strategies to ease this process such as KidsMatter National Project Manager and Senior Project Officer (Phase 1) attending consultation workshops held with cultural consultants and the new project team to facilitate handover; re-engagement of the Aboriginal psychologist involved in Phase 1; and project staff from Phase 1 being engaged in the planning and development of Phase 2. Phase 3 enabled the consultants to continue to participate in the dissemination of the resources, although over time this reduced as the resources became more strongly embedded in the KidsMatter resources more broadly.

Furthermore, balancing the expectations of the project workers and the consultants was also an important and sensitive area. A pertinent example of this was the KidsMatter APS project staff being clear in relation to time and financial restraints when it came to the development and review of animations. For example, cultural consultants were advised that during feedback sessions about the draft animations, not all desired changes might be able to be accommodated, due to time and funding constraints, so prioritising would be required to ensure the project’s timelines and budget were met. This highlighted the need for project staff to remain transparent when discussing project expectations, and conducting regular discussions and collaborative problem-solving on these matters was vital.

The current project could be considered as a way of ensuring stories are told in ways that help to make sense of factors which impact upon Aboriginal children’s social and emotional wellbeing. The narrative process of the current project, particularly in Phase 1, involved an extensive listening process. This occurred when Aboriginal consultants shared narratives regarding Aboriginal social and emotional wellbeing where project staff engaged in listening practices, developed themes, engaged writers to translate the themes and ideas into stories for animation, and then came back to the Aboriginal consultants for feedback, with this
process cycle continuing throughout each stage of the project. This process cycle was employed not only for developing themes and cultural content for the animations and their distribution but even how the animations looked, the sounds, the visuals and each detail for how their stories were being represented. Whilst this ongoing process took time and resources, it was vital for the consultants’ stories, connections to their stories and their contributions to be reflected accurately in the resources.

**Challenges and Limitations**

One of the major challenges, which has already been briefly discussed, was the role of power in the relationship between project workers and Aboriginal partners. As the project developed, further discussions were held about the nature of power in the relationship, with an example being the language of ‘consultant’ versus ‘partner’. As the project progressed, the Aboriginal consultants saw the project as a partnership and suggested that it was important for consideration of the language shifting to represent this as well as the ways in which they worked with the APS KidsMatter project staff to adjust accordingly. This feedback was taken seriously with project staff exploring ways of working together and planning events together as opposed to project staff just inviting them to events (Smith et al., 2017). It was noted, however, that given the structure of the project, with external funding sources and a limited timeframe, it would be difficult to make the shift to a true partnership. Efforts were made to enable the consultants to have more input where possible, for example, on occasions the consultants invited the APS KidsMatter project staff to attend events that they were part of. Discussions often took place with the consultants about the risks of consultations taking place without appropriate follow up and efforts were made throughout the project to be transparent and find effective ways to communicate with the consultants, particularly as funding periods ended.

Other ongoing challenges, and ones that are likely to be experienced by almost every community-based project, are finding effective ways to achieve meaningful outcomes with integrity within the limited funding sources, particularly money and time. When restrictions on time and ways of working are placed by funders it can place pressure on the way the project embodies a culturally-appropriate and safe perspective, that seeks to engage in dialogue, reflect on power systems and work collaboratively (Kuipers, Harvey, Lindeman & Stothers, 2014). These processes take time and tensions can develop when culturally appropriate ways of working require time which is not necessarily enabled by project deadlines. This can impact on the success of the project if consultants do not have the opportunity to contribute as much as they would have liked or if they feel their voices have been excluded. This can create a power imbalance and place the intercultural participatory process approach at risk.

In this project, the APS KidsMatter project team’s responsibility ultimately was to deliver the project outcomes to the funding body as part of the broader KidsMatter Project (Smith et al., 2017). Doing so in a culturally appropriate manner was important and considerable efforts were made to ensure this was embedded into the project planning as much as possible, although at times compromises were necessary. For example, this sometimes meant a re-prioritising of aspects of the project or changes in roles or employment as the project entered different stages. However, at the completion of the project the Aboriginal partners had invested cultural knowledge to help their communities. This investment did not stop when the project ended and the project staff moved on (Smith et al., 2017).

Challenges also arose in relation to maximising the use of the resources within the broader KidsMatter resources to reach the education, health and community professionals they were intended to support in their work with Aboriginal children and families. Often these professionals have many competing demands and a range of resources from which to choose. Some challenges arose while showcasing the resources via workshops. It became evident that among professionals there exists a range of knowledge and understandings about Aboriginal peoples, histories and cultures and experiences in working with Aboriginal children and families. Some professionals had very limited knowledge or no experience of working with Aboriginal children and families, while others, in particular Aboriginal
professionals, have extensive knowledge and experiences. This means that targeting the workshop content to the needs of a broad range of learning needs could be challenging.

It is critical that the learning environment be safe for all participants to maximise individual contributions and learning outcomes. However, the varying knowledge and experiences among the groups could at times create the potential to place the cultural safety of the learning environment at risk, for both Indigenous and non-Indigenous participants. For example, Aboriginal participants might identify with the content of the animations which could trigger strong emotions. Comments or discussions among those with limited experiences or understandings of the content could lead to Aboriginal participants feeling disrespected and some comments to be interpreted negatively. Those with limited knowledge may have concerns that their contributions to group discussions, or their questions regarding the content, might cause offence. To mitigate these risks, it was crucial for the APS KidsMatter team to work in partnership with the KidsMatter partners to effectively scope the learning needs and environment as best as possible at the workshop planning stage. KidsMatter state-based staff can effectively guide the planning process for the resources to be showcased by identifying the existing local education, health and community networks for the workshops to be delivered to, gauging interest among those networks and identifying network linkages with Indigenous workers and organisations for the KidsMatter resources to leverage.

The KidsMatter Aboriginal and Torres Strait Islander resources were effectively added on to strengthen the existing initiative, and in practice could easily be missed amongst the range of KidsMatter information and resources available online. Ideally Aboriginal and Torres Strait Islander resources will, in future projects, be able to be developed in conjunction with all of the project’s resources and incorporated more effectively. This would enable all professionals and families accessing the resources to more easily access the information and in so doing enable greater understandings. This process would require the engagement of Aboriginal and Torres Strait Islander staff in employment within the project, rather than as consultants outside of the project, overcoming some of the power imbalances identified above.

**Conclusion**

Developing projects in collaboration with Aboriginal and Torres Strait Islander peoples requires approaches and practices that enable trusting relationships to develop. Utilising principles from intercultural participatory and critical theory can enable project staff to ensure processes are in place that work to recognise and reduce power imbalances, enable participation through a range of consultation and engagement processes, and manage the expectations of all parties. This can enhance the partnership while also enabling the project to work within the constraints of time and funding limitations. The KidsMatter project case study provides an example of ways in which these approaches can be utilised to achieve the aims of strengthening the project for Aboriginal children and families.

**References**


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Author biography
Samantha Smith is a Darug woman, descended from the Booroobherongal people of the Darug nation. She holds a Bachelor of Health Science (Aboriginal health and community development) and Graduate Diploma – Indigenous Health Promotion from the University of Sydney. Samantha has worked in health and justice settings in the areas of
Aboriginal health promotion and health education, drug and alcohol, Aboriginal youth health, Aboriginal social and emotional wellbeing, psychology and reconciliation, and has particular experience working in Aboriginal family violence at service delivery and policy and program levels. Samantha has a keen interest in reconciliation as it relates to improved social and emotional wellbeing outcomes for Aboriginal people. Her work in this space has included supporting organisations to strengthen relationships with Aboriginal communities and to support the creation of culturally safe system and service environments and engagement protocols.

Dr. Lyn O’Grady is a Community Psychologist with a range of professional experience in the community, education and health sectors. She is a registered supervisor of psychology interns. Her most recent work has related particularly to the mental health and wellbeing of children, young people and families. This interest has extended in recent times to understanding suicidality and she has completed a Masters of Suicidology at Griffith University. Lyn has worked with parents in parenting programs, individually at the community level and in schools for over 20 years and managed a number of community-based projects. Lyn also worked as a school psychologist in the Western Metropolitan Region of Melbourne. At a more systemic level, she currently works as the Manager, Strategic Projects at the Australian Psychological Society.

Fletcher Curnow is currently the Manager of Learning and Development at The Reach Foundation. He was previously the KidsMatter Health and Community Project Officer at the Australian Psychological Society. Within this role Fletcher managed project deliverables for the national children’s mental health initiative, and provided professional development for project staff. Fletcher has completed his Masters in Community Psychology and has a strong research and practice interest in young people’s mental health and wellbeing. In his previous roles working with young people in primary and secondary schools he has designed, developed and coordinated several community projects working with Indigenous, migrant and refugee communities.

Lone Pearce was the Senior Project Officer on the Aboriginal and Torres Strait Islander KidsMatter project, and is also the Aboriginal and Torres Strait Islander Engagement Officer with Mercy Community Services (Qld). Lone’s cultural connections are Gunggari people (South West Queensland region) through his father, and he is equally proud of his non-Indigenous heritage. Lone comes from 15+ years of public service at a State and National level undertaking policy, financial management, project management and community engagement particularly in the education field, including The University of Queensland, and at the Queensland University of Technology.
The experience of becoming and being a mother is central to the lives of women who are mothers, yet many remain disempowered despite forty years of feminism (O’Reilly, 2016). O’Reilly contends that motherhood is the unfinished business of feminism, as it remains marginalised and oppressive to many who mother. This is evidenced in such things as: workforce participation rates (Zubrick, Nicholson, Sanson & Jackiewicz, 2008); the continued unequal division of unpaid care work (Pocock, Charleworth & Chapman, 2013); the devaluing of mothering and care work by the broader community (Currie, 2009); the denigration of families of single and lesbian women; the impossible standards mothers are held to; and the socially isolating conditions within which women are increasingly expected to mother (within the private and privatised realm) (Crittenden, 2010; Dahlen, Barclay, & Homer, 2010; Davies & Harman, 2017; Zubrick et al., 2008).

Women mother within broad familial, social, cultural and institutional frameworks, ideologies, discourses, laws and policies, which in Western (and many other) societies include the patriarchal structures in which they live (O’Reilly, 2016). Adrienne Rich (1986) highlighted that mothering is assumed to be natural to women - all women naturally want to and know how to mother - and that the work of mothering is driven by instinct rather than intelligence and developed by habit rather than skill. There is an emphasis on blood ties, where the birthmother is positioned as the ‘real’ and authentic mother, and a nuclear family the ideal family.
structure, with mother as nurturer, and father as necessary and as provider (O’Reilly, 2016). Second, mothers are assigned sole responsibility for ‘motherwork’ but are given little power to determine the conditions under which they mother; “a mother raises her children in accordance with the values and expectations of the dominant culture” (O’Reilly, 2016, p.19).

The current western discourse of ‘intensive mothering’ furthers the expectations of mothers to include “first, a mother is the central caregiver; second, mothering is regarded as more important than paid employment; and third, mothering requires lavishing copious amounts of time, energy, and material resources on the child” (Hays, 1996, p. 8).

Linked to the intensification of mothering is its increased privatisation (O’Reilly, 2016). Public discourse has relegated the subject of parenting to the realms of personal choice and private responsibility, where parenting is seen to be the responsibility of one (or two) people. Coupled with a culture of ‘mother blame’ fuelled by narrow, negative stereotypes of ‘bad’ mothers and at the other extreme impossibly high standards of being a perfect or ‘good mother’, mothers report feeling alone and isolated in their experience of mothering and shoulder an unfair burden of guilt and blame when they ‘don’t get it right’ (e.g. Caplan, 2013; Thurer, 1994).

Although in this way mothering is marginalised, it is also simultaneously and paradoxically valorised, idealised, and held to be the epitome of ‘femininity’ and a woman’s life purpose. This means motherhood is both a path to lower status, as well as to potentially higher status for women, which adds complexity, contradiction, constraints and enticements for mothers and women more generally.

**The Motherhood Hierarchy: Mothers at the Margins**

Within the broader institution of motherhood, there are mothers who “feel alienated or stigmatised; mothers who have been rendered invisible; mothers who feel they have been silenced” (Raith, Jones & Porter, 2015, p.xii) - mothers who, through a perception that they do not fit the accepted and expected norms of motherhood, have been relegated to the margins. That is, *within* motherhood, there is further relative marginalisation, with a conceptual, discursive and practical ‘hierarchy’, related to distance from the ‘ideal’, with the ‘ideal’ mother at the top of the hierarchy being one who is married, heterosexual, cisgender, white, middle class, and able-bodied (DiLappi, 1989; Short, 2007). The large and increasing number of women who are other than (and othered by) the construct of the ‘ideal’ mother includes those who are single, lesbian, other-than-white, socio-economically disadvantaged, and women experiencing physical or mental health difficulties (DiLapi, 1989; Short, 2007). These mothers are on the lower rungs of the ladder.

Laws, policies, practices and assumptions that attribute different levels of respect, privilege and recognition to various mothers and their families are perpetuated by and perpetuate the hierarchy. Major assumptions structuring and expressed in the hierarchy include heteronormativity (i.e., that it is ‘normal’ to be heterosexual, and that it is ‘right’ or best to be in a family with heterosexual parents), ‘biologism’ (i.e., that the most primary, important and ‘real’ family relationships are based on biology, and, hence, that children’s ‘biological parents are their parents), and hierarchies relating to class and culture (DiLapi, 1989; Short, 2007).

This hierarchy shapes mothers’ options, opportunities, status, health and interpersonal relationships and becomes visible in who is encouraged to have children, who is able to keep their children in their care, and how much recognition and support various mothers and potential mothers are given (DiLappi, 1989; Short, 2007). The obstacles and difficulties caused by being positioned lower down on the ‘hierarchy’ of mothers, and its related legal, economic, public policy, practice, and social implications, can be experienced on a constant (if not consciously thought about)
basis, including when interacting with government agencies, schools, health and other service providers, family, neighbours and the general community.

**Community Psychology Responses to Mothers and Mothering**

Community psychologists are well placed to work with women, by valuing their current experiences and at the same time imagining and working towards achieving gender equality (Gridley, Turner, D’Arcy, Sampson & Madyaningrum, 2016). Gender is a key consideration in community psychology (Gridley & Turner, 2010) and this consideration could be expected to compel community psychologists to work towards improving the lives of women and girls, especially those who are disadvantaged or marginalised. Our discipline and profession is well placed to do so, given that community psychology aims to empower the powerless, reduce inequality, advance social justice, and understand and change societal forces that maintain inequality, injustice and powerlessness (Gridley et al, 2016). Yet there has not been an extensive focus on mothers and mothering within community psychology.

However, several recent articles highlight an important role, and imperative, for the discipline to work with and for mothers in communities (e.g., D’Arcy, Turner, Crockett & Gridley, 2012). D’Arcy et al. (2012) point to the interconnectedness and tensions across their personal roles as mothers and as community psychologists, and illustrate how feminist-informed approaches to improving mothers’ and children’s well-being within a community environment are important, particularly in relation to supporting, partnering with, and empowering mothers in all their diversity.

This article draws on four community research projects with strong social justice foci and identifies implications for the experiences of mothers, mothering and marginalisation, particularly in Western contexts. These projects shed light on how mothers and mothering remain marginalised, and on how certain types of mothers (and their families) are marginalised differently. Detailed descriptions of the methods and findings are not provided, given that the focus of the article is to draw out the principles that link the projects rather than comprehensively reporting the findings. Each project adhered to ethical standards and processes for data collection, analysis and reporting as appropriate to their respective contexts as university-based research or community-based initiatives.

The first project presented is a community arts-based initiative aimed at valuing mothers and mothering. *Motherhood Unmasked* was initiated in response to experiences of mothering not being valued, particularly at a local community level. It was developed to create a space for local mothers to engage and reflect on their mothering experiences through various creative media, and to profile the value of mothers and their roles in society.

The second is a research project, *Canvassing the emotions: women, creativity and mental health*, which focuses on the role of artmaking in the lives of women who are also mothers. Women within this research identify their multiple positions of marginality as women – women as mothers, women as artists, and women experiencing mental ill-health. The implications of experiencing marginality in these ways for their identity, art practice, mothering and wellbeing are discussed.

The third project is an evaluation of a community volunteer program aimed at supporting new mothers. *Caring Mums* engages community volunteers who are themselves experienced, non-judgemental mothers, to provide support to new mothers. Many of the mothers supported are vulnerable or marginalised, including as having limited family support, as migrants, and/or facing mental health challenges in their transition to mothering.

Lastly, research is presented on the psychological and social impacts of the ‘NO marriage equality’ campaign in Ireland, particularly as it affected families, children and parents, as well as the impacts of a similar campaign in Australia. Mothers and mothering are at the forefront of ‘NO’
campaigns, and used to reflect and attempt to reinforce mainstream heteronormative values. The ‘NO marriage equality’ campaign portrayed families without a father as inadequate in terms of being able to meet children’s needs. Arguably towards the bottom of the mothering hierarchy are lesbian mothers, as they are stigmatised as deviant, with non-traditional family structures and fewer reproductive and legal rights. Their experiences of a campaign designed to devalue their families, their wellbeing and ultimately their role as mothers are discussed.

**Motherhood Unmasked: Critical, Creative and Community Conversations Around Mothering**

The transition to new motherhood is one of the biggest a woman is likely to make in her lifetime, and yet many report being unprepared for the enormity of what they experience. First-time mothers are especially vulnerable to feelings of self-doubt and uncertainty, as well as self-regulation and silencing which provide fertile ground for critique and disparagement of their own, and others’, mothering performances (Raith et al., 2015).

While support services are available to new mothers, the focus on child health and development has led to a restricted ability to respond to mothers’ needs and experiences (Hooker, Taft, & Small, 2016). It is within this context that Motherhood Unmasked (MUM) was developed, initiated by ourselves (Emma and Shannon) as two mothers living in the same local community with a shared interest in community arts and commitment to empowering local mothers.

We saw arts-based community development as providing an opportunity to build community identity and wellbeing and as a bridge for communicating the lived experiences of people that defies social and economic differences (McSolvin, 2017). In this way, we were creating a medium for challenging and highlighting power imbalances in communities – a step towards bringing social change (Clover, 2011). By displaying artwork that depicts and values their experiences and perspectives, art acts as a vehicle for sharing and amplifying attitudes which value mums and their roles in the community (Dunphy & Ware, 2013).

Founded in 2009 as a community arts project, MUM aimed to bring together new mothers within local communities and engage them in arts-based activities to express and share their experiences of being mothers. The project was a partnership between mothers and community stakeholders, such as service clubs, local businesses, the local community arts centre, maternal child and health services and the local Member of Parliament. The project ran for five years in three different localities, and provided an online platform for sharing women’s stories of mothering and creatively engaging with experiences of mothering.
While each year the project was run slightly differently, it typically involved a series of structured workshops (between four and six) followed by an exhibition where participants displayed their work. Held to coincide with (and reclaim) Mothers’ Day, the exhibition provided an opportunity to value mothers individually and collectively, and aimed to change attitudes around the role and value of mothers and mothering. The structured workshops each ran for two hours with a theme and particular art-based activity (such as self-portraits to explore the theme of identity). Parameters of the workshops were carefully set up to foreground mothers’ experiences in a non-judgemental and confidential way, and each workshop offered opportunities for reflection and feedback.

To date, MUM has worked with thirty-two mothers and engaged over two hundred community members via the community exhibitions. Where possible participation by mothers has been supported in the form of childcare, transport, free participation and local venues at times suitable for mothers.

**Participant Outcomes**

An evaluation was conducted in 2015 which involved a pre-and post-survey, a focus group with participating mothers and interviews with key stakeholder
organisations. Nine mothers participated in the program and completed a survey and/or focus group; three key stakeholders were interviewed; and twelve people who attended the exhibition completed a survey. Thematic analysis was conducted and the following themes were identified.

**Space for themselves.** Participants identified that ‘doing something for themselves’ was something they had gained by being involved, both the opportunity to have time and space for themselves and subsequently the realisation that this was important for their own and their family’s wellbeing.

- It was nice to spend time for ourselves and not feel guilty.
- … to be able to come and do something for me, you actually get to breathe, like yourself gets to come out or something and that doesn’t happen often…

**The role of art.** The program attracted women who were interested in, and in some cases in the past had engaged in art. This program gave them an opportunity to re-engage in art making, and represented a chance to do something for themselves, to express themselves and to learn, develop and experiment with different media, techniques and effects.

- Doing it in an art setting is a very positive thing - you have the opportunity just to draw or do the painting and even if you doubt your own ability with your art skills it doesn’t matter what you created…
- You have a preconceived idea of an art medium and you haven’t used it for years and it’s like wow, yeah….

**Emotional/psychological experiences of mothering.** Participating in the program enabled most of the women to explore thoughts, feelings and experiences relating to mothering and to other aspects of their lives. This was particularly important to them as mothers, as their roles do not often enable them the space to reflect in this way.

Anna Waterworth, *You are not alone*, 2012, acrylic on canvas, dimensions

‘This piece is inspired by a letter I wrote to “midnight mothers” – mothers awake during the still of night, feeding, settling and caring for their babies. As a new mum, I dreaded the night time. It was dark and quiet and lonely. At night I often had feelings of hopelessness, all alone with only my thoughts and my new baby for company.

The letter I wrote is one of encouragement and reassurance. The phrase “you are not alone” came from a conversation I had recently with a new mum. She told me that while she sits alone during the night feeding her baby she pictures all of the mothers in the streets around her, doing the same thing. This beautiful image gave me great comfort and inspired me to write my letter and create this piece.’
I liked being able to externalise some of the internal stuff, create something out of what I was feeling but hadn’t really talked about, the process was good and sometimes for me it wasn’t always a happy experience so it was a good chance to release it… Being able to reconnect with your own thoughts …you are so busy dealing with day to day stuff to reflect there’s just not enough time in the day really.

*Social connection and mutual support.* One of the main reasons for participation in MUM was to meet and/or get to know other mums in their community. The workshops provided a non-judgemental and inclusive environment so mothers felt they could share their experiences openly and support and connect with each other.

On one of my works it had lots of hats that I’d cut out and someone else said ‘that’s exactly what it’s like’ and then there was one with food, food, food…..it was just that recognition from others, that the thoughts you have going through your head, others have them too. The process has been good just to be validated and to hear others’ experiences, and I’ve learned a lot from some of the other women here and it’s been a good chance to get to meet some new people…

*Unmasking motherhood and sharing openly.* Participants had the opportunity to become aware of, analyse and critique (deconstruct) how mothering is represented within our broader society and relate this to their own experiences.

The week we did about the media and the media influence was very powerful, you know the influence but to actually get a magazine and look at perfect households, happy, clean, smiling, perfect tennis whites, perfect children…. it’s a lot of pressure.

*Emma Sampson ‘What do you do?’, 2010, Thread on Chux.*

*This piece references the invisibility I felt as a first-time mother. In my experience, what I do as a mother, is an interesting contradiction. On one hand there is the ‘drudgery of the domestic sphere’, as much of your time is taken up by housework (hence the work on Chux). On the other hand, you are raising a human being, each interaction you have with your baby is part of the process of development.*

*Valuing mothers and mothering.* Mothers felt more valued by participating in the project and also were more likely to value mothering and motherhood generally. The program had enabled them to see more clearly how valuable their role is, not only within their own family but more broadly in the community.

We’re just expected to do what we do and that’s how it is whereas when someone works then they create something and there’s value put to that whereas what we do is keeping a household, keeping children happy, fed, on time, all those million and one things we have to do….I think this process made it more visible, I hope so.
Community Outcomes

Community psychology has an imperative beyond individual empowerment to community strengthening, and the evaluation of MUM indicates that the project was effective in valuing the experiences of mothering within local communities as well as building local connections and access for mothers more broadly. While further research is required, it is hoped that the project has begun to change attitudes about the role, value and experiences of mothers by challenging stereotypes of mothering and providing perspectives of the lived experience of mothers. It is through these critical, creative and community conversations that we hope mothering will become less marginal and the role, resilience and experiences of mothers more highly valued and supported.

Women Making Art, Making Lunch, Making Sense

The second project involved research conducted by Sally Northfield about women making art, the challenges and rewards, what this might mean if you happen to have had an experience of mental ill-health and you are also responsible for caring for children, and what it might mean if you are thwarted in your desire and ability to make art. Conducted between 2007 and 2015, *Canvassing the emotions: Women, creativity and mental health in context*, examined the role and meaning of artmaking in the lives of women who had experienced mental ill-health and/or psychological trauma. The project incorporated a series of interviews with 32 women who made art and who had experienced mental ill-health, and a touring exhibition of art produced by 13 women with an experience of mental ill-health, which travelled to five metropolitan and regional locations in Victoria.

The artist-mothers in this research were involved in either independent studio art practices, community-based art initiatives, or supported art-skills-based classes. Hovering at the nexus of a number of contested domains, the project bypassed the perennial question of *what is art* to explore the neglected and perhaps more interesting query – *what does art do for the artmaker, and what is the function of artmaking in relation to wellbeing?* These women offered striking perspectives on a society which has frequently marginalised women as mothers, women as artists, and women experiencing mental ill-health.

In contemporary Australia, there are reports from various arts disciplines underlining the significant disadvantage women continue to experience as art practitioners (Browning, 2016; Lally & Miller, 2012; Richardson, 2013; Throsby & Zednick, 2010). What women are experiencing day-to-day in the band-room or at the easel is rarely documented; nor are their experiences of mothering and making art. As Power (2008) noted, “Art and motherhood have long sat in troubled relationship to one another”, though this has rarely been explored outside of the artist’s journal, and “little wonder that I had no model for the way a woman, let alone a mother, might live as an artist” (p.1). Sustaining an art practice for a woman has cultural, social and political parameters that influence a career, motherhood, and a life of making. Whether writer, visual artist, actor, comedian or musician, having an experience of mental-ill health and also becoming and being a mother further complicate the ability to make art, and impact women’s wellbeing.
Braidotti (2011) defines “mothers” as referring “to the maternal function of women... not only the biocultural entities thus represented as women, the empirical subjects of socio-political realities, but also the discursive field of feminist theory, which has made it a political priority to reappraise the status of embodied female subjects” (p. 215). Incorporating the visceral experience of artmaking is central to describing the way a woman makes sense of her situation, her actions (including mothering practices) and her art, capturing the embodied and situated experience of artmaking. Grosz (2008) believes that this is why art is found across all cultures and times as “it is the most vital and direct form of impact on and through the body... a link with forces it cannot otherwise perceive and act upon” (p. 23). As one research participant (Ola) commented: “I’ve always just really loved art and it’s always just been part of me - it affects everything I do in life. It’s just me... It’s what I do. It’s who I am.”

Many, but not all, of the women in this project were mothers who, with an experience of mental ill-health, made art from the margins. The hegemonic mythology of motherhood attempts to dictate a set of standards that must be upheld to be a good or perfect mother (Dux, 2015), with the adverse health consequences of idealised motherhood being well documented (Henderson, Harmon & Newman, 2016; Ross, 2016). Artist-mothers in the research spoke of the layers of complexity of being a ‘good’ mother with the overlay of mental ill-health and trying to make art concurrently. The implications of not being able to make art were significant, as evident in the following participant quotes:

If I don’t I get sick (Janis).
I just have to do it – I think it is absolutely essential (Ruby).
It’s a survival strategy – it saved my life (Joy).

In considering the barriers faced by women wanting to create and sustain an art practice, it is interesting to note that many Australian women artists in the 20th century remained unmarried and did not have children (Peers, 1993; Topliss, 1996). Having children was seen to compromise artmaking, as were the “duties of married life” (Goldie, 2003, p. 5).

It has been argued that throughout history only the most doggedly determined women could sustain an artistic practice, and it is particularly difficult for women without status or resources and who experience mental ill-health (Power, 2008). Simonton (1997) found that the peak productive age for creativity was 40 years of age, and for women, this is a time when child rearing is potentially at its most demanding. For some, the characteristics of mother and artist are too divergent, each too all-consuming to co-exist, so either they choose to wait until caring duties are less burdensome, stop altogether, or try to forge a life to accommodate both. Power describes this as the ‘either/or issue’ – “motherhood as a sacred calling versus a life of art as indulgent transgression; the fear that to succeed at one means to fail at the other” (p. 23).

The divided self/artist/mother was strongly articulated by women in this research, who discussed how they made art in the gaps left over after family needs had been addressed, their feelings of guilt as artmaking took time away from the family, and the need to keep their artmaking secret and instead “slave over the four hot kids” (Frances). Some participants also discussed how they had worked to foster a love of artmaking in their children in stark contrast to their own childhood experiences, while another found the tussle of balancing her carer’s responsibilities with that of the artist extremely difficult until the artist in her “started to rebel” (Judy). These experiences illustrate the difficulty of shaking the housewife/mother/sick identity to maintain an artistic practice and identity. Australian artist Constance Stokes also struggled with this dilemma, declaring “creative work is a difficult life for a woman if she is a wife and mother” and she felt she was “half-mother, half painter” (Summers, 2009, p. 51). “I would begin painting only to find a small hand tugging at my skirt. Then I would have to come down from the clouds to attend to them” (p. 53). Modjeska’s book, Stravinsky’s Lunch (2001), provokes the
question, who will make the lunch for the woman artist busy at her easel?

Another challenge artist-mothers face is resisting the devaluing of their work, where artmaking is viewed as a hobby or a pastime, or work from an amateur. Melbourne artist Erica McGilchrist commented that some women had only just begun to have the confidence to proclaim “I am an artist” in contrast to saying “well I paint a bit but I am just a housewife and mother” (Blackman, 1985, session 6: 0:20:02). Artmaking can also often mean rarely leaving the house. The workplace is often the kitchen table where materials have to be cleared up for dinner, and a regular income from artmaking is not assured. Making art is not sanctioned as ‘legitimate work’ like an external formally paid job, and child care is not viewed as an option. Such work can be isolating and opportunities to network, collaborate, exhibit and pursue residencies are reduced (Clayton, 2016). Melbourne painter Robyn Dawson said, “I’ve heard about a lot of women who have become mothers who have stopped painting. It’s really hard… just having to make the time. …and then feeling guilty… But I still feel strongly that I’m a better mother because I’m doing that, I have more to offer them” (Johnston & Purcell, 1985, p. 53).

The contradictory pressures of being an artist-mother remain steadfastly contemporary, as Power (2008) articulated,

> Frequently I stormed about the house, pent up with frustration that exploded at any small irritation. Ideas rubbed against the interior surfaces of my brain like grains of sand, chafing till I was raw. (p. 19)
> I knew that if I buried that creative urge in myself, it would only re-emerge in some ugly and distorted form; that it would not in fact make me a better mother but one full of bitterness and frustration – a recipe for martyrdom. (p. 22)

Despite formidable challenges encountered, collective and personal, or numerous invitations presented to cease their work, many women in Australia have sustained an art practice and mothered their children and continue to require support to do so. For many women in this research, artmaking was a way of living that was integral to wellbeing and inseparable from existence: the doing, the act of artmaking, is nourishing and sustaining and often vital to who I am. Artmaking makes meaning and enriches and thickens the quality of the life of the artist and the lives of the audience. The findings of Sally’s research also give an intense indication of what is at risk if a life of making is devalued, interrupted or halted.

> But I know the power of art…- it’s kind of like someone going to a psychiatrist regularly… So without art I just couldn’t have made it through life I’m sure… It’s kept me alive (Joy).
> …sometimes I’ve felt like it’s saved me… I think sometimes artmaking can help people keep their sanity (Ruby).

Community psychologists working with artist-mothers can explore the often ignored role of the creative dimension and artistic endeavour. What does this mean to women? Are they involved in artmaking whilst mothering and if so, are the conditions in which they live conducive to a life of...
making? How is an art practice influenced by being a mother, and in what ways does this impact on mental health? It is not only individual support that is lacking, but also institutional support. Artistic women require funding and resources to come together across art platforms and cultures to discuss what (individual and institutional) supports they require to pursue creative lives and expand understandings of being a woman, a mother and an artist in Australia. Such initiatives are akin to what Code (1995) called ‘choral support’ – and for artist-mothers, with and without an experience of mental ill-health, space is opened up for resonances and iterations of other stories in marginalised spaces. By adding more voices, the murmuring becomes audible. This project suggests that creating conditions to support a life of making and growing children simultaneously enhances wellbeing - and offers a life that has possibilities, or as Braidotti (2011) says, horizons of hope.

**Program Context: Needs and Experiences of New Mothers**

Pregnancy and the postnatal period is likely to be a time of mixed emotions for most mothers, with feelings ranging from joy and pleasure, to anger, sadness, loneliness, anxiety and depression (Paris & Dubis, 2005). There are potential challenges to face in the intensity of the care required for looking after a newborn, as well as experiences of exhaustion, both physically and mentally, and recovery from birth. It is also a period of significant transition and change, in taking on a new identity as a mother which can influence existing relationships and family dynamics.

Many women find that pregnancy and/or having a baby is more challenging than they anticipated and can experience a sense of isolation or disconnection. For others, symptoms of depression or anxiety may be triggered either during pregnancy or postpartum. It is estimated that up to one in ten women experiences antenatal depression, and more than one in seven new mums experience postnatal depression each year in Australia, with postnatal anxiety thought to be as common (Deloitte Access Economics, 2012). The broader de-valuing of caring and specifically mothering can lead to further feelings of isolation as articulated by Rich (1986), who attributed mothers’ exhaustion and guilt to “the isolation of patriarchal motherhood and its impossible standards of perfection” (cited in O’Reilly, 2016, p.133).

Mothers and babies in disadvantaged or difficult circumstances (including those living in poverty, single and/or young mothers, recently arrived migrants and refugees, mothers living with a disability, or with a child who has a disability, or mothers who don’t have a mother alive or living close by) have been found to have poorer physical and mental health outcomes than other mothers and babies. They are also less likely to have direct family support or to access maternity and child health services (McLeish & Redshaw, 2015).

Relational and cultural theory, as well as other psychological theories that focus on relationships, place relational growth and connection as central to women’s sense of self and wellbeing (Jordan, Kaplan, Miller, Stiver & Surrey, 1991). Such theoretical frameworks hold that an individual's psychological development occurs in the context of growth, fostering connections through the experience of being heard, seen and understood (Paris, Gemborys, Kaufman & Whitehill, 2007). Based on these concepts, programs have been developed which promote supportive, non-judgmental relationships, foster trust, and build self-
confidence in new mothers. With the experience of being cared for, supported, and nurtured through these changes, women are more able to care for their infants and develop a stronger sense of self identity.

**Background to the Caring Mums Program and Evaluation**

Caring Mums is a Melbourne-based community program established in 2011. It is a confidential, home-based, free-of-charge and non-denominational service that provides emotional support to mums of newborn babies and women from a wide range of socioeconomic and cultural backgrounds during pregnancy. Caring Mums developed in response to the inadequate social and community supports in place for new mothers, as an innovative program that engages community volunteers to provide much needed support to new mothers in their own homes and communities.

This is a unique program, complementary to existing (more clinical) services, which acknowledges and addresses the needs of new mothers for non-judgmental emotional support. New mothers entering the program are carefully ‘matched’ with a volunteer (Caring Mum) who then meet every week for about a year. Key components of the program comprise broad inclusion criteria for entry into the program as directed by mothers’ needs and experience, and a personal, responsive and timely intake process, as well as comprehensive and ongoing training, support and supervision for volunteers.

An independent evaluation of Caring Mums was undertaken (by Harriet and Emma), with the primary aim to identify the short-term and intermediate outcomes of the program, particularly in relation to mothers’ health and wellbeing (mental health and sense of empowerment, as well as awareness and use of local support and services). An online survey with 51 mums, 14 interviews with mums and agency workers, and a focus group with 7 volunteers complemented statistical analysis of existing program data. Survey data were analysed using descriptive statistics, and interview data and focus groups were analysed thematically.

**Program Highly Valued by Mothers, but...**

The findings revealed a program which was highly valued not only by the recipients (mothers), but by the volunteers, the staff, and other key stakeholders. Coupled with being highly valued (88% of survey respondents – mums who had been engaged in the program since 2011 – were very satisfied with the program overall; 92% were very satisfied with their volunteer mum; and 84% would recommend the program to a friend or family member), the evaluation also found that participation resulted in better self-reported mental health and sense of empowerment for mums (92% of survey respondents strongly agreed the program had been a positive experience; 65% strongly agreed it reduced their feelings of isolation). Survey findings were supported by existing program data collected since the program’s inception. Most notable was the statistically significant reduction in mothers’ concerns for their own health and wellbeing as compared to when they first started in the program: a one tail paired-samples t-test compared pre (M=4.56, SD=11.23) and post (M=2.95, SD=6.39) levels of concerns at 95% confidence interval; p = 0.0005.

She really empowered me at points to trust myself and trust in my mothering. (Mum)
Having someone to talk through my worries and concerns helps rather than internalizing it. Gives me confidence to make decisions about what is best for me and my baby. (Mum)

Underpinning the success of the program was that mothers and mothering were highly valued:

Caring Mums is the essence of being a mother and valuing that, and that that requires support not just giving lip service. While there may be other challenges for the Mum, such as mental health or physical issues, ultimately you still need to parent and it values that by saying ‘I can help you and...”
walk alongside you’...it’s not in place of other things that may be helpful (such as services), but in addition. (Agency worker)

Furthermore, the non-clinical approach enabled mothers to be seen as more than a diagnosis or symptoms, as having an identity as a mother, and also a person with her own needs and experiences. The considered matching process resulted in strong mother-volunteer relationships based on trust and non-judgment. The program also provided validation to new mothers – and bore witness to mothers’ experiences:

For one mother, this was the first time someone else had held her baby, who was 7 months old - someone else to love her baby… it brings joy to the mother that someone else is interested in her and baby. (Agency worker)

The positive value and impacts of the program for mothers, volunteers, staff and service providers were clear. The struggle to gain recognition of the program’s value (particularly to gain ongoing, secure funding) was perhaps tied up with the broader societal marginalisation of mothers. As evaluators and community psychologists, we were also distinctly aware of the inherent tension within a program that supported individual mothers and was attentive to their needs versus what we saw as the need to change the structures and attitudes that led to them feeling marginalised and inadequate in the first place.

On this basis, the evaluators recommended that the host organisation take a key advocacy role to inform government and society more broadly about the experiences of mothers, to challenge prevailing community stereotypes and expectations. Furthermore, a greater identification and understanding of the needs of mothers, along with gender equality more broadly, has the potential to increase the perceived value of Caring Mums in the eyes of future funding bodies.

The mothers in this program were not necessarily ‘marginalised’ in the way this paper describes this construct. However a lack of family support (on account of having relocated or being estranged from family) rendered first time mothers quite vulnerable as they negotiated the demands of a new baby, changes in identity, and a limited knowledge about appropriate services and support. The pervasive ideals of what mothering looks like, combined with the societal expectation that family will be there to help and that mothering skills are innate (Rich, 1986), all served to make many of the mothers in the program feel marginalised and inadequate.

**The Construction of Lesbian and Single Mothers and their Families in the ‘NO’ Campaign in Ireland’s Marriage Equality Referendum**

This section presents information about how mothers and their families who live outside the dominant heteronormative family structure were constructed by the ‘No’ campaign in the lead-up to the 2015 marriage equality referendum in Ireland. The data is drawn from the research report *Swimming with sharks: The negative social and psychological impacts of Ireland’s marriage equality referendum ‘NO’ campaign* (Dane, Short & Healy, 2016), with these findings also considered in relation to the similar ‘NO’ campaign conducted in Australia in 2017. The research was the first conducted on the perceived impacts of a public campaign against marriage equality at a national level. The study used a mixed methods analysis (including parametric and non-parametric quantitative analysis and thematic analysis) of the experiences and views of 1,657 participants, who identified as lesbian, gay, bisexual, transgender or intersex (LGBTI) or as a close family member. The research on the campaigns, the referendum and the subsequent changes in Ireland was undertaken by researchers in Australia and Ireland, in collaboration with and support from four community organisations (see Dane et al 2016 for further details). How the ‘No’ campaign’s constructions and their negative effects on mothers in particular can be resisted are also discussed below.

This research, and the similar situation in Australia, exemplifies how within
motherhood, there is further relative marginalisation on the basis of sexuality and non-conformity with heteronormativity. Within the discursive and practical ‘hierarchy’ of mothers and families, reflected in and perpetuated by discriminatory laws, mothers who do not mother within the dominant patriarchal heteronormative structure are actively and with strategic intent portrayed as lesser and deficient (Short, 2007; Short & Riggs, 2007). Marriage laws (such as those in Australia until 2017 and Ireland until 2015) which only enable a woman to marry her partner if the partner is legally defined as male, publically attribute different options, respect, privilege and recognition to various mothers and their families according to conformity with heteronormativity. Marriage laws are thus key reinforcers and potential changers of the motherhood and family hierarchy, and of the extent to which women can live family lives that are less shaped and oppressed by within-family gender-based constraints.

The strongly fought public campaigns to retain and to remove gender-based discrimination in marriage in Ireland, as well as in Australia and elsewhere, indicate that it is widely recognised by both opponents and proponents of change that such discrimination not only reflects but shapes society. Opening the option to marry to all couples, regardless of gender or sexuality, challenges, resists and contributes to deconstructing heterosexism, cisgenderism, and patriarchy. As a result, society moves towards being less structured and stratified by gender and sexuality-based hierarchies, and towards women having greater self-determination and liberation.

‘No to Marriage Equality’ Campaigns’ Constructions of Mothers and Families who do not Conform to the Heteronormative Model

As outlined in Dane et al., (2016, p. 7) the Irish ‘No’ campaign and its messages were reported to be “everywhere”, including in workplaces, churches, schools, universities, houses, neighbourhoods, streets, shops, bars, sports grounds, places of leisure, public transport, television, radio, posters, flyers, and on social media, and “it was impossible to shield yourself from the campaign”.

Similar to the Australian campaign, a key focus of the ‘No’ campaign was portraying families headed by one married mother and father, with their biological children as “real” and “ideal” and all others as less so (i.e., including single parent families, step-families, blended families, same-sex parented families, and families in which a parent has died). Specifically, parents who are heterosexual and married were reported to be portrayed as the most acceptable, worthy, respectable and adequate, and others as less so, and children raised by other than heterosexual married parents as damaged, disadvantaged, and at risk (p. 40). Of note in the Irish ‘No’ campaign and, as some have suggested, contributing to its failure, was the strident construction of all families that do not have one mother and one father, and preferably married, co-habiting, biological parents, as deficient and as lesser. Typical comments from participants in Dane et al.’s (2016) research were:

This campaign told them their families were abnormal and that they had to prove themselves in the eyes of the public. (p.22)

Her teacher stood up and spoke for 40 minutes about how children that would be brought up by gay parents would be damaged, without realising my daughter had same sex parents. (p. 22)

Similar comments (from the data set) from the participants included:

The ‘No’ campaigners were saying that pretty much their family was not a family because they did not have a dad AND a mam.

They were considered as less equal. That a 'straight' family was considered to be more 'normal' than any other family, whether that is blended, separated, regardless of what sex / gender...
their parents are. They [the NO campaigners] only believe in the heteronormative nuclear family and anything ‘less’ was exhibited as fallacy and disgrace upon society.

Negative Impacts on Mothers who do not have a Male Partner (Lesbian and Single Mothers) and on their Children and Families

A key perception of the participants was that under the guise of “respectful debate” and “balance”, a “megaphone” for heteronormativity, homophobia and prejudice was provided (Dane et al, 2016, p. 7). Not surprisingly, participants reported that in the months leading up to the referendum, they often or always felt angry (75%), often or always felt negative (71%), often or always felt sad (63%), and rarely or never felt happy (57%) (Dane et al, 2016, p. 13). Also similar to the widely reported experience in Australia (e.g. Just.Equal/PFLAG, 2016; 2017), a very large number and range of negative emotions were reported as caused by the ‘No’ campaign, including feeling attacked, belittled, demeaned, degraded, devastated, exhausted, humiliated, insulted, invalidated, marginalised, traumatised, and violated, with ripple effects observed across society (p. 46).

Some typical comments by participants were:

People from all walks of life making judgemental comments about gay parents and their abilities, it was very upsetting. It felt like your family was being dissected on all the media platforms when you just wanted to scream out loud, we're doing exactly the same things that all other parents are doing in raising their families! (p. 41)

Being told that your family is ‘wrong’, ‘unnatural’, or that it simply doesn’t measure up is very damaging. (p. 23)

I felt so sorry for the kids and really moved by their bravery, honesty and love … They should never have had their families insulted in that way. (p. 23)

Although children were not surveyed for this research, 72% of participants felt children of LGBTI parents experienced high levels of negative feeling during the ‘No’ campaign, and that these children were among the most negatively impacted groups (Dane et al, 2016, p. 6). As one parent explained “It affected my daughter hugely, she would come home from school crying”; another explained “It was nothing short of cruel, and every child of an LGBTI family that I know echoed that” (p. 6).

As also widely reported in Australia in relation to ‘No equality’ campaigning (Just Equal/PFLAG, 2016; 2017), the majority of Irish participants reported that relationships and bonds had been strained, damaged, or broken, including within families, friendships, workplaces, churches, schools, and leisure and community groups. This resulted in some people leaving jobs, churches, community groups and activities, schools, and Ireland itself (Dane et al, 2016, p. 7). Typical comments included:

It caused a rift between my family, some aren’t even on speaking terms anymore. (p. 7)

A work colleague [said] that under the eyes of God it was wrong for two women to raise a child. It felt like a stab in the back. As we had got on very well. It completely changed the work dynamic. In the end I left. (p. 44)

Community Psychology’s Role in Challenging and Resisting this Marginalisation

Community psychology-related scholarship and activism clearly have a role to play in countering the misinformation and oppression that heteronormative, homophobic and anti-equality campaigns involve and perpetuate. In Ireland, Australia, and elsewhere, the psychological and family studies research has provided a useful resource for social justice campaigners, in demonstrating that the messages promoted and ‘turbo-charged’ in anti-equality campaigns are ideological rather than accurate. The large and robust body of
research findings indicating that parents’ and families’ ability to provide well for children’s needs is not a function of gender and/or sexuality, but is a function of the health and quality of relationships, interactions, and support, provides a foundation upon which to advocate for the removal of gender- and sexuality-based discrimination from family-related laws (Short et al., 2008; Knight et al., 2017).

Further, and similarly used to counter heteronormative anti-equality campaigns (e.g. Australian Psychological Society, 2017; Rainbow Families Victoria, 2016; 2017) is the research conducted over thirty years demonstrating that although differences in such things as social competence, emotional health and educational outcomes are usually not found when comparing children raised by heterosexual couples and by same-gender couples (with most research being with female couples), when differences are found, children of same-gender parents have usually been found to experience some advantages and better outcomes (Biblarz & Stacy, 2010; Short 2007; Short et al., 2008). Also used in countering campaigns which advocate continued gender-based discrimination and different treatment in the marriage law and in promoting equality is the body of research indicating that discrimination and social marginalisation and exclusion present risks to physical and mental health as well as to social cohesion (Short et al, 2008; Knight et al, 2017).

Agile and timely community psychology action research has played a very significant role in shaping the debate, processes and outcomes of the campaign for equality in marriage law in Australia. With the guidance of psychology researchers in this domain, Just.Equal, together with PFLAG, conducted a series of large-scale surveys to examine LGBTI people’s unique experiences of the marriage equality debate and identify the ways in which members of this community would like to see marriage equality achieved (e.g., Just.Equal/PFLAG, 2016; 2017). The findings from these national studies, one of which was the largest survey of LGBTI people ever conducted in this country, emphasised that although marriage equality appeared to be critically important for the LGBTI community, achieving this through a public vote was considered both inappropriate and highly anxiety-provoking due to ongoing exposure to the media campaigns of those opposed to marriage equality. Many anticipated that, and as proved to be the case, such a public vote would provide a platform for fear-mongering and prejudice towards LGBTI people and their children.

Promoting knowledge of this type of research, and the related foci on ‘Love makes a family’ in pro-equality campaigns (e.g. Rainbow Families Victoria) contributes to social change towards equality, fairness, and social inclusion. Subsequent changes in laws and social discourses provide a more empowering context for all mothers to mother, including single parent families, step-families, blended families and same-sex parented families.

**Implications for Community Psychology, Mothering and Marginality**

This article argues that mothering remains marginal in Western, developed (neoliberal) contexts, and has explored particular tensions associated with mothering from the margins. Among themes identified across the projects are the need to:

- document and foreground the lived experiences of mothers, particularly those who are mothering at the margins;
- better value mothering while avoiding idealising it or solely defining women as mothers or by their mothering;
- balance interventions aimed at individual mothers versus community and socio-political responses to critiques of mothering discourses;
- give more power to mothers but not more individual responsibility;
- ensure our efforts towards empowered mothering are inclusive of diverse identities and family structures and challenge marginality in all its forms; and
- challenge and deconstruct the institution of motherhood and its dominant ideologies of "good"
Valuing mothering within society without locating it as the sole responsibility and duty of mothers/women is a fundamental shift that needs to occur. Also important is a commitment to the community psychology goals of social change and social justice, with regards to seeing mothering as a socially engaged enterprise, “a site of power, wherein mothers can and do create social change through childrearing and activism” (O’Reilly, 2016, p. 7). It is also vital to draw on emerging diverse motherhood practices, such as the practices of “other-mothering” found in African American culture and the co-mothering of queer households (e.g., Park, 2013). Community psychology is well placed to incorporate these imperatives.

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Critical conversations around mothering


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The status of diverse sexualities and genders in community psychology research and practice: Reflections from the Trans-Tasman context

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This paper offers analysis and reflection upon the status of working with LGBT communities in community psychology research and practice in the Trans-Tasman region. While the unique potential for community psychological principles and practices to promote wellbeing for this community have been discussed in US and UK community psychology contexts, we are only beginning this dialogue in the Trans-Tasman. This is different of course to proposing that impressive work is not already being undertaken, and here we draw upon three project examples to showcase just such work, including: research considering the provision of online mental health services for LGBT young people in regional, rural and remote communities; research that examined trans and gender diverse issues in primary education in South Australia; and a project committed to helping to build Rainbow communities free of sexual and partner violence in Aotearoa New Zealand. While not all of these projects may identify themselves as community psychology, each of these projects offers learnings for researchers and practitioners alike and facilitates insight into the connections between community psychology frameworks and LGBT knowledge and practice. The implications of this analysis are reflected upon with a view to promoting progressive and generative collaborative practice.

In June 2003 Gary Harper and Margaret Schneider edited a collection of papers that showcased community psychological research undertaken with Lesbian, Gay, Bisexual and Transgender communities (LGBT) for the American Journal of Community Psychology, constituting the first collection of its kind to be included within any of the major community psychology journals of the time. The special issue editors drew upon an analysis of the content of leading journals in the field from preceding years to illustrate the dearth of published work concerning LGBT communities, and they furthermore argued that existing literature tended to be male-centric and largely failed to engage with the strengths of LGBT populations. They concluded that “the relative inattention to LGBT issues within Community Psychology is a loss to the discipline” (Harper & Schneider, 2003, p.245).

This was not a novel argument, as Harper and Schneider (2003) acknowledged, and this shortcoming was also not limited to the field of community psychology. As a discipline and practice psychology remains an ongoing ‘work in progress’ in attempting to work in socially just and health-enabling ways for the benefit of LGBT communities (Ansara, 2010; Ansara & Hegarty, 2012; Hegarty & Massey, 2006; Kitzinger, 1987, 1996; Semp, 2011). However, as has been persuasively argued elsewhere, community psychology in its principles and application is uniquely positioned to work towards these ends (D’Augelli, 2006).

Now, almost fifteen years later, following the 13th Trans-Tasman Community Psychology Conference which brought together community activists, researchers and practitioners from across the Tasman (i.e. Australia and Aotearoa New Zealand)
and for that matter, the globe, there emerges an opportunity to reflect upon the status of diverse sexualities and genders in our shared field. This is in part prompted by participation in the conference, where discussion of concerns for LGBT communities was not confined to presentations that looked explicitly at work with these communities, but where there was a more embedded awareness of the plurality of gender and sexuality identities and practices threaded throughout discussions of a range of issues. This came to our attention in Professor Nicola Gavey’s keynote address concerning contemporary constructions of pornography, where the point was made that young people who do not identify as heterosexual may engage with pornography in differing ways. This opens up space for thinking about the implications of the ways through which versions of heterosexuality are constructed and normatively constituted as well as a lack of information and discussion about non-heteronormative sexual practices for young people. Further engagement with these issues became apparent in topics which do not tend to be associated with sexuality and gender. For example, in Marlee Bower’s presentation concerning homelessness and loneliness, consideration was made of the dimension of gender diversity in working with people who have experienced some form of homelessness, prompting the listener to consider the intersections of identity in social issues.

When discussing LGBT communities, it is important that we acknowledge how the language relating to the term “LGBT” has changed and the relevance that this has for community psychology. LGBT, along with its associated variations, is no longer just an acronym used to describe discrete groups of individuals; instead, in the current context we use it to refer to the domains which engage with diverse bodies, genders, sexualities and sex. While this shorthand offers a representation of groups who may experience the ill-effects of living in heteronormative and cisgendered societies, it is important to acknowledge that its usage risks the conflation of identities and experiences that are qualitatively different, as well as the erasure of identities that fall outside of the acronym. With these limitations in mind we will try to refer to specific communities where appropriate.

We begin by providing an overview of the contemporary conditions for working with LGBT communities in Australia and Aotearoa New Zealand, to foreground the presentation of three pieces of community research and practice that shared the aims of promoting the wellbeing of LGBT communities and groups within the Trans-Tasman region. Each of these projects speaks to a differing element of the deep connections between community psychology frameworks and LGBT community knowledge and practice, and through careful analysis we are able to move beyond identifying points of mutual commonality and towards engaging with the generative potential of this work. We conclude with a reflection upon the status of LGBT work in community psychology in the Australian and Aotearoa New Zealand contexts.

Conditions for working with LGBT communities in the Trans-Tasman

In the global North there have been campaigns and mounting political pressure concerning issues such as marriage equality with some success, reflected in the Australian and Aotearoa New Zealand contexts by some incremental (but limited) wider societal acceptance of diverse sexual identities. This has coincided with, to an extent, a broadening of understanding of gender identity, and in some cases legislative changes including protections and the de-pathologisation of certain sexual identities (although the pathologisation of some gender identities continues; see Irwin, 2007; McNair, Hegarty & Taft, 2015). Such shifts are also reflected in the ethos and public positions taken in professional health bodies including the Australian Psychological Society (APS) and the New Zealand Psychological Society (NZPsS). See for example, the statements of support made by the NZPsS and APS for the legislative changes to enable marriage equality for same
-sex couples in the respective countries (APS, 2017a; NZPsS, 2012). Additionally there has been the establishment of a dedicated “Psychology of Diverse Bodies, Genders, and Sexualities Interest Group” within the APS (originally formed in 1996 as the Gay and Lesbian Issues in Psychology Interest Group) (APS, 2017b).

Progress made within psychology more broadly has required a critique and addressing of psychological practices which contribute to the marginalisation and derogation of LGBT communities, which include diagnosis, practices (e.g. APS Position Statement on the use of psychological practices that attempt to change sexual orientation; APS, 2015), as well as a fundamental rethinking of the ways in which we theorise and conceptualise, through our methods and the implications of this for LGBT communities (Nic Giolla Easpaig & Fox, 2017; Treharne & Beres, 2016). This has borne a generation of new ideas and theories (e.g. Riggs, Ansara & Treharne, 2015), active partnerships with communities and establishing presence in the discipline through visibility and voice (e.g., production of “Out in psychology: Lesbian, gay, bisexual, trans and queer perspectives” textbook for psychology undergraduates edited by Clarke & Peel, 2007). This work is ongoing.

From the outset with its commitment to social justice, focus upon community building and effort to tackle issues which marginalise and disadvantage groups, community psychology is uniquely positioned to contribute to these efforts. While there has been explicit discussion of how community psychology can work with LGBT communities in the US and UK (D’Augelli, 2006; Harper & Schneider, 2003; Johnson, 2007; Johnson & Martinez Guzmán, 2013), there has been relatively little literature discussion in the Trans-Tasman region, which is different, of course, to saying there is relatively little work being undertaken.

**Research and Action with/in LGBT Communities**

In this section three recent projects undertaken across the Trans-Tasman are presented. The projects differ in terms of originating in academic institutional settings and/or community organisations, and largely do not refer to themselves as informed by community psychology. Nevertheless, each project works with LGBT communities and offers rich learnings through the principles and practices applied. The intention is to highlight the ways in which work with communities is being undertaken, and to note the community psychology concepts and tools active in the programs that will likely already be familiar to us. Finally, we aim to attend to considerations emerging from the specific needs of these communities that have implications for community psychology more broadly.

**Project 1. Virtual healthcare: LGBT young adult perceptions of internet based mental health services in regional, rural and remote Australia (Bowman, 2016)**

In the first research project to be discussed, Sarah Bowman (2016) attempted to better understand the role of online mental health services in supporting LGBT young people who reside in regional, rural and remote (RRR) areas of Australia. LGBT young adults are estimated to be three to five times more exposed to mental health risks than other young adults, which is compounded in regional areas by a lack of specialist mental health resources, long waiting times, problems with transport and a culture of self-reliance (Australian Bureau of Statistics, 2015; Farmer, Blosnich, Jabson, & Matthews 2015; Griffiths & Christensen, 2007; Leonard et al., 2012). In addition RRR areas are likely to contain a strong presence of prevailing heteronormative assumptions (Quinn, 2003) as well as beliefs that “homosexuality is immoral”, relative to metropolitan areas (Flood & Hamilton, 2008, p.26). The substantive increase in recent years in the number of online mental health services, and the type of service they offer, has potential benefits for this community, including the ability to reach those who cannot receive services, and to provide increased privacy, anonymity and easy access to a wide variety of information...

However, caution is advised as there are a number of critical issues to negotiate, such as: a lack of underlying coordination and coherence in the roll-out of online services; differences in the quality, consistency and purpose of services; and concerns about underlying cost saving rationales (Burns, Liacos, & Green, 2014; Hayes, Maughan, & Grant-Peterkin, 2016; Meurk, Leung, Hall, Head, & Whiteford, 2016). In addition, access to online services is not straightforward, and young people living in RRR Australia experience a lack of information, different preferences or needs in relation to internet based services, and financial barriers (Griffiths & Christensen, 2007; Handley et al., 2014). Amidst the shifting landscape of service provision, there has been little attention to date to understanding the needs of LGBT young people in these areas, and few opportunities for them to meaningfully contribute to improving services.

In attempting to better understand the role of online mental health services in supporting LGBT young people in RRR areas of Australia, this study used a constructivist design to interview nine LGBT young adults (average age of 20 years) in RRR areas and six providers of relevant online mental health services (including “mainstream” as well as LGBT community-specific organisations). With the young adults, interviews were exploratory but focussed on their experiences of online mental health services, their reflections on the needs of RRR LGBT young adults, and future directions for online services. Interviews with the service providers (including senior management and research advisers) focussed on their experiences of providing services to RRR LGBT young adults. Analysis of the accounts of all those interviewed suggested difficulties are experienced in finding the right care, with a variation in views about how online services should be delivered, in addition to a potentially critical role for parents/guardians to play in facilitating access to services for this community. These insights, as well as the process through which they were reached, offer two important points for consideration from our perspective.

First, the investigation of online mental health services required a contextualised understanding that could engage with the ways in which different groups and communities are impacted in diverse ways, which might be especially beneficial where groups are marginalised. Conceptualisation of the research began with a recognition that the experiences of those who develop and deliver services and those who rely upon these services are shaped differently, and thus a constructivist perspective that allowed for contextualised, subjective exploration, was used to frame this inquiry (Denzin & Lincoln, 2011). Indeed, many of the service providers noted that there was often a limited understanding of the needs of this community. As one mainstream service provider put it:

We don’t have a lot of information about the use of our services by LGBTI people and I guess we have a sense that perhaps our services are useful and perhaps at other times … are too mainstream, too generalist, to be considered to be safe and helpful.

Subsequently, young people raised additional important issues that were of particular concern for them. For example, despite the familiarity that young people have with the internet, a number of participants showed a preference for face to face services for more complex mental health needs. Many were worried that access to already scarce face-to-face resources will be further reduced by the introduction of more sophisticated online interventions; such concerns were underlined by one young person in saying “personal interaction which is something you need [for] mental health [support]”. Eliciting and engaging with such insights are crucial to any understanding of the implications of services for these communities.
Second, the inclusion of groups who are often excluded and face barriers to participation is a central concern for community psychologists. Core to community psychology is a deep level of commitment to the inclusion of community expertise and experience in guiding our work, and while there are any number of constraints and barriers we face, we continue to strive to work with communities in ways which enable authentic and meaningful participation. Such collaboration brings knowledge and experience which cannot be offered by external practitioners and researchers, and as a result enhances the relevance and potential benefits for communities (Bergold & Thomas, 2012; Radermacher & Sonn, 2007). The inclusion of LGBT young people who reside in RRR areas in this process was very challenging and indeed many of the factors that contribute to potential experiences of disadvantage (such as concealment and an absence of visible LGBT communities and safe places) may have also produced barriers to participation. Indeed the principal investigator (third author) drove extensively over RRR Australia to connect with the participating young people. In this sense, through the research process, the work here gives ‘voice’ to some of the important concerns and insights where services are being provided and developed. As summarised by Rosenstreich (2010) when highlighting the importance of the inclusion of the LGBT community in the development of health policy and service planning: “The maxim “not about us without us” is not only appropriate as a principle of social participation and inclusion, but also sensible in order to ensure that work” (p.14). As one service provider commented; “further collaboration with young people is needed in the development and implementation of these services”. Here, community psychology, in its principles and practice, has a range of tools useful to developing partnerships with groups who all too often are not for a range of reasons brought into the process.

Project 2. Exploring trans and gender diverse issues in primary education in South Australia (Bartholomaeus, Riggs, & Andrew, 2016).

The second project to be discussed examined trans and gender diverse issues, such as bullying, lack of understanding and support from school staff and exclusion, in primary education in South Australia. The work concerned children who identify and express their gender in a number of ways that may not adhere to strict male/female binary categories (often termed “gender diverse”), or who identify their gender in a way that varies from social expectations corresponding with the gender typically ascribed to a sex assigned at birth (Bartholomaeus, Riggs, & Andrew, 2017). The increasing numbers of children who identify in diverse ways has been observed in a range of settings (e.g. see Telfer, Tollit, & Feldman, 2015). Primary schools were the focus of the project as they constitute crucial social institutions which shape the lives of children and their communities. The authors noted that schools face barriers including a lack of support and educational training for professionals, and that fear and misunderstanding are often part of the contemporary socio-political context in which these issues play out.

The project comprised four main elements: a state-wide survey of school teachers and pre-service teachers that investigated attitudes towards trans and gender diverse students (i.e. inclusion, comfort, and confidence); an audit of available children’s picture books that featured trans or gender diverse characters; an exploration of the usefulness of using such materials in picture book reading sessions with primary school children; and the creation of online resources designed to support trans and gender diverse young people (for the full report see Bartholomaeus, Riggs, & Andrew, 2016).

There are a number of dimensions of community psychological research and practice that resonate here, and the work speaks in particular to critical scholarship in the field. Core to community psychology is a
deep understanding of the ways in which social, symbolic and material conditions of inequality are intricately implicated in the health and wellbeing of communities (Campbell & Jovchelovitch, 2000). For those who are part of the LGBT community, prevailing forms of heteronormativity and cisgenderism are ubiquitous and form part of the definitions of ‘normal’ and ‘standard’ for those who are privileged while rendering those outside of these dominant groups marginalised. The detrimental impacts of cisnormativity have in recent years begun to be conceptualised (Riggs et al., 2015) and the implications for wellbeing documented (Pitts, Couch, Mulcare, Croy, & Mitchell, 2009).

Such relations are enacted in the ‘standard practices’ and ‘normal’ expectations of everyday life. For example, many of the recommendations the authors make include items thought to be ‘mundane’, such as gender-affirming policies around uniforms and toilet facilities. Such practices, while often most noticeable in interpersonal interactions, operate at structural and institutional levels. Engaging with social institutions such as schools might increase the awareness of teachers and others in the school community in a manner that is beneficial for supporting young children and their families.

The focus in the research at the level of the primary school as a social institution is of particular note:

Rather than focusing on individual trans and gender diverse students, the research examines broader school cultures in relation to educator attitudes and knowledge and the usefulness of classroom resources in the form of picture books for creating inclusive schools (Bartholomaeus et al., 2016, p.6).

From a community psychology perspective, such settings form important sites for engagement and indeed some of the key community psychology work with LGBT communities derives from social institutional settings (e.g. D’Augelli, 2006; Harper, Jamil, & Wilson, 2007).

The research involved both tools for gaining more in-depth understanding of the issues and also the development of understanding to create a tangible online resource to support trans and gender diverse young people (which is not often a requirement of academic research). In addition, the research team developed the site Rainbow Owl (see www.the-rainbow-owl.com), containing sections for parents and families, for professionals including educators and mental health workers, for researchers and schools, with evidence that these target groups are accessing this information. This offers a rich resource to better equip people to address the challenges through dissemination and education of those in a position to support young people.

Project 3. The “Hohou Te Rongo Kahukura – Outing Violence” project report (Dickson, 2016)

The “Hohou Te Rongo Kahukura – Outing Violence” project was undertaken in Aotearoa New Zealand with a commitment to helping to build Rainbow communities free of sexual and partner violence. The work was supported by the “It’s Not OK Campaign” and hosted by Ara Taiohi (youth development sector peak body; Ministry of Social Development, 2017). The term “Rainbow community” is understood to include “all people Aotearoa New Zealand under the sex, sexuality, and gender diverse umbrellas, recognising that there is not a perfect umbrella term” (Dickson, 2016, p. 4). A number of elements were highlighted in the project report that are important to consider in order to contextualise these issues in Aotearoa New Zealand and are implicated in shaping ways forward. These included an acknowledgment that while there was a growing recognition of the risks of violence faced by members of Rainbow communities, there was a lack of knowledge about their experiences. The report suggested that potentially there may be limitations within mainstream violence services to support Rainbow communities, and noted that there was often a low recognition of partner and sexual violence within the
The project aimed to raise awareness of violence in Rainbow communities, as well as to gather an understanding of community members’ experiences of these issues, so as to inform the development of services and resources.

The project entailed the establishment of an advisory group comprised of members from Rainbow community groups, specialist services and organisations. A large number of community hui (gatherings) were undertaken with Rainbow community groups with a view to creating shared understandings of partner and sexual violence, and to seek community advice important for developing ways to address these issues. A national survey was undertaken to learn about experiences of violence within Rainbow communities and awareness raising occurred via media and the development of important resources such as factsheets and a website (see http://www.kahukura.co.nz/). While there are any number of important elements relevant to community psychology, here we draw attention to the way in which this project engaged with and harnessed community expertise and experiences in meaningful ways: a principle that resonates strongly with a community psychology ethos.

In this project the inclusion of this expertise was not only sought through community consultation efforts, but was harnessed to shape the direction of the project and guide the research process. As described in the report the Advisory Group helped in the development of the national survey, not only through promoting it but also in developing survey items. Moreover, the role of the Advisory Group in the co-creation of the factsheets was crucial as they were uniquely positioned to bring insight and expertise that specialist violence intervention groups could not offer. Critical community psychologists recognise that the standpoints from which we speak are socially located and thus our perspectives are partial (Code, 2006; Gavey, 1989; Parker, 1992). The input of community expertise into research components forms a valuable practice for community psychologists and characterises many community-based and participatory research approaches in the field (Bergold & Thomas, 2012).

It is important to note that this approach promotes a different type of research which can help to shift away from hierarchical research relationships (i.e. researcher and researched) by inviting a variety of perspectives into a realm often reserved only for academic or institutional expertise, and by facilitating shared knowledge-making processes (Buettgen et al., 2012; Cahill, 2007). Here we argue that such involvement may be of particular importance when working in relation to sexuality and gender identities and practices, as the discipline of psychology has a long-documented history of undertaking research which has excluded, delegitimised and mischaracterised such communities (e.g. see Ansara & Hegarty, 2014). Engaging in collaborative co-design in research, including the development of the scope and tools of the project, can potentially be a means of promoting reflexive and progressive practice (see Nic Giolla Easpaig & Fox, 2017 for an example as applied in survey research with young people).

What is offered to community psychologists is the application of the understanding of social identities as embedded in the contexts in which we work, shaping how we understand and engage with issues as well as how we may undertake their investigation. In engaging with the project documentation process, a resistance to promoting homogenising views of Rainbow communities is observed. For example, in defining who might be included within Rainbow communities, the project provided a sample of the diverse ways in which people may identify:

Rainbow seeks to include people who identify as aka’vaine, asexual,
bisexual, fa’afafine, fakafifine, fakaleiti, FtM, gay, gender fluid, gender-neutral, gender nonconforming, genderqueer, gender variant, hinehi, hinehau, intersex, lesbian, mahu, MtF, non-binary, palopa, pansexual, polysexual, queer, questioning, rae rae, tangata ira tane, takatāpui, 同志 (tongzhi), trans man, trans woman, transfeminine, transgender, transmasculine, transsexual, vaka sa lewa lewa, whakawahine and more (Dickson, 2016, p.4)

In community psychology there has often been a traditional distinction made between “communities of place” (geographical and spatially bound) and “communities of identity” (united by common delineation of identity; Campbell & Murray, 2004). Such a distinction is less useful here. While there are defining features of what might traditionally be thought of as “community”, in terms of shared representations and access to conditions of power (symbolic, material and structural; Campbell & Jovchelovitch, 2000), the recognition of a plurality of identities and practices is merited and this is attended to carefully in the project. For example in the context of the Community hui the report details “We did not attempt more demographic information than asking people to identify the pronouns they wished us to use, and parts of their identity they were willing to share” (Dickson, 2016, p.11).

From a community psychology perspective, effective collaboration involves the participation of traditionally marginalised groups in the process and valuing of their contributions (Bergold & Thomas, 2012). Upon reflection, discussion of the project prompted consideration of the way in which intersecting dimensions of social identities and representations are also implicated within relations of power and privilege within communities. An example from the project report was the recognition that understanding and responding to the issues of partner and sexual violence necessitates engagement with racism:

Racism was raised as a key factor in partner and sexual violence in most hui. The overall context of colonisation in Aotearoa New Zealand disrupting Indigenous understandings of gender and sexuality, and hostility towards non-Pākehā ethnicities was discussed as creating climates in which discrimination towards Rainbow people of colour was normalised. This included in accessing services, where Māori and Pacifica participants reported culturally inappropriate responses when trying to get help which assumed violence was “normal” for them (Dickson, 2016, p.13).

**Discussion**

Extrapolating from community health psychology, we would regard the projects presented to be conducive to the principle that “research should be not only to understand the world, but also to develop understandings that point towards the possibility of changing it” (Campbell & Murray, 2004, pp.4-5). Each of the projects presented here sought involvement or engagement from stakeholder groups who were in a position to contribute to some aspect of transformation. The first project engaged with the views of those who design and deliver services to young people; the second project was inclusive of teachers, families and health professionals and involvement from a range of organisations, services and community expertise was facilitated and harnessed as part of the third project. Moreover, each piece of work gave voice, raised awareness and enhanced visibility of issues impacting LGBT communities. This is significant in socio-political contexts where groups may be constructed and positioned outside of dominant sexual and gender identities and practices.

It is not hard to make the case for the connections between community psychology and LGBT research and practice. Indeed LGBT activists have been ‘doing’ many of the principles we would recognise as part of
community psychology frameworks for a long time, if not in name, in action. Literature which seeks to increase collaboration between community psychologists and LGBT groups and organisations consistently notes that this necessitates an engagement with politics in contexts where legal, social and political frameworks disadvantage and marginalise LGBT communities. Where Harper and Schneider (2003) make this argument, in their now almost 15 year old seminal paper, they call for the joining of these groups towards political change, an argument they note they are reiterating from well over a decade prior to that (D’Augelli, 1989). Given some of the encouraging shifts in social and legislative contexts in the Trans-Tasman region in the last few decades, it is a pity that here too we are reiterating this same call and it must remain a recommendation of this paper.

The attention in the projects considered, especially the “Hohou Te Rongo Kahukura – Outing Violence”, to the diversity and complexity of social identities and practices implicated in the work undertaken, offered important learnings. For us, engagement with intersectionality has implications beyond research projects with a primary focus on LGBT communities and into our work more broadly wherever, for example we are prompted to consider conceptualisations of “community”. Consequently, we welcome the enhanced awareness and deeper engagement with non-heterosexual and non-cisnormative identities, practices and communities threaded throughout our work on a range of issues (possibly in similar ways to those examples from the conference highlighted in the introduction). As concepts and practices deeply embedded within our social fabric, constructions of sexualities, genders and normativity have far-reaching implications for communities and possibilities for practices. Thus a turn towards examining the ways in which LGBT communities come to be marginalised and disempowered through what are often ‘standard’, ‘everyday practices’ is important, or in other words, towards engaging with the ‘mundane’: that after all is where all the power lies.

References


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Opioid substitution treatment (OST) is a successful pharmacological and psychosocial harm reduction intervention where opioids, methadone and buprenorphine (suboxone), are prescribed to people with problematic opioid use to reduce consumption of illicit drug use, risky behaviours and health harms, such as Hepatitis C. In this paper, OST is recognised as a social determinant of health as it contributes to positive health outcomes for people receiving OST, and by association their families and communities.

Social determinants of health, such as the context that people are born into and live, impact on the prospects people have and the risk factors people are exposed to and endure. Determinants include healthcare, income, education, employment, housing and access to critical services and infrastructure. Social determinants of health also encompass social practices of gender, culture, ethnicity and discrimination. Various social-political conditions dictate how resources, wealth and power are allocated (Davidson, 2015; World Health Organisation, 2017a), therefore people with fewer resources, financial means, social power and agency experience more unjust and needless health disparities (Marmot, 2005; Raphael, 2006; World Health Organisation, 2017a). The World Health Organisation (2017b) recognised that healthcare systems themselves act as powerful health determinants. In this sense, the design and function of a healthcare system can enable or constrain health equity for disadvantaged or marginalised groups (Gilson, Doherty, Loewenson, & Francis, 2007). While the social determinants of health influence psychological, social and physical health outcomes generally, they unavoidably contribute to how people fare in a disaster setting.

Being socially and politically disadvantaged produces increased vulnerability during natural hazards and disasters. These events heighten and expose already existing social inequalities; the more vulnerable, the harsher the impacts of a disaster. Without adequate resources people are constrained in their ability to prepare, respond and recover from disasters (Naser-Hall, 2013; Rodriguez, Quarantelli, & Dynes, 2007). For instance, people who are
disadvantaged can reside in high-risk hazard areas or have substandard and insecure housing that may not withstand a disaster event. People also struggle to reconstruct their lives after a disaster with limited social capital, finances, and no insurance (Wisner, Blaikie, Cannon, & Davis, 2004). A range of research exits that attest to the poorer outcomes for disadvantaged and marginalised people (Baker & Cormier, 2015; Suzuki & Kaneko, 2013; Tierney, 2014). To illustrate, Brunkard, Namulanda, and Ratard (2008) found that of the 986 Hurricane Katrina related mortalities 49% were aged 75 years and older, while 51% were male African Americans. In one area of Louisiana mortality rates for 18 years and older were between 1.7 to 4 times greater for African Americans than white Americans.

To address inequality, according to Lindsay (2003), the field of emergency management should recognise the way in which the social determinants of health are intricately intersected with disaster vulnerability. In this work, vulnerability is not viewed as a fixed state, rather social conditions that can be added or removed. People who are vulnerable do respond and cope after a disaster (Luna, 2009; Wisner et al., 2004). Valuing the relationship between emergency management and social determinants of health will enable a two-pronged, yet collaborative approach to emergency management that has multiple benefits for people and communities. The health sector can attend to the layers of vulnerability that determine community health and disaster mitigation, while emergency management can work towards ensuring that health equality in a disaster is attainable for all (Luna, 2009; Marmot, 2005).

The Sendai Framework for Disaster Risk Reduction (United Nations, 2015) calls for disaster risk reduction strategies that identify risk while attending to the economic, cultural and environmental conditions that sustain wellbeing. Adopted by Aotearoa New Zealand, this framework promotes community and health resilience, or the ability to absorb, acclimatise and recover from a hazard, through appropriate disaster preparedness, response and recovery practices (United Nations, 2015; United Nations Office for Disaster Risk Reduction (UNISDR), 2009). The Aotearoa New Zealand Ministry of Civil Defence and Emergency Management (2016a) further engages an all hazards approach to disaster risk management that attends to four key areas: reduction, readiness, response and recovery. Reduction focuses on identifying and reducing long-term risks and their impacts, readiness ensures systems, people and communities are disaster ready, and response actions aim to protect people, save lives and support recovery. During the recovery phase, coordinated actions aim to restore communities and infrastructure. (Ministry of Civil Defence & Emergency Management, 2018; Ministry of Health, 2015; Reilly & Markenson, 2011). While comprehensive, at times this approach overlooks the specificity of marginalised groups (Blake, Marlowe, & Johnston, 2017), including people receiving OST.

To address this gap and to better understand the way in which OST healthcare, as a social determinant of health is managed in a disaster setting, this research specifically explores the preparedness practices and perspectives of OST and emergency management professionals and people receiving OST through applying a social determinate of health lens.

**OST in Aotearoa New Zealand**

OST is governed by specialist services as specified by the Aotearoa New Zealand Ministry of Health under the Misuse of Drugs Act 1975. While OST medications are highly controlled and regulated (Ministry of Health, 2014), people receiving OST have minimal control or autonomy over treatment protocols or takeaway dosing (a dose consumed without professional supervision). Opioid medication must be consumed daily to avoid physical and psychological withdrawals (Matua Raki National Addictions Workforce Development, 2014), with some people subjected to daily dispensing regimes that require them to consume at a pharmacy each day. Common
withdrawal symptoms include continuous yawning, restless body movements, rhinorrhoea, pounding heart, nausea, stomach cramps, aches and pains, insomnia and loss of appetite. People experience anxiety, agitation and intense drug cravings. Withdrawal symptoms are extremely uncomfortable and people can turn to street opioids, alcohol or benzodiazepines to avoid them (Wesson & Ling, 2003). In their Practice Guidelines for OST in Aotearoa New Zealand, the Ministry of Health (2014) caution against involuntary cessation from OST because it precipitates risk of overdose, physical harm, financial debt and criminal offending.

In a disaster context, access to opioid medications can be difficult if critical health services are closed, especially for people who are denied takeaway doses and must consume daily at a pharmacy. While investigating impairment and disability during Hurricane Katrina, Bloodworth, Kevorkian, Rumbaut, and Chiou-Tan (2007) found that people on methadone presented immediately to the Houston Astrodome, a welfare centre, seeking treatment. However, much like Aotearoa New Zealand, federal regulations demanded Drug Enforcement Administration registration to dispense narcotic drugs, therefore OST could not be provided without official sanctions. Astrodome officials also decided that opioids should not be stocked at the on-site pharmacy because of security concerns. Further, medical records for evacuees were lost in the floods, phone services were intermittent and hospitals and health services unreachable making attempts to determine methadone doses difficult. Psychiatric teams were eventually used to refer and transport people to methadone programmes.

With a scarcity of research exploring OST and emergency management specifically in Aotearoa New Zealand, Blake and Lyons (2016) undertook research to understand the perspectives of OST and emergency management professionals, a subset of participants in this study. The findings represented social determinants of health at a systemic and social level, which mattered to the health and wellbeing of people receiving OST. Without fit for purpose disaster preparedness planning, key problems for service continuity included communication, transport and infrastructure breakdown, inability to access client information and OST stock, and service inaccessibility.

All of the participants in the Blake and Lyon’s (2016) study were concerned about technological failures causing communication problems, especially when notifying clients of alternative dispensing plans. Some people receiving OST can be transient meaning that OST services rely on dispensing pharmacies to relay messages. With dispensing pharmacies closed, contact with clients could be constrained. Other potential issues included transport and infrastructure problems, with road closures or limited public transport hindering access to OST clinics or pharmacies. There were concerns that replenishing opioid supplies could be problematic if drug warehouses or pharmacies were inaccessible. Participants were also worried that they could not access online treatment records or up-to-date physical records. All participants reported that without OST in the immediate aftermath of a disaster, clients’ ability to respond and care for families and wider communities would be compromised.

Understandably, participants described disaster planning as tenuous because of the uncertainty surrounding disaster scenarios (Blake & Lyons, 2016). Service continuity in a disaster context is dependent on the type, time and location of the disaster. Interviews with the Christchurch Opioid Recovery Service clinical staff, who were working during the Aotearoa New Zealand Canterbury earthquake event of 2011, reported little disruption to service delivery because the earthquake occurred at midday and many clients had already consumed their daily dose. They also reported that no one went without an OST dose in the time following the event. The 2011 Canterbury magnitude 6.3 earthquake killed 185 people, harmed many more and caused severe infrastructure and building damage (New Zealand Police Nga Pirihimana o Aotearoa, 2012). Many of the health professionals in
this study acknowledged the Christchurch Opioid Recovery Service’s collaborative and collegial approach to sharing experiences from the Canterbury earthquakes and emergency management strategies.

At the time of conducting the first study, of the OST services interviewed, emergency management plans were at various stages of completion even though it was approximately six years post the Canterbury earthquakes. Compounding this was the challenge of aligning emergency management plans across the health services involved in OST. For instance, OST services needed to align emergency management plans with District Health Board plans and pharmacy plans. Participants argued that Aotearoa New Zealand needed a nationally driven emergency management plan that is fit for purpose, contextual and covered the diverse emergency scenarios (Blake & Lyons, 2016).

The Current Project
As part of the larger in-depth qualitative project investigating OST disaster management, this work explores the specificity of social determinants of health as represented by participants. The first stage of the overall project gathered the views and perceptions of emergency managers and OST health professionals. The second stage interviewed a small subset of OST health professionals from the Christchurch Opioid Recovery Service, a pharmacist and a needle exchange worker living and working in Christchurch at the time of the 2011 Canterbury earthquake. The third stage involved talking to people receiving OST in Aotearoa New Zealand. Funding was provided by the Massey University Research Fund.

Participants
To emphasise the way in which OST healthcare, as a social determinant of health, is implicated in disaster settings, this paper drew on the data from the entire project by exploring the views, opinions and experiences of 22 Aotearoa New Zealand emergency management and health professionals and 21 OST clients. The professionals group was comprised of two emergency managers from District Health Boards, one community emergency manager, three community pharmacists and one pharmacist from an OST service. There were eight OST health professionals, one OST administrator/health and safety staff officer and one OST client advisor, one Alcohol and Drugs (AoD) professional, one needle exchange staff member, two Ministry of Health professionals working within the OST sector and one Ministry of Health emergency manager. Participants were based in Christchurch, Nelson, Wellington and Auckland. Of the 21 OST clients all were currently receiving OST. They had been on OST from between one to 30 years; there was a mixture of methadone and suboxone clients. These participants were on OST programmes in Auckland, Wellington, Palmerston North and Christchurch.

Procedure
Participants in stage one and two of the wider study included any health professional that had or currently worked in OST and emergency managers that did or did not have knowledge of OST in Aotearoa New Zealand. Participants were recruited by cold-call emails or through snowballing techniques, whereby existing participants suggested future interviewees. Interviews were conducted individually except for two groups of two colleagues interviewed together. Interviews were semi-structured and conversational in nature as it allowed the participants to direct their interviews, while also keeping the interviews focused on the research aims. Interview topics covered emergency management planning for OST, issues that emergency responders might need to know, client preparedness, opioid withdrawal processes, and why OST is important in a disaster context. Interviews were approximately one hour in length and were conducted at OST services, participants’ workplaces, or Massey University. This stage went through Massey University’s Human Ethics process and was peer-reviewed.

Participants for stage three were necessarily purposeful and included anyone who was currently on OST in Aotearoa New
Zealand. They were recruited via information sheets distributed at Needle Exchange Services or through OST Consumer Liaison staff. Snowballing techniques were used. Interviews were conversational and covered topics ranging from the importance of OST to health and wellbeing, what OST clients would do if they could not access a dose, emergency management planning for dispensing, information provided by OST services on emergency management planning, the relevance of stigma in emergency responses, and information that emergency responders need to know about people receiving OST. Interviews ranged in length from 25 to 60 minutes. All participants, barring two groups of two couples were interviewed individually at Needle Exchange rooms, an OST service or Massey University.

All interviews were audio-recorded and transcribed verbatim. Content was organised for readability, redundant words such as “ums”, “arrhs” and “you know” were removed. Participants were given the option to review their transcripts before analysis. All names and identifying information were removed. Participants on OST were given a voucher for their time. Ethical approval was granted by the Massey University Human Ethics Committee (SOA 16/56).

Analysis

The overall project can be positioned within an interpretive framework in that research is understood as a moral practice that positions people in relation to one another and impacts on how we make sense of ourselves and each other. It also values research as a practical activity that produces knowledge about social lives and the type of communities people reside in (Smith, 1992, 2008). Thematic analysis was engaged to classify patterns across the participant’s conversations. While OST and emergency management is an under-researched subject in Aotearoa New Zealand, identifying central themes was vital to the exploratory aims of determining how OST is addressed and endorsed within emergency management. This involved a rigorous inductive data coding and theme development process. Data was initially grouped into detailed codes, using NVivo 11 software. The codes were then conceptually grouped into larger categories and considered relative to one other and the research aims, in a recursive process. Further analysis identified key themes and one central theme contributing to social determinants of health.

Findings

In the following sections the key themes of experiencing psychological distress without OST, fear of withdrawals, lack of agency over takeaway doses, doing whatever it took to access drugs, and not being prepared for a disaster represent the ways in which health can be constrained in the lives of people receiving OST following a disaster. These themes were conceptualised under one central theme demonstrating the importance of access to healthcare, a vital social determinant of health. Each theme is necessarily interconnected but described discretely below.

Access to Healthcare

Experiencing psychological distress without OST. Participants expressed strong psychological reactions when contemplating a lack of access to OST after a disaster because it is vital to the health and wellbeing of people, and by association their families and communities. Yet in a disaster context, critical infrastructure and lifeline utilities can become inoperable making access to OST difficult. The psychological reactions included panic and anxiety, as the following quotes represent:

I'm always panicking about what would happen if there was a disaster … and how I'd get my medication … and once something bad happens it boils down to, there’s a good chance they’ll close down the main street, which means you can’t get into the chemist. And it’s always been a paranoia… .

(OST client)

It’s the not knowing that creates anxiety for people … people freak at the thought of going without their medication for 24 hours, let alone what could be who knows,
three days... (OST client)
I'm sure there would be massive anxiety about where I'm going to get my next dose and how am I going to avoid withdrawal ... added to everything else. (OST staff)

For the participants receiving OST merely thinking about a disaster constraining access to daily OST was distressing. Having an intense psychological reaction to accessing OST was understood by OST health professionals as exaggerating the trauma of “everything else” in a disaster. It is common knowledge that the aftermath of a disaster is chaotic with injury, death and destruction of the built environment (Coppola, 2015). Some participants described the post disaster environment as dire, and the inability to access OST as a precursor to behaving in unsafe ways:

… in a crisis, or in an emergency, you're screwed because of what's happened, and I don't think you need something extra that could make you do something particularly silly or risky because of that (not accessing OST). (OST client)

This participant implied that risky behaviour would be triggered by the additional stress of not getting OST, not necessarily the effects of the disaster. As argued by Hser, Evans, Grella, Ling, and Anglin (2015) opioid dependents can suffer from psychopathologies, such as traumatic disorders which affect drug use and OST trajectories. Many of the OST staff, pharmacists and people receiving OST in this study discussed coexisting mental health disorders as an important determinant of health in a disaster setting. Any psychopathology will impact on how people receiving OST cope with the disaster and drug seeking. All participants discussed the impact of not being able to access OST on behaviour and the fear of withdrawal, which is elaborated in the next section.

Fear of withdrawals. Opioid medications are clinically managed to ensure the safety and wellbeing of the people taking them (Blake & Lyons, 2016). This includes planned and involuntary withdrawals from OST because it is necessary to taper people off OST to minimise the negative effects of withdrawals and drug cravings (Berry et al., 2010). Involuntary withdrawals are when a client is withdrawn from OST because they have been judged to have breached safety requirements, or have not reduced harmful behaviour (Berry et al., 2010; Matua Raki National Addictions Workforce Development, 2014). In a disaster context, managing withdrawals might not be possible, however the pharmacology of opioids means sudden withdrawals are not life-threatening (Berry et al., 2010). This point was important to some of the OST staff when they considered withdrawals in a disaster scenario:

The worst thing that would happen [in a disaster] is they would go into withdrawal and nobody is going to die of that. (OST staff)

A person will not die if they don’t get their medication for three or four days but they’ll feel uncomfortable. (Pharmacist)

These statements demonstrate how some staff were not overly concerned about the experience of withdrawals for people receiving OST after a disaster, which could have implications for how disaster risk management is applied in service delivery. However, all participants, except the two emergency managers, recognised that withdrawal symptoms are “uncomfortable” and have a negative impact on physical and psychological wellbeing. For all of the participants on OST the effects of the withdrawals were significant:

I couldn’t concentrate enough to be able to read, like, a paragraph. And then the physical would be like, aches and pains all over ... probably vomiting, probably just lose control of bodily functions. And you can’t eat properly and have no appetite.

… withdrawals, pretty unpleasant.

I mean admittedly, they might not happen the very next day, but
psychologically they’re probably worse sooner than the physical effects, which might take more like a couple of days to start happening. (OST client)

… there’s a horrible feeling in my stomach that doesn’t go away, anxiety, and pain. Physical and mental pain, yeah, mental as well. (OST client)

It was also recognised that opioid withdrawals could hinder coping and survival for people receiving OST and ultimately their families and the people around them:

... if there’s a massive earthquake and a landslide which cuts off arterial routes into the city and there is no food in the supermarkets and I have to walk to a food and water place and take my family and maybe its 10 kilometres and I haven’t been able to get methadone and can no longer function, sure I might not die of methadone withdrawal but I might die from basically drinking water that is unsafe because I can’t get to a clean water source, my children are going to be affected, the children may have to drink unclean water or go without food. . . . (AoD worker)

Imagining himself in this situation, this participant recognised that although withdrawals are not life-threatening they severely reduce a person’s ability to respond, cope and recover after a disaster. Going without OST can precipitate family members going without essential survival items, like food and water. Participants on OST were also concerned about protecting people they are responsible for:

I have two young children and a wife, and in a disaster, I’d feel like I’d need to operate a bit better than having to try and deal with withdrawal symptoms, and that’s only on a very low dose. (OST client)

They would not be functioning very well if they didn’t have their drugs and that’s going to be problematic for their wellbeing and that of those around them that they may be responsible for. If they’ve got kids, or family or neighbours that usually they’d be in a position to help, but if they’re like throwing up in a toilet or curled up in bed or whatever [they can’t help] . . . . (OST client)

As this client expressed, being unable to function could impact on the ability to help others in the community during a disaster. According to Hawkins and Katherine (2010) resiliency and the ability to cope following a disaster requires social capital, the resources that are enabled through social networks and support systems. Social support enables people to endure the post disaster environment and assist one another to survive.

Fear of withdrawals also extended to medications other than OST. Some participants talked about other medications, like benzodiazepines or alcohol, having life threatening withdrawal symptoms. For example:

… you might die if you don’t get your benzos, you might die if you don’t get your insulin … you might become really very unwell if you don’t get your anti-psychotic medication. (Pharmacist)

There are other medicines that people take that people can die from. Like alcohol withdrawal or benzodiazepine withdrawal can kill people. They have seizures, and it’s just not nice. (OST client)

A report exploring illegal drug trends in Aotearoa New Zealand found that 46% of people who frequently inject drugs also used benzodiazepines, suggesting that people receiving OST might have unrecognised benzodiazepine problems (Wilkins, Prasad, Wong, & Rychert, 2014). Unplanned withdrawals from benzodiazepines or alcohol do have serious health consequences, including seizures and psychosis, therefore withdrawals need to be managed carefully (Pétursson, 1994). Some of these participants
downplayed the importance of sudden withdrawals in a disaster, while others were very concerned. As was expected, the community emergency managers did not understand the significance of OST withdrawals, and the following excerpt demonstrates the belief that managing health during a disaster will be the responsibility of health professionals:

… we know about the earth moving and what the impacts of that will look like but the experts on people who inject or people who live rough on the street, or people with a mental health disability, or whatever it might be, are the people that look after those [groups of people]. (Community emergency manager)

Conversely health emergency managers recognised the importance of maintaining clinical services to patients more generally, and ensuring services carry on as normal to minimise the effects of withdrawals:

Well in our sphere of interest, what we're trying to do is make sure that right across the health sector we've got plans in place to carry on providing services as much as we possibly can. (Health emergency manager)

Having disaster management plans is critical to response, recovery and access to healthcare to avoid unnecessary withdrawal process for people receiving OST. The intensity of worry and fear about access to OST and withdrawals for people was dependent on take-away privileges and dose amounts. These factors, as determinants of health, are explored in the next section.

**Lack of agency over takeaway doses.**

Client dispensing regimes and dose amounts are dictated by the health system and based on strict policies and guidelines. People receiving OST are expected to have supervised urine screening for illicit drug use and regular treatment reviews to continue treatment. If deemed unstable, a person is not eligible for take-away doses (Ministry of Health, 2014). However, strict protocols can be difficult especially when living a chaotic life. Access to medication during a disaster was particularly significant for people on daily supervised consumption because health and wellbeing is contingent on getting to a pharmacy, or OST service, which might be inoperable or inaccessible. The excerpt below highlights how this mattered to one participant:

… if you’re on daily pickups you’ve got less leeway … if [a disaster] happens on a Saturday, at least I can get through a couple of days [have a Sunday takeaway because pharmacy is closed], until we have to do something, until I have to go back to the chemist or something like that…. (OST client)

The following OST participant also described experiences of powerlessness over treatment in the mental health system, which is where OST is situated:

Some of the mental health [staff] that I've met, I don’t know what it is, they just come … into my life and they made decisions about my life, about my health and the medication that I was on … made major decisions about my health, and I told them what I needed, and they didn’t believe me or they didn’t care. (OST client)

This quote suggests discriminatory practices, also a negative social determinant of health. A plethora of research exists evidencing that OST and people who inject drugs experience stigma (for example see Barry, McGinty, Pescosolido, & Goldman, 2014; Conner & Rosen, 2008; Luty, Kumar, & Stagias, 2010). Such negative judgments become internalised and can impact on ongoing drug use and treatment outcomes. To experience stigma and lack agency over treatment decisions was frustrating for OST participants. This lack of agency was concerning for people receiving OST when thinking about a disaster situation. Drawing on examples of everyday life, the participants on OST describe how the lack of agency over dosing regimes affects their ability to
They call [methadone] liquid handcuffs. Sometimes things just come up where you go out of town, and unless you’ve got a glowing report at the clinic … you can’t just ring up the day before and say look, can I have a takeaway for tomorrow? (OST client)

I struggle so much just to keep my job as it is, because I have to go in everyday to pick [opioids] up. So I can’t say ok I’m going to work on Saturday, because, I’d have to try and get into city to pick up. (OST client)

In a disaster scenario, being “handcuffed” and experiencing a lack of agency is amplified:

The dispensing of your methadone, so, you have little control and then in disaster you have even less control. (OST client)

When discussing the impact of having no control over access to opioids in everyday life, and the implications of that in a disaster, the people receiving OST also talked about feeling a lack of control over their bodily experiences of withdrawal. This lack was felt as “terror”: 

If we don’t have [opioids] we’re sitting there shivering, and a blithering mess. I hate the thought of not being able to be in control of my own body. Terrifies me. (OST client)

[In withdrawal] you’ve got diarrhoea, and your body’s going out of control, you’re going to do anything to make that better. (OST client)

To not have control over legitimately prescribed opioid medications that prevent uncomfortable withdrawals and support functional wellbeing can precipitate seeking alternative medications to control symptoms of withdrawal. Although people will not die from withdrawals, OST certainly constrains health and inhibits the ability to respond adequately in a disaster. In this sense, OST clients reported that they would access drugs in whatever way necessary as discussed in the next section.

Doing whatever it took to access drugs.

OST is a valid intervention that increases safety by reducing the negative effects of illicit opioid use and the associated harms, such as blood borne diseases and criminal activity (Ministry of Health, 2014). It is argued that safety and security are strong predictors of health (Australian Psychological Society, 2017). However, without access to OST in a disaster, clients in this study reported that they would do “whatever” it took to find drugs to prevent withdrawals, including breaking the law:

And if the person’s resourceful or ruthless, they’re going to go and do whatever… . (OST client)

[To get drugs] I’d probably break the law and break into the building … sounds bad but that’s probably what I’d do. (OST client)

If someone’s feeling crap, and they have a great desire, then they might go out and burgle, or hit pharmacies during that time. (OST client)

Even though I don’t want to [smash into a pharmacy], but that’s pretty much what it’d drive me to do. (OST client)

If you’re on daily pickups, then it’s a real crisis [laughs] situation [post-disaster] pretty much straight away. If your pharmacy isn’t open or that sort of thing … if that means waving a baseball bat around at a pharmacy that happens to be open, then, so be it. (OST client)

These quotes demonstrate just how “resourceful” people receiving OST may be in a disaster. Unable to access opioid medication would drive them to do things that they would not want to do under business as normal conditions. The quotes also alluded to risk for the general public. For instance, the safety and security of pharmacists and pharmacy patrons would be compromised by a person aggressively seeking opioids. However, some OST
participants mentioned trying other avenues to avoid withdrawal symptoms, such as buying street drugs, or taking alternative medications:

I would go to the black market for other methadone or other opiates, morphine, codeine, any,oxy- any opiate will do in a pinch. Or even people would resort to taking anti-psychotics like Seroquel or other things that just knock you out. (OST client)

[Post-disaster] if it got to lunchtime and I hadn’t heard of anything [about pharmacy opening], and I knew where to get something else, most definitely I would, without a doubt [turn to street drugs]. (OST client)

In the initial phase of a disaster, if legal OST is not available then illegal supplies of OST will also be disrupted, according to Ministry of Health staff. Not necessarily wanting to commit crime or access street drugs, most of the participants receiving OST stated they would try to access opioids from a hospital emergency department (ED), an option that OST clients discuss amongst themselves. Though they recognised that this could be problematic in a disaster context because the hospitals would be busy with injured patients and distressed people:

The other suggestion I’ve heard, which is passed around by a few people on the methadone programme to a few other people, but it’s sort of billed as something they don’t want everyone to know, is to just go to the ED, and that whoever the doctor in charge there should know something about it, or will be able to dispense, or organise dispensing in a genuine emergency, disaster situation. Whether they’d be too thrilled about seeing a bunch of methadone patients turning up and demanding medication I don’t really know…. (OST client)

… maybe I’ll go to the hospital, [laughs] … there’s a disaster but, fuck, they’re going to be really busy if there’s a disaster. I mean no one at the hospital’s going to care that I haven’t got my Suboxone. You know, they’ve probably got people everywhere…. (OST client)

This account was supported by a government based emergency manager, who also reported that people receiving OST would not be welcome at hospitals:

Health won’t want people going to the hospitals. They’ll try and push it out through primary care or somewhere. They’ll be looking to deal with the critically injured and all that sort of stuff, so you wouldn’t want to be swamped with a whole bunch of other people setting up for a few minutes to get their dose. (Ministry of Health worker)

Although busy with acute cases, that no one would care about opioid withdrawals in a disaster context signified discriminatory practices. This assumption was supported by stories from the 2011 Canterbury earthquake. A Christchurch OST staff member reported that primary response groups did not consider that missing an opioid dose as an emergency and therefore it was not a treatment priority. However, the participant also claimed that this could be founded on knowledge about the pharmacology of methadone and its long half-life (time to reach half the original concentration):

… the message that had also come through around controlled drugs was that they weren't considered emergency situations. So, an OST client presenting for their next dose, the next amount, is not an emergency. So, they were generally being triaged down the list when they turned up at the after-hours doctors. (Pharmacist)

Some advocates of OST draw on a diabetes metaphor as a way to explain the significance of OST on health and wellbeing. With moral and ethical judgements producing stigma about drug addiction and
drug replacement treatments (Earnshaw, Smith, & Copenhaver, 2013) this metaphor provides a way to engage people in the physiological justification of opioid interventions:

... the good old analogy of diabetes, if somebody didn’t have their insulin that added anxiety … except of course if you’re a diabetic you’re likely to go into a coma and die (mmmm) whereas with addiction it’ll get very, very uncomfortable. (OST staff)

While the metaphor of diabetes enabled a telling of the significance of OST for people, it can overemphasise the physical health consequences and diminish the psychological aspects. To be ignored by health professionals in an disaster setting could trigger people to “do whatever it took” to score drugs and stop the uncomfortable withdrawals, even if that meant burglary, robbery or using street drugs. The participants did not consider any other strategies for reducing withdrawals, such as taking medication like Ibuprofen to lessen the symptoms, and only a small number had any disaster preparedness items in place. The next section discusses disaster preparedness practices for people receiving OST and OST healthcare services.

Not being prepared for a disaster. A range of research argues that preparedness is vital to efficient and effective recovery for people and communities after a disaster (for example see Finnis, 2004; Frumkins, 2011; Ministry of Civil Defence & Emergency Management, 2016c). However, being prepared is difficult for people who are disadvantaged because of a paucity of resources, capacity and social capital (Fraser, 1999; Wisner et al., 2004). As this research has demonstrated, for OST clients, preparedness planning is obstructed by regulations that limit access to opioid medications. Despite such restrictions, the Aotearoa New Zealand Ministry of Civil Defence and Emergency Management (2016b) implore the public to be disaster ready by storing essential medicines. Some of the OST participants reported that they had never considered disaster preparedness planning for their medication and simply accepted that storing opioids would be impossible because of the strict regulations and lack of access. The following OST clients describe this situation:

I've never really thought about, if a disaster happened. Like it’s hard enough planning with the hospital just to get one or two days’ takeaway when they’re fully staffed, let alone if there was a disaster and hospital staff were already stretched. (OST client)

… you can’t stockpile anything. So it’s purely daily. (OST client)

... no I haven’t, really [got any plans]. I mean I never, I can’t really see how I would hide my dose, I mean unless I hid some of my takeaway dose. (OST client)

When asked about why they were not ready for a disaster reasons other reasons included denial that a disaster would occur to a lack of finances or geographical challenges:

... never with my medication. No. It’s almost like that whole natural disaster thing, it’s almost like it’s never going to happen to me. (OST client)

… probably money… I'm between homes … and just, never thought about it. You see the ads on T.V. and that, you don’t even really see that to be honest. But it’s almost like money you’re going to go out and spend that might not be used in a way [for an emergency]. And I could see myself being low on money and supplies and all that, you probably dig into it. (OST client)

I don’t have that kind of money. So no, if I was working and had money in the bank, I’d probably think about it, but even then, I’ve never really had money to think - I've got too much money, what can I buy? (OST client)

I guess because I live, like just across the road from the hospital, it
doesn’t, I'm not really that concerned. (OST client)
The following pharmacist described the social conditions that some clients endure and the importance of providing extra help to them:

… a lot of our clients are living out of cars, or garages or they’re very transient and of course transport is an issue … some of the clients are stable, they’ve got jobs and they’re easy peasy, but you get the same pot of our clientele who are still in a mess. The ones in a mess are the ones that need more help, the ones that are in a mess they stress out more “my god what am I going to do, where am I going” “what about my medication”. (Pharmacist)

OST staff also mentioned the impact of social inequality in a disaster scenario. Social inequalities are recognised as a strong predictor of health (Davidson, 2015). Following the Canterbury earthquake, it was noted that people receiving OST were worse off because of their position as “have nots”:

A lot of [clients] ended up in really horrible conditions because of the earthquake. A lot of them had substandard housing to start with, and it was made worse by the earthquake… what we found was we got homelessness not after the earthquakes so much as when landlords got their houses done up and then they upped the rent, and the [OST clients] had to move out. So we had social issues maybe twelve to twenty-four months after the earthquake. Most of our issues here have been the consequence of … the ‘haves and have nots’. (OST staff)

That social disadvantage is problematic for people following an earthquake is concerning. As well as advocating for social changes that support disadvantaged communities, assisting people to prepare could reduce some of the negative harms immediately following a disaster, such as access to water or medication and long term recovery issues, like housing. When asked if they had been given information on OST emergency plans, all participants reported that they had not received any information on preparedness planning. This was troubling as some of the OST services were well prepared and had produced information sheets for how people should prepare. One of the OST participants expressed frustration about this lack of information:

I don’t know if they’ve got anything in place. I don’t know if they’re interested in getting anything in place. I got the feeling that like, oh we go to work, we sit in our office, we go home, and we’re fine. You guys… you’ll be ‘right, go to the hospital. And I know from my experience when there is no dose, that when you go to the hospital, the hospital says piss off. (OST client)

It was claimed that most people on OST in Wellington, a city with active geological faults making it earthquake prone (GNS Science Te Pū Ao, 2016), would not have considered household preparedness planning, as the following except demonstrated:

I think on the whole … you’ve got 400-odd methadone patients in Wellington, I would expect that the majority of them are not prepared at all for, even just in terms of, at home, things like water, food, radio, batteries, whatever, that sort of stuff. Even a plan to get out of the house, or who to contact, I don’t think, I’ve certainly talked to a few people about it, and none of them have any sort of plans at all. (OST client)

OST staff also assumed that clients would not have thought about preparedness planning, however that assumption was moderated by the length of time someone had been receiving OST, stability, illicit drug use, and “sci-fi” knowledge of disasters:

… if they’re early on in their [treatment], getting on the first couple of years is probably still
living a life of kind of, gentle kind of chaos, they might even still be using. So I would think it just wouldn’t even occur to them. Because everything, it’s all about how you’re going to get high again, and over and above that – and then you’re high, so you’re not thinking about what might happen in the far off sci-fi version. But yeah it [preparedness] just wouldn’t occur to you. (OST staff)

Household disaster preparedness, such as storing water, food, and batteries had been completed by two of the participants, with one explaining that she was prepared because her family encouraged her to be. Even if people receiving OST could stockpile their medication it would be problematic because people could be tempted to consume it. The allure of the drug high is represented below:

If they say, look well what we’ll do is we’ll give you a week’s worth and that can be for in case there’s an emergency, that wouldn’t work because it’s a mind-altering substance … (OST client)

… an addict that would basically open up, it would just get used I suppose. (OST client)

One OST staff member reported that no client had ever asked about emergency planning; while another stated that she was asked about what to do to access OST after the Canterbury earthquake in 2011, but not since then:

They did after Christchurch. Recently they haven’t asked and the answer now - if the pharmacy was open they would continue to collect from them. If the pharmacy was forced to close, then we would be able to direct them to where they would be able to go, and they were quite happy with that. (OST staff)

As indicated here, the same message following the Canterbury earthquake 2011 is relevant to people OST clients today. According to one OST participant, being provided with verbal information about the OST service preparedness plan would be enough to satisfy them, however verbal messages should be supported by written messages. OST services should provide preparedness planning information packs that are disseminated to people receiving OST on a regular basis.

Discussion

Social determinants of health govern the way in which disasters are experienced. Already existing inequalities, such as substandard housing, poor healthcare and socioeconomic conditions are exaggerated and contribute to negative outcomes after disasters (Frumkins, 2011; Hser et al., 2015; Wisner et al., 2004). By applying a social determinant of health lens, this work has delineated the way in which health systems impact on the health and wellbeing of people receiving OST, their families and communities, especially with disaster preparation planning and during a disaster response phase. A central theme of access to healthcare encompassed subthemes of experiencing psychological distress without OST, fear of withdrawals, lack of agency over takeaway doses, doing whatever it took to access drugs, and not being prepared for a disaster.

The OST participants in this study were psychologically distressed merely thinking about being without their medication following a disaster. OST staff noted that many clients had pre-existing trauma which would contribute to how they cope. The impact of opioid withdrawals was downplayed by some OST staff because, unlike benzodiazepines, they are not life-threatening. However, other OST staff and clients recognised that withdrawals are extremely uncomfortable and could compromise client and community safety in a disaster. For people who rely on medication to function, having limited agency to be prepared or access to OST produces additional disadvantages during a disaster. The OST participants in the study felt like they would have no choice but to commit crime or use street drugs to alleviate withdrawals. In an already chaotic disaster setting, criminal activity and the health risks
associated with using street drug would exaggerate harm to people receiving OST, and as a consequence the wider community, which of course is not ideal. Personal and psychological safety should be a primary focus in disaster recovery (Coppola, 2015).

The inability of OST clients to have control over their healthcare and have household disaster preparation items in order to care for families or communities in the days following a disaster, was also alarming. Some of the participants expressed concerns that they may be too sick to access clean drinking water or food. They would not be able to walk long distances or get to safety and that they could not help a neighbour or a distressed citizen while they were physically compromised. Household disaster preparedness was constrained without financial means to purchase additional food, and as a transient group with sometimes chaotic lifestyles, managing emergency stores can be a difficult task. Bloodworth et al. (2007) argued that disaster preparedness is key to managing disaster outcomes therefore discussing emergency plans with clients is vital, and as recognised by the OST clients in this study, would help to alleviate their stress.

A key determinant of health is social equality for vulnerable groups (Davidson, 2015; Naser-Hall, 2013). OST services need to ensure that appropriate fit for purpose emergency management plans are prepared and communicated to auxiliary health providers such as pharmacies and general practitioners. Emergency plans should also be communicated regularly to clients. If people receiving OST know how long it will be before they can expect a dose in an emergency, or they are informed of service continuity plans it might help alleviate emotional distress and encourage people to have strategies to manage withdrawal symptoms until they can get an opioid dose. For instance, OST clients should be provided with information on medications to reduce withdrawal symptoms, like Paracetamol and anti-nausea medications. Although one of the services had this information available, the OST participants in this study reported they had not seen it. As well as lessening withdrawal effects, this might assist clients to access their regular medications in appropriate ways and potentially prevent any criminal activity, such as robbing a pharmacy or using street drugs. Studying the impact of heat waves on people on medication with mental health and substance disorders, Cusack, de Crespigny, and Athanasos (2011) also argued that health professionals should support clients to manage health conditions during a disaster. Extra monitoring and support should be provided for those that do not have the ability to do it themselves.

The participants in this study identified other social determinants impacting on the health and wellbeing of OST clients in a disaster. For instance, the potential for discrimination by ED staff. That the medical profession positions opioid withdrawals as a non-medical emergency in a disaster setting negates the wider social and health risks. Information for ED staff on how to engage with people receiving OST in this situation might be a useful strategy to prevent risky behaviour. Rather than turn people receiving OST away they could be advised of the local dispensing plan or where to find information about OST service plans. People with specific health needs should be able to communicate these needs to emergency management staff or other health professionals if they present at their services without fear of discrimination or rejection. The Aotearoa New Zealand Health and Disability Commission encourages people to carry a health booklet outlining vital health information in case of an emergency or to provide it to new health professionals. This strategy might be a sensible option for OST clients. It may help overcome any immediate communication issues and de-stress the client.

Conclusion

The United Nations Platform on the Social Determinants of Health (World Health Organisation, 2017a) aims to address the socioeconomic and structural conditions that improve health outcomes for all. The Sendai Framework for Disaster Risk Reduction (United Nations, 2015) also calls for disaster
risk reduction practices that strengthen the social, economic, cultural and environmental conditions to promote disaster safety for all. Emergency management should consider and understand how the social determinants of health are intricately linked to disaster risk management practices. People working in health, including community psychologists, should recognise the importance of emergency management and disaster risk reduction. Acknowledging this relationship would enable a more comprehensive and collaborative approach to addressing social inequality within a disaster setting and beyond, providing multiple benefits for all people, including people receiving OST, their families and communities.

References


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**Author biography**

Dr Blake currently works as a Lecturer for the Joint Centre for Disaster Research and the School of Psychology at Massey University in Aotearoa New Zealand. Her work in this space encompasses matters of welfare and social justice to inform her commitment to the wellbeing of people who can be vulnerable and marginalised communities, both within a disaster context.
and more generally. This includes adoption, identity, welfare, gender, health promotion and disaster response. Dr Blake values a collaborative research approach to complex social issues. She argues for the continuing need to address the knowledge-practice gap between researchers, providers and end users.
Transformative change is required for society to reduce and adapt to the effects of climate change. In this study, theories, methods and practices of transformative change in the social science literature were interpreted and summarised into three processes perceived by the researchers to contribute to transformative change: ethical awareness, social justice practices and a sense of vision for the future. The interpreted and summarised processes were used to investigate nature strip gardens (edible or native gardens on the footpath) which have been identified as having potential to contribute towards transformative change for environmental issues. Households with a nature strip garden received a letter requesting participation in social justice research about their nature strip garden. A questionnaire based on the summary of transformative change developed by the researchers was utilised with prompts from a social justice scale to carry out eight qualitative interviews. The data was analysed deductively using codes directly from the interpreted summary of social science literature on transformative change, including ecological consciousness, framing issues in terms of power, and changing policy. The findings lent weight to the conceptualisation of nature strip gardens as sites where transformative change processes can occur.

Transformative change is required for society to reduce the effects of climate change. Features of transformative change have been conceptualised by many social science fields, including community psychology (Angelique & Culley, 2014; Evans, Hanlin, & Prilleltensky, 2007; Nelson & Prilleltensky, 2010; Nelson, 2013), community development (Barnes, 2014), environmental justice (Sherman, 2011), environmental politics (Nettle, 2014), social research (Hopkins, 2008), social epidemiology (Wilkinson & Pickett, 2009) and sociology (Habermas, 1987).

Brown, O'Neill and Fabricius (2013) reviewed nineteen understandings of transformation in an attempt to reconcile the differing viewpoints found in the social sciences. They identified that many social science fields show a general agreement that transformation is a process of change that involves the alteration of fundamental attributes of a system. It may also involve changes to practices, lifestyles, power relations, norms and values including social justice values (Nelson & Prilleltensky 2010). It is concerned with the reduction of systemic risk factors, which may include climate change (Reimer, 2010) and the use of energy sources which damage the environment (Angelique & Culley, 2014).

**Transformative Change Processes**

Informed by the literature on transformative change, particularly in relation to environmental concerns, as researchers we have conceptualised transformative change as being brought about by processes of ethical awareness, social justice practices and a sense of vision for the future (see Table 1). Ethical awareness in this context is defined as the identification of social justice issues (Habermas, 1987; Nelson, 2013; Sherman, 2011). Social justice practices are defined as actions that increase people’s ability, especially those who are disadvantaged, to contribute to and receive from society (Evans et al., 2007; Habermas, 1987; Prilleltensky, 2010); and a sense of vision for the future is described by words, or expressed as actions, which manifest a perception of a future of increased social justice and wellbeing (Nelson & Prilleltensky, 2010; Nettle, 2014; Newbrough, 1995; Reimer, 2010; Sherman, 2011).
Table 1 presents processes of transformative change summarised and recorded from social science literature searches carried out by the authors. The table was constructed to provide a simple framework to assist in the identification of transformative change processes in the field of climate change and environmental sustainability. The authors inducted that these processes may occur in connection with nature strip gardening (edible or native gardens on the footpath).

**Nature Strip Gardening**

Nature strip gardening, as a form of community gardening in the everyday common space between public and private land, has great potential to foster citizen participation and to bring about

<table>
<thead>
<tr>
<th>Ethical Awareness</th>
<th>Social Justice Practices</th>
<th>A Sense of Vision for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generating political awareness. Framing and interpretation of issues in terms of power (Nelson &amp; Prilleltensky, 2010).</td>
<td>Power regulation, empowerment, self- determination and participation, inclusion, advocacy, development of strengths and relationships, resistance, supportive relationships, social and political action, collective identity, prevention, participatory democracy (Nelson &amp; Prilleltensky, 2010).</td>
<td>Enhanced wellbeing conceptualised in terms of power and at multiple levels. Increased control, self-esteem, competence, independence, political awareness, political rights and positive identity.</td>
</tr>
<tr>
<td>Development of critical knowledge (Habermas, 1987)</td>
<td>Ideas development. Knowledge sharing, Acquisition of competencies, including economic (Nettle, 2014).</td>
<td>Enhanced socially supportive relationships, participation in social, community and political life. Freedom from exploitation enabled by equity and power sharing (Nelson &amp; Prilleltensky, 2010).</td>
</tr>
<tr>
<td>Identifying practices that reduce wellbeing or are unsustainable (Reimer, 2010).</td>
<td>Changing policy (Evans et al., 2007).</td>
<td>Personal and collective transformation (Habermas, 1987).</td>
</tr>
<tr>
<td>Commitment to land care beyond suburbia (Hogan, 2003).</td>
<td>Civic mindedness, social solidarity, social support, formal groups, leadership (Angelique &amp; Culley, 2014)</td>
<td></td>
</tr>
<tr>
<td>Linking wellbeing to equity, and environmental care (Wilkinson &amp; Pickett, 2010).</td>
<td>Advocacy (Evans et al, 2007)</td>
<td></td>
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<tr>
<td>Ecological Consciousness (Schmeleva, 2009)</td>
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transformative change on environmental issues (Hogan, 2003; Meenachi-Sunderam & Thompson, 2005; Okvat, 2011; Pyles, 2013). Hogan (2003), a sociologist at La Trobe University, argued that suburban life is currently based on the needs of mobilisation and transport and is not designed to fulfil people’s political, economic, social or spiritual needs. He identified nature strip gardens (gardens which grow native or edible plants on the footpath) as helpful to address these needs and mediate against individualistic values that erode political participation and reduce people's ability to respond to environmental challenges. He noted that nature strip gardeners in suburbia have already confronted questions of sustainability and have potential to produce ecological consciousness to resolve environmental issues.

Hogan (2003) also pointed out that a large proportion of the population now living in Australia post colonisation might not be aware of the necessity for responsiveness to ecological issues that food production and waste management can assist in providing. He focused on the potential that the nature strip garden has to provide an environment for this responsiveness to develop in the population on a large scale. He referred back to the work of George Seddon (2001), an initiator of ecological history and suburban politics, who reflected that a nation of collective gardeners is more likely to produce a public culture of commitment to caring for the environment. Nature strip gardeners, along with those creating green urban corridors for fauna and flora, can provide exemplars for others in suburban settings to follow.

Hogan (2003) and Meenachi-Sunderam and Thompson (2005), along with the current authors, suggest that nature strip gardeners are likely to demonstrate transformative change processes, and have the potential to contribute to transformative change for society in the future. This project aimed to investigate transformative change processes in nature strip gardening in the inner suburbs of North and North-East Melbourne, Victoria. The research utilised an interpreted framework of transformative change to investigate whether nature strip gardeners displayed transformative change processes as defined by ethical awareness, social justice practices and a sense of vision for the future.

Methods

This research project utilised a pragmatic research paradigm and employed mixed methods in undertaking the study. Pragmatism as a research paradigm supports the use of a mix of different research methods as well as modes of analysis to bring about socially useful knowledge (Feilor, 2009). Inductive reasoning was utilised as the logic for exploring transformative processes on the understanding that this approach to the investigation would enable a focus on social assets and community capacity to bring about change. Ethics approval to recruit participants was obtained from the Victoria University Human Research Ethics Committee (Approval Number HRE15-045).

Participants

The participants were eight people with nature strip gardens in the inner suburbs of North and North-East Melbourne. The age range of the participants was 42 to 64 and they consisted of six women and two men. The sources of participants were (a) respondents to flyers delivered to the letter boxes of people with nature strip gardens in a North-Eastern Melbourne suburb, and (b) members of an Urban Food Network in the Northern suburbs of Melbourne who responded to an emailed flyer. The sample size was considered adequate as the data collected was largely qualitative and did not require large numbers.

Data Collection: Open-Ended Interviews

To explore transformative change processes in nature strip gardening three open ended questions were asked of participants. As transformative change can be seen as driven in part by values of social justice (Nelson & Prilleltensky, 2010), a social justice scale (Torres-Harding, Siers, & Olson, 2012) was also utilised to formulate prompts for these questions. The social justice scale has good reliability and was specifically developed as a tool to be used by
community psychologists to measure favourable attitudes towards engaging in social action.

The first question asked was: “Can you tell me about any changes in awareness that may have preceded, or may have come about because of, your participation in a nature strip garden?” Two prompts to invite people to consider social justice issues in relation to this question were used: “…about changes in awareness of larger social conditions that cause suffering and impede wellbeing." and "…about changes in awareness of fair and equitable allocation of bargaining powers, obligations and resources” (Torres-Harding et al., 2012). A third prompt based on discussions of awareness from political environmental literature was also given "…about changes in awareness to sustainability values” (Nettle, 2014).

The second question asked of participants was: "preceding or since involvement in a nature strip garden, can you tell me about any changes in your ability to ensure that opportunities and resources are fairly distributed?” This question was formulated on transformative change literature from sociological (Hogan, 2003), community psychology (Nelson & Prilleltensky, 2010), environmental politics (Nettle, 2014) and environmental justice fields (Sherman, 2007). To invite people to consider this question from a social justice viewpoint, five statements were selected and modified from the social justice scale such as "having a positive impact on others", and "talking to others about social injustices and the impact of social conditions on health and wellbeing” and used as prompts (Torres-Harding et al., 2012).

The third question asked participants: "can you tell me about any changes to a sense of vision for the future that may have preceded or come about as a result of a nature strip garden?” This question was formulated from community psychology (Newborough, 1995), environmental justice (Sherman, 2007), environmental politics (Nettle, 2014) and sociological literature (Habermas, 1987). To prompt people to consider this question from a social justice viewpoint, statements were selected and modified from the social justice scale (Torres-Harding et al., 2012) such as "to seeing a future where all individuals have a chance to speak and be heard".

Data Analysis

Data narratives were coded according to the transformative change processes (see Table 1) derived from the literature by the researchers, and the number of respondents who spoke about different transformative processes was noted. Transcripts of interviews were entered as documents into the N-Vivo11 computerised data management program. The literature was utilised to create codes which were entered as nodes into N-Vivo and the text was reviewed for each code. The text was coded by matching the codes with segments of data selected as representative of the code (Braun & Clarke, 2006). For example, the text was reviewed for any units of text that meaningfully matched the code of consciousness raising (Evans et al., 2007) and so on. The segments of text from all matched codes were then sorted, and analysed (Braun & Clarke, 2006) according to the literature identified for the proposed three-part processes of ethical awareness, social justice practices and a sense of vision for the future.

Results and Discussion

The results of the data analysis show nature strip gardens as places where transformative change processes can occur. Table 2 summarizes the number of identified nature strip gardeners whose text responses matched the codes for aspects of ethical awareness, social justice practices and a sense of vision for a just future as conceptualized from the literature and used as prompts in the interviews. Responses to each question are then discussed in relation to the literature, with examples provided in participants’ own words. Names have been changed to protect the privacy of participants.

Investigating Transformative Change Processes: Ethical Awareness

Participants were asked: "Can you tell
me about any changes in ethical awareness that may have preceded or may have come about because of participation in a nature strip garden?” The four categories created within the first transformative change process of ethical awareness as summarised in Table 2 above were utilized to analyse responses to this question.

*Framing issues in terms of power.*

Sharni spoke about being aware of “the politics of nature strip gardening” and gave an example of The Citrus Tree Incident. She and Bella had helped a neighbour plant a citrus tree on the nature strip. The neighbour received a letter from the council ordering the tree to be removed. Bella also spoke about the Citrus Tree Incident. She was advised to get a petition going which allowed

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Table 2

*Deducively Developed Transformative Change Processes*

<table>
<thead>
<tr>
<th>Process</th>
<th>Category</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical awareness</td>
<td>1. framing issues in terms of power</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2. identifying issues - equity, wellbeing &amp; environmental care</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3. consciousness raising</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>4. ecological consciousness</td>
<td>6</td>
</tr>
<tr>
<td>Q1: Can you tell me about any changes in awareness that may have preceded, or may have come about because of participation in a nature strip garden?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social justice practice</td>
<td>1. ideas development and knowledge sharing</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>2. resistance</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3. civic mindedness</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4. changing policy</td>
<td>3</td>
</tr>
<tr>
<td>Q2: Preceding or since involvement in a nature strip garden, can you tell me about any changes in ability to ensure that opportunities and resources are fairly distributed within society?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sense of vision for the future</td>
<td>1. personal and collective transformation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2. greener urban environments</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3. enhanced socially supportive relationships</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4. food security and local food production</td>
<td>4</td>
</tr>
</tbody>
</table>
all of the people in the street to have a say about whether they wanted the citrus tree in the street or not. Bella commented,

I have become aware that the nature strip belongs to everyone… whoever was in charge of this stuff put a note in my neighbour’s letterbox saying 'please remove your citrus tree' and I went and started a petition and it was a great way to meet the neighbours and save the citrus tree. I met people I hadn't met before in just this section and I have lived here for 20 years…I think the fact that the citrus tree is still there gives people a sense that they can have a say about things.

Nelson and Prilleltensky (2010) point out that the manner in which issues and problems are framed will determine how those problems are addressed. Ameliorative interventions tend to adopt rational problem-solving methods and ignore power dynamics. Transformative interventions frame issues in terms of inequities in power (Nelson & Prilleltensky, 2010). For example, in the incident of the citrus tree Bella might have apologized to her neighbour for encouraging her to plant a citrus on her nature strip and assisted her to remove it, thinking of it as a safety issue that she had overlooked which might have caused people to fall. She may have become concerned with the prevalence of falls over fruit on nature strips and how these might be prevented.

Instead Bella addressed the problem by taking action to address a power imbalance. Bella's actions indicated that she framed the incident of the Citrus tree as an issue of power and not an issue of health and safety. Nelson and Prilleltensky (2010) observed that transformative change involves a focus on actions that change the social structures that give rise to the problem. In this incident the focus is on reducing the authority of the engineering department so that urban food production can be increased (this is further supported later in the interviews by Bella's involvement in advocating for the development of a council urban food policy).

She successfully rebalanced the power dynamics in this incident by invoking the power and voice of the street community. The solidarity of the neighbourhood petition enabled the citrus tree to be saved. Bella showed political awareness (Nelson & Prilleltensky, 2010) by utilizing the collective power of community to produce a liberating outcome both for a neighbour and for the street.

Identifying issues of equity, wellbeing and environmental care. Anita, Michael and Ruth discussed their nature strip garden in terms of equity and wellbeing. Ruth said "since I have been nature strip gardening I have become aware that there are a lot more people living in flats who don't have any close access to a green space than there used to be and that is only going to increase." She linked income to wellbeing, and people's need for green protection from the effects of climate change. Ruth commented that "the less wealthy will need more healthy green space protection as the effects of climate change increase." She saw Indigenous nature strip planting on nature strips as mutually contributing to people's wellbeing and the wellbeing of Indigenous flora and fauna, commenting that "as the climate heats up people and wildlife will need more green protection to cope with the heat."

Michael has become aware since having a nature strip garden that they could be used for food production for people lacking garden space; he reflected that, people living in flats who don't have any access to garden space should be able to use their nature strip to grow food. Access to quality, healthy, sustainably grown food shouldn’t be dependent upon your ability to buy expensive food in an organic supermarket, or whether you’ve got a big enough backyard to grow it yourself.

Bella spoke about the possibility of gaining income from local food production, as a way for people to address food insecurity:

I have been researching setting up a market of local food, like
backyard food that people can make a small income from ... on one level there is not enough food and we do have areas of food insecurity and more surprisingly it wouldn't be that hard to turn it around, and so this is one possibility, one sort of not very hard way of creating more food. Roberts and Parks (2007) identified that environmental issues are social justice issues because the negative outcomes of climate change are more likely to be experienced by those on a low income. Ruth identified that climate change is a social justice issue because she understood that the effects of climate change will be felt more by people who are less wealthy because they will be less protected. Michael and Bella identified that resources and opportunities for fresh organic food should be available for everyone, not just those who can afford them. These social justice values accord with those of the Australian Food Sovereignty Alliance that all Australians, especially those who are disadvantaged should have access to high quality fresh, nutritious food (Parfit et al., 2012). Separation of people from the opportunity and knowledge to produce healthy fresh organic food for themselves may reduce people’s wellbeing directly if it reduces their vegetable intake or increases their pesticide intake (Petrini, 2013). Ruth, Michael and Bella's recognition of this is an example of ethical awareness in that it identifies practices which reduce wellbeing in society (Evans et al., 2007).

Consciousness raising. Bella and Sharni both spoke about how they wanted to raise others’ awareness about food production. Sharni said, "it shocked me that people didn't know how to grow food or where it came from so I decided to just go ahead and start a nature strip garden to show others how to do it." Bella also confirmed Sharni’s views when she said, "I decided it was a good statement because I was dismayed at how little people knew about growing food".

For Michael an awareness of food security issues developed before he began his nature strip garden through his interest in community gardening. "When I started to dig around in community gardens I began to see what the impact of urban agriculture could be on the food security issue." He had found that it was easier to get people involved thinking about urban agriculture because of the level of interest around the world in regaining control of the food system. Michael commented, Well, I think the other thing that's happened in recent years is there have been some larger groups like the Food Sovereignty Alliance emerged which are trying to operate at a national scale, and there's been massive sort of surge of interest in urban agriculture around the world for various reasons, a seeking of diversity in terms of food sources or control of the food system to try and get – regain control of food system from 'big farm'. So, all those things together have kind of forced it to rise in people’s minds and triggered lots of activities. So, when people are more aware of it, it’s a bit easier to get their attention and get them to help and get them involved.

Robert decided to change his Information and Technology (IT) career for a career concerned with the environment. He said “after putting in the nature strip garden and all the interest it created I decided I wanted to make my career in learning about the environment and working with others outside".

Sharni and Bella felt so strongly that people should become aware of where their food comes from and how to produce food that they both started nature strip gardens "to show people how to do it" and "as a statement." They are practising consciousness-raising because they are getting the broader public interested in local food production and promoting local organic agriculture (Hopkins, 2008; Nettle, 2014; Parfit et al., 2012).

Hogan (2003) has suggested that
ignorance about the production of food and waste management is a social and environmental issue. He states this is because it may separate people from the ecological awareness that these actions can create in people, and may reduce their ability to respond politically to environmental threats. Nettle (2014) argues that when people take control of their own food production it frees them from the status quo of dominant corporate and retail food suppliers and it can allow them to be active in a community of gardeners. Sharni and Bella's actions have the potential to reduce ignorance about food production and waste management by teaching people how to produce their own food and recycle waste through compost making (Sharni has a compost bin on her nature strip). Michael had noticed that people’s dissatisfaction with the status quo of the food system was making it easier to raise their awareness about the control and production of their own food.

Ecological consciousness. Marie was passionate about the clearing of green environments and used her nature strip gardens to replant Indigenous flora and provide a diverse environment for native birds and insects:

As our weather is becoming more violent, more of us need to replant. Native areas are continually being cleared. We need to give nature every chance we can.

Ecological consciousness is considered a holistic, dynamic, reflexive element of human consciousness, incorporating the interaction of the human being with the worldwide environment towards a sustainable future (Schmeleva, 2009). Ruth expressed this awareness in terms of the ecological challenges facing communities seeking to contribute to environmental sustainability:

It's about how do we actually make this environment more robust and more resilient after we have taken the resilience and robustness out of it?

Nelson and Prilleltensky (2010) consider actions which have an effect on sustainability as transformative actions because they may reduce systemic risk factors related to climate change. Ruth, Anita, Sharni and Robert, like other community gardeners in the literature (Nettle, 2014; Okvat, 2011), have demonstrated their understanding of ecological principles; for example Ruth said "the kids’ school asked me to contribute to a unit in sustainability - I thought I will put something in it about nature strip gardens", while Anita and Robert both reported that they had led and participated in local council workshops on sustainability. These results support Hogan's observation that Australian nature strip gardeners are confronting questions of ecological sustainability and may be a source of creative solutions for environmental issues (Hogan, 2003).


Participants were asked: "Preceding or since involvement in a nature strip garden, can you tell me about any changes in ability to ensure that opportunities and resources are fairly distributed?” The responses given were analysed in terms of how they related to the four categories identified from the literature as social justice practices (see Table 2).

Ideas development and knowledge sharing. Marie spoke about giving people confidence to create something for themselves: "I am out there doing this different thing. It inspires people to make their own opportunities and do something in a different way." Nelson and Prilleltensky (2010) refer to social interventions as transformative when they foster people’s strengths and ability to develop ideas. Marie’s actions have the potential to help create new ideas and new ways of doing things, and encourage others to provide more green environments for people and wildlife. Like Hogan (2003) who identified the nature strip as a place of innovative adaption, Marie has recognised the potential for ideas development in what she is doing on the nature strip.

Bella and Anita considered that by...
example, they are sharing the possibility of people having space to grow food and promoting food security. Bella responded "yes I am showing people a resource, the nature strip, which is a kind of untapped wealth of food growing space that could be available to everyone," while Anita saw herself as

... contributing to people having enough space to grow food so that they can’t be hungry, so that they have access. It’s to do with food security and access to fresh food. If they perhaps have a concrete garden or don’t have enough space within their property to grow food.

Ruth, who coordinated others in her street to make and maintain Indigenous nature strips, likewise saw herself as giving people the idea of and access to a green space who might not otherwise have one:

Yes since I have been coordinating the nature strip planting in our street, I see the flats in our street and how those people need an opportunity to have easy access to a green space. They certainly don't have a green space within the recommended 500 metres. The nature strip for those people might be the only bit of green space that they can work with. I am encouraging people in the flats to take use of that space. We provide tools and plants and help people get into it.

Anita, Bella, Sharni, Michael and Robert all spoke about the nature strip garden as allowing them to share their skills and knowledge about food production with others. Anita commented that "people often stop and take photos of the nature strip garden - people get the idea to do it themselves and they sometimes stop to ask me how to go about it, or what will go there." Nettle (2014) and Nelson and Prilleltensky (2010) observed that community gardens are places where local skills and knowledge about food production foreshadow or prefigure alternatives to globalisation and high energy consumption methods of food production.

Robert had been amazed at the amount of interest that his nature strip planter box had created:

I know of some people who’ve installed veggie gardens of their own as a result. So there’s one [wicking bed planter box] on the nature strip and some other people have asked us for the copies of the plans and apparently have gone and built them, so it’s sort of inspired other people to get – to be able to grow things.

Resistance. Bella described how her nature strip garden was frequently a place of encouragement, where people who walked by could see possibilities for themselves and have conversations about how to bring those possibilities about. She said that "once people see this, then they think, ‘it’s not that hard.’ They get an idea of what they could do. I have had a lot of conversations with people about that." Sharni gave an example of a person who lived in an area where nature strip gardens are not permitted.

One lady who came past said, ‘My council doesn’t allow it. But you know what? I’m just gonna do it.’ I mean nothing changes in society unless people push the boundaries a bit.

Nelson and Prilleltensky (2010) identify that transformative change requires resistance to power situations that reduce people’s potential to develop sustainable values and behaviours. They argue that challenges to the status quo that contribute to climate change are required to change people's mindset and bring about processes of transformative change.

Civic mindedness. Anita described changes in her ability to ensure that opportunities and resources are fairly distributed in society - "yes, I think I contribute to social justice - in encouraging people to help themselves to what's out there and share with others in the way of herbs, vegetables and cuttings on our nature strips."
This contribution that Anita’s nature strip garden makes could also be seen as demonstrating civic mindedness: an act of caring for the community in which she lives. She has voluntarily created a public resource that people can use to freely take vegetables, herbs and cuttings.

Angelique and Culley (2014) identified civic mindedness as a characteristic of people who had long term involvement in environmental issues. They suggest it is associated with political activism, innate altruism, personality type and faith commitments. Anita speaks elsewhere in her interview of a deepening awareness, after a major life-threatening illness, of the spiritual and community aspects of life:

…. gardening is a spiritual acknowledgment that there is a life cycle, everything goes through a life cycle. Everything has its time to go. It’s helped me be more in touch with living and dying.

She also describes herself as an introvert who utilized the nature strip garden as "a gentle way, no pressure way of interacting with people as if the nature strip was part of my living room". Although Anita doesn't refer to any political involvement in her interview, other nature strip gardeners who share food on their nature strip are involved in advocacy to change council policies on urban food production.

Changing policy. Bella, Sharni and Michael, who also share food from their nature strip with their communities, are members of a voluntary urban food network which has been involved in advocacy for council policy change to create an urban food policy. Bella commented that

…. one of the primary goals of the policy advocacy work that we’ve been doing is that everyone, including those people who are living in flats or struggling to make ends meet, have some space and encouragement to grow their own food.

Later, she explained further that

…. it gives you a sense of possibilities – that there is a lot of potential, on one level there's not enough food and we do have areas of food insecurity; with good council policy (about urban food production on the nature strip) it wouldn't be that hard to turn it around.

Nelson and Prilleltensky (2010) identified policy change to create a more equitable and sustainable society as a major method of transformative social change. The local council urban agriculture policy advocated for by Sharni, Michael and Bella has potential to allow more equality for local and home food producers because it can change institutional and social structures. It allows the use of public land for food production to enable residents to produce their own food even if they do not have land to do so. Values of food production and food justice are being utilized to promote potential for collective transformation.

Advocacy to transform government and organisational policy at all levels benefits from a critical knowledge of the current paradigm to reveal the interests, powers and values of the system in order to create social change (Habermas, 1987; Nelson & Prilleltensky, 2010). Michael commented in his interview (see section on consciousness raising) that the identification of interests and powers of large food corporations by the Australian Food Sovereignty Alliance has made it easier to interest people in a council policy for urban food production.

Michael, Sharni and Bella challenged the council’s draft policy and successfully advocated for a further development of the policy. Michael said "the council agreed it needed to be addressed at a much deeper level." In lobbying the council as part of a Food Growing Organisation, Bella, Sharni and Michael utilized participatory and interactive processes (Evans et al., 2007) to advocate for change. Michael explained that "[together] we lobbied the council to work on their policy, and they included nature strip gardening."

Formal groups can provide legitimacy and leverage when working with the media.

Naturestrip gardens

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or with government bodies and have been identified by long standing members of environmental groups that have successfully brought about transformative change as being instrumental to that change (Angelique & Culley, 2014). Michael reported that the local food network has continued to advocate for policy change and has succeeded in recruiting the participation of some councillors in their negotiations. He also described how the network had initiated community consultation as part of the council’s policy development on urban food production:

Council put forward a draft community food growing policy which was a pretty lame attempt; we stopped it before it went to the council for approval, and called for community consultation, Michael, Sharni and Anita used negotiation and collaborative methods, which have been identified by Nelson and Prilleltensky (2010) and Riemer (2010) as effective to bring about transformative change. Michael said, "If you are prepared to work with council you can certainly influence policy." His description of their negotiations with council accord with Sherman (2007) who also identified co-operative methods and negotiation as methods to bring about transformative change, and argued that people who use antagonistic and adversarial tactics are less likely in the long run to bring about successful social change.

**Investigating Transformative Change Processes: A Sense of Vision for the Future**

Participants were asked, "can you tell me about any changes to a sense of vision for the future which may have preceded or come about since having a nature strip?" Their responses were analysed in terms of how they related to the four categories identified from the literature as typifying such a sense of vision (see Table 2): personal transformation and collective transformation; greener urban environments; enhanced socially supportive relationships; local food production and food security.

*Personal and collective transformation*. When Bella envisioned changes to her sense of vision for the future with her nature strip gardens in mind, she foresaw a place of greater freedom and individuality:

People have a sense that you can be an individual – you run your life, you don't have to be totally regulated which I think – it's my impression that a lot of people feel overly regulated and the council is partly responsible for that, and so a future where we are a bit more in touch in our everyday lives, with what is wild, with what is alive.

Living in a street where I can plant veggies and see what happens. So that does give me a sense of, you know, a future where from little things, big things grow.

Riemer (2010) discussed the need for both an individual environmental imagination to envision alternatives to current unsustainable lifestyles and a collective view of the future, which is exemplified in Robert's vision of an ecologically educated public developed through public institutions and local government:

**Marie and Ruth also imagined a public who are educated about Indigenous flora, and thoughtful urban environments that support native wildlife. As Ruth put it:**

Most people are educated about how different plants behave. We know about which Indigenous plants cope in difficult environments and we have nature strip gardens that are planted up with appropriate Indigenous
species for native wildlife.

Enhanced socially supportive relationships. Marie saw a change to her sense of vision for the future to where children in the street demonstrated skills and an ability to contribute in a nurturing way by sharing food they had produced with others. Marie envisioned a place where "... children share things they have grown and do things, such as building cubby huts in the street."

Sharni imagined older people contributing usefully to food production through utilizing their land and doing vital but light labour: Growing spaces aren't wasted... say that this old lady who lives alone... her whole front garden is taken over by food plants... people are brought along who garden it. And then they get a lot of veggies for nothing, and nice arrangements are made. She does the water and someone else could supplies the veggies to her. And there are lot of those partnerships working really nicely. So you have more people that facilitate those things. So, the - just a couple of citrus trees thing on the nature strip is a start at least ... me and my neighbours' secret plan.

Bella and Sharni anticipated a shift in their sense of vision for the future to where local people were competent to produce their own food and make compost, and local food was available to buy. Most nature strip gardeners interviewed imagined people valuing growing food or Indigenous plants as a way of connecting to the earth. Bella said, The food we eat in our suburb is grown in locally and there is real investment in the local food market. A stall at the local farmers market sells local food... everyone makes their own compost or compost is made communally.... people realise that growing food is an important part of connecting with the earth.

Michael envisioned a common, joyful experience of harvesting street fruit, learning about gardening and being with neighbours, such that "everyone gets to experience the wonder of being in a garden, picking fruit from the street, or spending time with their neighbours and capturing that enjoyment, that fascination, and just that never-ending learning opportunity that gardening is."

Sharni imagined that problems of garden maintenance had been overcome because the skills and knowledge necessary for garden maintenance were widely known and practised: We have streets like the villages in Pakistan. I met a nice lady from Pakistan, who told me in her village, they – the village streets are lined with peaches and every – I said, 'Well, who does the maintenance?' 'Cause that was a little council issue here – who will maintain it? She said, 'Everyone does. We're all gardeners'.

Food security. Michael, Bella and Anita imagined a future without food insecurity and a free, healthy supply of fresh food for all. Bella envisoned that possibilities are realised – potentials are achieved, we have turned around areas of food shortage, and nature strip gardens have created a lot more healthy and fresh food for everyone. There is always free food there for people who need it.

In Sharni's imagination streets were designed with the watering of nature strip gardens in mind. She imagined that "we have massive water storage systems underneath each nature strip. So that you have the available rain going into underground reservoirs and then it just waters from the base." Bella talked about much more urban space being utilized to grow food, abundantly, she imagined "there are many public fruit trees and many public food gardens, people don't feel the need to take everything from one spot because they can get something down the next street." Reimer (2010) discussed the need for a utopian vision based on a good society to allow climate change to be minimized and sustainable futures created. The nature strip
gardeners interviewed demonstrated active environmental imaginations towards a just and sustainable future.

Conclusion

Nature strip gardeners demonstrated components of ethical awareness, social justice practices and a sense of vision for the future, which the literature suggests contribute to successful transformative change towards a just, sustainable more ecologically aware environment (Nelson & Prilleltensky, 2010). They participated in community events, were members of a food network or ecological group, and contributed to sustainability events. They acted together to work on nature strips in their streets, and actively recruited other nature strip gardeners in their neighbourhood. They acted collectively in the street and offered their knowledge and abilities to others.

Hogan (2003) identified historical features of colonisation which have contributed to the separation of suburban life in Australia from an understanding of food production and waste management. He proposed that a large proportion of the population now living in Australia post colonisation might not be aware of the necessity for responsiveness to ecological issues that such understandings can assist in providing. Nature strip gardeners interested in urban food production using organic methods and those creating green urban corridors for fauna and flora have developed and given others in suburbia understandings about Indigenous flora, food production and waste management. Nature strip gardeners have carried out a process of consciousness raising in their streets.

Community gardens and community nature strip gardens compared. A vision of local food production in the future found in nature strip gardeners in the suburbs of Melbourne accords with the vision of transitional town members to localize economies, moderate the power of the supermarkets and the food system, and re-localize food supply (Hopkins, 2008). It is congruent with the view of many community gardeners who often worked in partnership with the agrifood movement to support small scale, direct marketing and distribution for commercially produced local food (Nettle, 2014). Lobbying the council for an urban food policy by nature strip gardeners is in line with the actions of community gardeners who also advocate for more equitable food policy at the national level (Nettle, 2014).

Similar to other community gardeners (Nettle, 2014), nature strip gardeners in the North and North East suburbs of Melbourne viewed the equitable distribution of resources and provision of spaces which enable people to grow and share food as processes that they were participating in. Nature strip gardeners like other community gardeners developed ideas, negotiated with governments, and made political claims (Fountain, 2000) towards a more sustainable and just future. Many other rich and unexplored aspects of people’s connections to their nature strip gardens and communities were observed by the researcher interviewer outside of the predefined questions concerned with transformative change but could not be included due to the limitations of this study.

Nature strip gardens are uniquely placed to reach people who would otherwise not have contact with gardeners and food production and are thus a form of community gardening available to people who cannot travel far from their homes. The predefined nature of the questions in this research did not allow all the potentials that nature strip gardens have for building community to emerge. For example, they may be particularly helpful to older people and people with physical or mental health issues who cannot easily leave their homes. Unlike other forms of community gardens which require people to travel or go on a waiting list, or which have conditions that exclude some people, nature strip gardens are available to many people. People are gaining more control over their nature strip, which makes widespread access to nature strip gardening possible.

Future Directions.

This study did not consider reasons why nature strip gardening is a relatively rare phenomenon, and future studies could interview representative stakeholders for the
future development of such gardens, such as council urban planners, engineers and health workers, to identify why nature strips are generally under-utilised. Studies could identify barriers to the usage of nature strip gardens and levels of awareness about them as a community development tool and climate change adaptation strategy.

References


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Corrigendum

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Copelj, A., Gill, P., Love, A.W., & Crebbin, S. Psychological growth in young adult refugees: Integration of personal and cultural resources to promote wellbeing. 85-104

Description of the correction.
The following article was cited (on pp. 88 & 92), but was not referenced in the Reference section:
Preparation, Submission and Publication of Manuscripts

*The Australian Community Psychologist* publishes work that is of relevance to community psychologists, psychologists, social scientists and others interested in the field. The journal features empirical research reports, reviews and essays on matters of theoretical and general relevance and reviews of professional and applied areas. The journal also features manuscripts addressing matters of general, professional and public relevance, techniques and approaches in psychological practice, professional and public policy issues, and reviews of books. Submissions by emerging researchers and practitioners are encouraged. Contributions towards the four sections of the journal are sought:

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Contributions are state of the art works of theoretical, professional or applied areas of general relevance to community psychologists and others interested in the field. They may be up to 10,000 words, including all tables, figures and references; however, authors should be as concise as possible.

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Address for correspondence (Usually one only, usually an email address)
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Format follows the Publication Manual of the American Psychological Association (6th ed.).

Language. All manuscripts must be in English. Australian English is preferred.

Paper size, margins, alignment. A4 page, all margins 2.54cm, all text left aligned.

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Paper Title. 12pt, centred, main words capitalised. Title should appear on upper half of Title Page and at the top of the main text on page 3 of a manuscript.

The Title Page should contain:
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Abstract and Keywords. A new page is required. The heading Abstract should be centred. The text should be left aligned. The abstract must be no more than 200 words.

Place up to six keywords below, on a new line, with ‘Keywords:’ indented and in italics (keywords themselves are not in italics).

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3rd Level heading. Indented, bold, sentence case, ending with a period. Text should continue on the same line.

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Tables, Figures, and Diagrams. Captions should be typed above tables and below figures. These should be black and white and inserted in the correct place within the body of the text. Do not allow a figure or table to be split over two pages or to be separated from its label or caption.

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