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Qualitative research

Theoretical research

Qualitative research

Theoretical research

Mixed methods research

Creativity and innovation in social work practice and research

This edition of the *Aotearoa New Zealand Social Work* journal is dedicated to celebrating creativity and innovation in practice and research. We were pleased to receive a good number of submissions for this special edition demonstrating that both resourcefulness and inspiration are alive and well in our discipline. In fact, it is notable that even while practitioners and researchers are still operating within the constraints of a neoliberal market driven economy they have still been able to find places and spaces to exercise diverse ways to innovate and create.

We know that creativity is part of the human condition and has associations with playfulness, fluid and flexible thinking. These attributes are often in tension with the daily realities of practice where issues of compliance and pressure of workload management are constant. Within this context some find it hard to engage with creativity, believing instead that only didactic, serious considerations of practice and research are robust. In fact, we know and can demonstrate with the contributions to this special edition that creativity and innovation provide alternative ways for people to express both serious and robust ideas.

The contributions to this special issue demonstrate how creativity and innovation can make a difference at the micro, meso and macro level; examples include: giving voice to people with a chronic health condition; promoting the role of the arts in fostering health and dialogue; exploring options for sustainable community living; advocating for the role of companion animals in disaster planning; and learning about cross-sector partnerships in health service delivery.

The first three articles in this edition showcase innovative research methodology that has enabled service users to offer vivid expressions of their experiences and concerns. Michele Jarldorn, in "Picturing creative approaches to social work", and Bharati Sethi, in "Using the eye of the camera to bare racism" have written about the use of photovoice methodology in their research with ex-prisoners and with migrants seeking employment respectively. Both of these articles include photographs taken by participants in their research.

Photovoice is a method where participants are provided with the means to take photographs that illustrate actual or symbolic features of a participant's narrative, which are followed up by interviews to discuss the photographs as part of the data collection. Both articles include findings from *hard to reach* populations and evidence how the process of both taking the photographs and talking about them enabled participants to communicate deeply personal experiences.

Jarldorn gives a strong account of how this methodology fits well with social work in terms of its philosophy, practice and research possibilities. She notes however, that despite this good fit, photovoice has been an underutilised research methodology in our discipline. Quite possibly, the emancipatory process fostered by this method presents a challenge to dominant and traditional views about how research ought to be conducted. We found the findings in Sethi's account of her research with migrant women in Canada shocking to read but important to publish. In her research, photovoice methodology starkly captures the themes of isolation and discrimination while at the same time giving voice to this group of women. The very recent report about the exploitation of migrant workers here in New Zealand (Stringer, 2016) signals that similar results to those found by Sethi are evident in the Aotearoa New Zealand context.

AOTEAROA
NEW ZEALAND SOCIAL
WORK *28(4)*, 1–4.

In “The art of body mapping”, Michelle Skop details how she used the creative method of body mapping to conduct research with people who have fibromyalgia. Skop provides clear instructions on how to use body mapping in research. Her work also opens up possibilities for practitioners to use this method in both individual and group work with people in diverse circumstances related to health, emotional well-being or identity. The article includes examples of the body maps created by the participants. The social change agenda inherent in social work is overtly addressed in this research with exhibitions of the maps being made available to the public to raise awareness about fibromyalgia as a condition.

The research methodologies reported in these first three articles have been used to address social justice imperatives at micro and meso levels, raising awareness about a particular health condition as well as making visible the challenges experienced by ex-prisoners and migrants workers.

The next set of three articles in this edition show examples of how the arts more broadly can be used constructively in social work to document, heal and inspire. Within this context, we were drawn to an observation by one of the authors in this edition who noted… “Alienation or a ‘deadening of the senses’ of the oppressed within the capitalist world can be countered, in part, by participation in the arts (Reitz, 2000, p. 15 cited in Jarldorn, this issue)”. Further to this observation, we concur with Michalos (2005) that “the impact of the arts broadly construed on the overall quality of people’s lives is without a doubt the most understudied and possibly most underrated issue in the field of social indicators research” (p. 12). As such, we are pleased to be able help build a body of knowledge that helps explain some of the existential and life-giving qualities use of the arts in social work practice can offer.

The following three articles critically discuss the creative and innovative application of arts-based practice methods. Arts-based exploration of human feelings and understandings provides the opportunity to tap into deeper levels of the human experience than written and spoken language alone. In various ways, a powerful case is built for the use of dance, drama, visual and graphic art in meeting the complex challenges of communication which confront contemporary social work practice.

Deborah Espiner and Frances Hartnett explore the synergy between graphic facilitation and empowerment-focussed social work practice in their article “Innovation and graphic facilitation”. Graphic facilitation involves the translation of dialogue into visual images; a visual record which can develop and convey meaning in a way that promotes inclusion, ownership and the retention of powerful ideas. The focussing and energising qualities of this approach are illustrated through discussion of its application in person-centred planning and World Café style visioning and planning exercises. Graphic facilitation has the potential to be used in individual, group, community and organisational settings to generate nonlinear and free flowing contributions to discussions and planning.

Yukari Seko and Trish Van Katwyk reflect on the rich experience, as non-dancers, of presenting knowledge about self-injury through bodily expression. Findings reported in “Embodied interpretation: Assessing the knowledge produced through a dance-based inquiry” suggest that researchers need to carefully consider the way in which audiences understand arts-based representation. A small amount of introductory information about a sensitive topic like self-injury may sway audience interpretations towards mainstream pre-conceptions. Audience members who were not advised of the topic were more likely to be open to hopeful interpretations less clouded by dominant discourse.

Amber Walls, Kelsey Deane and Peter O'Connor rigorously explore the evidence base for employing participatory arts programmes in therapeutic youth work, with a particular eye to the under-researched Aotearoa New Zealand context. "Looking for the blue, the yellow, all the colours of the rainbow: The value of participatory arts for young people in social work practice" provides an account of an Auckland-based creative arts participation project evaluated through a focus group process that itself utilises an arts-based expression component. A compelling argument emerges for the funding, development and evaluation of this vibrant practice approach.

The seventh article in this edition challenges social workers to reflect on their identity in the Aotearoa New Zealand's bicultural context. Heidi Crawford's article "A Pākehā journey towards bi-cultural practice through guilt, shame, identity and hope" is an account of her personal journey of understanding and growth. She notes that that shame and guilt in relation to colonisation can act as barriers to competent bi-cultural practice. Crawford demonstrates how making purposeful choices to experience and learn about the Māori world can lead to social workers towards "bicultural wisdom" (Crawford, in this issue). This work is reminiscent of the strident examination of what is meant by a bicultural relationship that occurred in the 1980s. In this article, Crawford reminds practitioners of the need to continually engage with these complex tensions to competently work with Māori.

The following two articles in this special edition consider practitioners' engagement with broader environmental issues. In "Biopolitics, complex systems theory and ecological social work: Conceptualising ways of transitioning to low carbon futures", Uschi Bay provides social work with a way of conceptualising environmental challenges that acknowledges the interconnections between life, environment and politics. To highlight these connections, Bay examines the Transition Town movement which "aims to address climate change, peak oil and create local communities that are resilient and where people live happier lives despite economic austerity" (Bay, in this issue). Using a biopolitical lens, Bay demonstrates how social work, with its multidimensional analysis of people and systems, can contribute to environmental social movements. This article is unique in its contribution by questioning environmental exigencies at micro, meso and macro levels. Bay locates the responsibility of social work to be proactive in being guardians and protectors of the natural environment. Bay offers practical strategies for how this type of social work can occur.

Continuing on with the environmental theme, John Darroch and Carole Adamson explore the significance of animal–human relationships in disaster contexts. In "Companion animals and disasters: The role of human services organisations", the authors stress that considering "the needs of companion animals can significantly lessen the human and economic impact of disasters" (Darroch & Adamson, in this issue). Given New Zealand's recent earthquakes, this article is timely and prompts human service organisations to include companion animals in the planning for disaster response. The authors provide a range of practical examples for animal-inclusive planning highlighting the connection between vulnerability and recovery post disaster.

The final article in this edition is from Jane George and Lynne Briggs, "Reducing frequent visits to emergency departments". This work demonstrates how a cross-sector research and practice collaboration between a statutory and a non-government organisation can address the needs of a particular client group. This type of collaboration requires a shared vision and robust forms of communication between the partners. Such a model as discussed in this article could well have utility for cross-sector research and collaboration between organisations in diverse fields of practice.

We were reminded when editing these articles that it requires courage to innovate, to take a different pathway from the norm with plenty of invitations along the way to succumb to the dominant discourses and suppress creativity. We hope you enjoy this edition of the journal that includes plenty of examples where a counter discourse to traditional modes of practice and research have been illustrated; where new ideas for living, thinking, learning and doing social work have been offered. We have felt privileged to have this opportunity to prepare this edition for you, and hope that through this reading you might feel inspired to try something new, or engage with the creative spirit within as part of your own social work journey.

Jane Maidment, **Ian Hyslop** and **Yvonne Crichton-Hill**

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Picturing creative approaches to social work research: Using photography to promote social change

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ABSTRACT

INTRODUCTION: This article argues for the benefits of employing the arts-based method known as photovoice. Drawn from a social work PhD project with 12 South Australian ex-prisoners, this research aimed to better understand the post-release experiences within the context of a rising prison population and high recidivism rates.

METHODS: Participants were given a single-use camera and the research question *if you had 15 minutes with a policy maker or politician, what would you want to tell them about your experience?* Later, the participants' narratives were combined with the photographs and used to create an art exhibition with the rationale that images are more likely to resonate with people than words alone.

FINDINGS: Using photovoice in this way has the potential to create new knowledge through the process of participants constructing and retelling accounts of their experiences via the medium of photography.

CONCLUSION: I propose that the process of turning research into praxis through participatory action-based methods such as photovoice can be a positive, empowering experience for the participants and researchers.

KEYWORDS: photovoice, ex-prisoner, arts-based social work research, photography, creative approaches

The majority of Australians appear to have moved on from our prison beginnings and, while once shameful, many people now embrace their convict ancestry (Tranter & Donoghue, 2003; Williams, 2015). Australian convict sites are tourist attractions. Visiting the decommissioned Adelaide Gaol (now a museum) in South Australia is advertised as *definitely one of the things to do in Adelaide* (Adelaide Gaol Preservation Society, 2015). Visitors to prison museums participate in what is described as *Dark Tourism* (Brook, 2009; Wilson, 2008), where people pay money to enter locations of past pain and suffering. Reliant on tourist dollars, the "public-history marketplace" (Wilson, 2008, p. 216) of prison museums compromises the stories of suffering of people who have been incarcerated, privileging the narrative of tour guides, the majority of whom are ex-prison officers. Accordingly, ex-prisoners are *othered* in this process of "promoting penal populism" (Wilson, 2008, pp. 216-217). The somewhat sanitised and binary accounts of us and them found in prison museums, media, and popular culture (Green, 2009; Kohm, 2009) minimise the broader experience of people who have been in prison. As Faith (2000) argues, "only someone who has been imprisoned can speak subjectively of this experience" (p. 158). Further, such one-sided accounts ignore

AOTEAROA
NEW ZEALAND SOCIAL
WORK *28(4)*, 5–16.

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the question of how society uses prisons to disappear social problems (Davis, 2003) and how released prisoners are rarely welcomed upon their re-entry into the community.

Unlike early convict ancestry, connections with today's ex-prisoners are seldom embraced. Instead, such connections are a source of stigma and shame that can dissolve family and community connections, preventing the development of new networks and relationships. Yet strong networks are important, as they are known to contribute to the ability to stay out of prison (Arditti, Lambert-Shute, & Joest, 2003). Negative stereotypes prevent ex-prisoners from finding work, housing, and reconnecting with their children. Without overcoming these barriers and attitudes, ex-prisoners remain at risk of returning to prison, for many the one place where they feel accepted and part of a community (Clemmer, 1940; Jarldorn, 2016; Terry, 2003).

Negative representations of who or what constitutes an ex-prisoner dominate the public landscape. Public opinion is generated by the 24-hour news cycle and *tough on crime* policies which enable politicians to score points by appearing to respond to public opinion (Green, 2009). People in conflict with the law are seldom consulted in the development of policies and procedures that directly affect them. Yet policies, legislation, social service provision, and the associated bureaucratic structures are often damaging rather than beneficial (Halsey, 2007). Perhaps, their input is omitted because society believes that they have lost any right to speak because they have been convicted of a crime. There may be anxiety that the opportunity will be a stage for the public disclosure of personal pain, or that if given a voice it will be used as a platform to protest their innocence. No matter what the reason, being able to contribute to the creation of policy through their own voice is something that is seldom afforded to people who leave prison, despite their intimate knowledge of procedures and organisations involved in the criminal justice system. This project aims to address this omission.

Photovoice and social work

Photovoice is a participatory action research method, which is influenced by feminist theory, Marxist philosophy, and particularly Freire's (1970) notion of the power of critical pedagogy. Although many researchers have creatively modified photovoice to suit their own community needs (Castleden & Garvin, 2008; Jarldorn, 2016), essentially a photovoice project has community members come together to decide which issues are most important to them. Members of the community become both participants and researchers, heading out into the relevant community and taking photographs that represent their concerns. Participants and facilitators then meet as a group to analyse the photographs, later taking these findings to a wider public with the intent of influencing policy decisions. The rationale behind using images is that they are likely to resonate with time-poor policy makers by creating lasting reminders that words alone would not (Wang & Burris, 1997).

Used as a tool for community action, photovoice aims to empower the disempowered, encourage community members to engage in mutual aid and to influence policy through social action (Molloy, 2007). By facilitating ways for community members to portray the realities of their oppression, photovoice is a means for seeking social justice and nurturing "self-advocacy" (Molloy, 2007, p. 45). It has the potential to educate the wider community while simultaneously raising the consciousness of both participants and researchers/facilitators (Castleden & Garvin, 2008). Sometimes, photovoice has been used more specifically as a form of group work, enabling group members to see that they are not alone in their private pains, and highlighting how the personal can also be political. Photovoice has also been used as a research method, where (usually) academics create or rely on an existing relationship with a group or community with a view to working towards a common goal.

Despite the apparent ease of fit between photovoice and social work research, relatively few projects from the social work discipline have used photovoice (Catalani & Minkler, 2010). This may be due to the professionalisation of social work practice (Anleu, 1992), whereby *expert* insights are preferred over lived experience (Brown & Strega, 2005). Further, the commitment to grassroots community-driven research to inform policy and practice has been backgrounded by dominant understandings of evidence-based practice (Webb, 2001). Neoliberal approaches to welfare provision encourage social workers to fix individuals, manage risk, and meet key performance and quality assurance indicators (Baines, 2011; Beddoe, 2010; Ferguson, 2004; Ferguson & Woodward, 2009, p. 110; Wallace & Pease, 2011). However, as Ife (2009) has argued, employing community development thinking is a useful framework for all modes of social work—including research—in upholding social work's core tenets of participation, human rights and social justice (Ife, 2009). For those of us who have our social work roots firmly planted in community development, photovoice offers an egalitarian *bottom-up* research method. The following discussion expands on the theories that inform photovoice.

Photovoice theories: Feminism, Marxism and critical pedagogy

Feminist research methods strive for researcher reflexivity and equitable power relationships, acknowledging that it is those with power that determine discourse. Photovoice enables a sharing of power between participants and researchers, as it is the participants who choose which issues they would like to address. Their input is also integral to analysis of the data produced. Feminist methodologies aim to give equal attention to the "social and cultural context of events as well as the events themselves" (Parr, 1998, p. 89). Reinharz (1992) explains that "feminist research is connected to social change" (p. 251) and is "practical as well as scholarly" (p. 252). These phrases are applicable to both the purpose of photovoice and the project of social work. Fook (1993) reminds us that unlocking the consciousness of the oppressed, as a way to empower individuals and communities is central to feminist theory. Importantly, research that is designed using a feminist framework will challenge normative gender stereotypes and expectations throughout its analysis. Although there are many different feminisms, common amongst them is the understanding that the oppression of women holds everyone, women and men, back from realising their full potential.

Engaging with the work of Marx and Freire can initially be challenging and especially confronting for feminists because of their use of male-centric language. For some, this has given reason to dismiss or ignore their work. Yet many feminists, along with members of other social movements whose goal is to end oppression "identify strongly with a Marxist class analysis" (Dunbar, 1970, p. 486). In reading the scholarship of Paulo Freire, bell hooks (1994) describes his use of sexist language as a constant "source of anguish" for herself and other feminists, but argues that we would be ignoring a valuable resource if we do not learn from Freire's "critical insights" (pp. 49-50).

Freire's theories (1970, 1998) have strongly influenced the photovoice methodology (Wang, 1999). For Freire, critical pedagogical approaches can empower individuals and entire communities. Critical pedagogy, or learning within the context of "social, political, and economic contradictions" (1970, p. 35), can simultaneously emancipate people from their oppression and, by educating their oppressors, liberate them from their own power. Henry Giroux explains the power of Freire's critical pedagogy, believing that it offers…

> a way of thinking beyond the present, soaring beyond the immediate confines of one's experiences, entering into a critical dialogue with history and imagining a future that did not merely reproduce the present (Giroux, 2010, para. 7).

Freire's concepts around teaching often resonate with the activities of social workers (Hegar, 2012). He challenges the power implied by the dichotomy of teacher and student, arguing that "there is no teaching without learning" (Freire, 1998, p. 29). Related specifically to photovoice and social work, this translates more closely to the client and the worker, or the researcher and the researched, where interventions and research can perpetuate and re-inscribe power differentials and social injustice. According to Freire's pedagogy, the teacher, social worker, or researcher should be aware that together with the community in question, their shared knowledge, skills, and abilities are more powerful than if they were to work separately.

Photovoice is further informed by Marxist theory (Molloy, 2007). Marxism, according to Cox and Nilsen (2014), focuses on the "structural nature of social problems and political issues" by drawing on the knowledge of people "who do not hold power, own the means of intellectual production, or benefit from high cultural status" (p. 5). When Marx wrote that "philosophers have only interpreted the world, in various ways; the point is to change it" (Marx, 1972, p. 109), he was, like Freire, advocating for "*praxis*". Both Marx and Freire held that people could not be liberated from oppression by the oppressor, but had to participate in revolution to grasp their own liberation. As Audre Lorde (1984, p. 123) has argued, "the master's tools will never dismantle the master's house," meaning that liberation *gifted* to the oppressed would always include caveats and clauses that would ensure that the status quo was maintained.

Social work and alienation

One of the key concepts of Marxism is that of alienation. Marx and Engels have argued that when work becomes the sole focus of people's lives, they become alienated from the *natural* world, and only able to see themselves within the myopic lens of production (Marx & Engels, 1972; Ollman, 1971). More than ever a person's worth in, and value to, society is judged by their connection with–or disconnection from–the workforce (Ferguson, Lavalette, & Mooney, 2002; Henman & Marston, 2008; Mendes, 2003). People who transgress mainstream norms or who live on the margins of society, such as former prisoners, experience powerlessness in the form of alienation (Petersilia, 2003). The alienation created by social stigma has been described by Harvey (2010) as *civilised oppression*, where the use of social power, rather than physical violence or law, effectively excludes and isolates (Harvey, 1999, 2010). Civilised oppression is covert, hard to name, easy to internalise while at the same time difficult to alleviate (Harvey, 2010).

Alienation is experienced by the majority of people who are social service users and such feelings are often shared by social workers, leading them to feel disconnected and disillusioned (Ferguson & Lavalette, 2004; Lavalette, 2011). The current impersonal and individual nature of customer-focused welfare services does little to bring people together (Ife, 2009). Many social workers feel that they have lost the ability to perform social work that is meaningful to both service users and themselves (Ferguson & Lavalette, 2004; Ferguson & Lavalette, 2007). In a society that continues to be driven by neoliberal ideology (Ferguson, 2008; Giroux, 2002), building solidarity and strong relationships between service users and social workers (Beresford, 2011) is becoming more difficult. The social work profession continues to be "distorted and undermined" as we work to fit within business models (Ferguson & Lavalette, 2007, p. 59) and risk assessment paradigms. As will be described, the use of photovoice as a research method can pave the way for meaningful engagement with research participants and generate public interest in research findings while challenging stereotypes and assumptions.

Art, photography and action

Alienation or a "deadening of the senses" of the oppressed within the capitalist world can be countered, in part, by participation in the arts (Reitz, 2000, p. 15). Participating in the creation of art, such as photography, exercises the human ability to be creative and can provide a sense of satisfaction, and fulfilment in presenting the truths of class struggle (Fischer, 1963; Marx, Engels, Baxandall, & Morawski, 1973). Using a Marxist perspective, Fischer (1963) describes art as a "magic aid towards mastering a real but unexplored world" capable of "illuminating social relationships" and "helping men [sic] to recognise and change social reality" (pp. 13-14). As Davis (1984) explains, the seeds of emancipation and radical social change can be sown when we engage with explicitly *socio-political* art (p. 216).

Although there have been arguments to the contrary, photography is an art form (Prodger, 2012). Like other art forms, participating in the art of social action photography can protest against injustice, raise awareness of social issues and potentially help to heal individual pain. Without doubt, the use of images and photography can better illustrate the severity of social injustice (Marshall, Craun, & Theriot, 2009) than words alone. Writing about its potential to challenge the way we see and think about the world, Marvin Heiferman (2012) explains the power of photography:

> Photographs don't only show us things, they do things. They engage us optically, neurologically, intellectually, emotionally, viscerally, physically. They demand our scrutiny and interpretation. Photographs seduce and motivate us; they promote ideas, embed values and shape public opinion. (p. 16)

It has been argued that social work itself is an art form (England, 1986; Gray & Webb, 2008; Stirling, Warren, & Paton, 2014), an artful practice that employs a combination of art, science, heart and ethics (Steinberg, 2006). It is an art form that can be enriched by the use of images. For example, images and photography can be used as a tool in therapy (Decoster & Dickerson, 2014), in group work (Craig, 2009), by social activists (Bogre, 2011) and to humanise findings in social work research (Jarldorn, 2016; Russell & Diaz, 2013). Social workers have long recognised the benefits of participation in the arts as a means of realising social equity (Anwar McHenry, 2011). More than a century ago, Jane Addams introduced arts programmes at Hull House as a means of self and collective expression (Addams, 1912; Brieland, 1990). In the 1920s, Wallace Kirkland, social worker and photographer, taught photography to children at Hull House, while documenting everyday events and activities (Foerstner, 1989). Lewis Hine was employed by social workers as an investigative photographer for the National Child Labour Committee in the United States (Lockett, 2011) to highlight the exploitation of child labour.

Done properly, photovoice is a labour intensive research method that requires time to build relationships with people and their community. This could be considered a drawback, especially as the neoliberal agenda dominating social services and university models expects us to rush through interventions and complete doctoral dissertations *quick-smart*. However, the time investment is valuable as it is more likely to facilitate trusting alliances, ensuring that the method is true to its promise of challenging the conventional power dynamic of researcher and researched. It is these liberatory relationships (Beresford, 2011) that have the potential to truly inform knowledge-based practice (Glasby & Beresford, 2006). Although at times the data produced in this project has been difficult to manage because of its variety and breadth, this same depth and reach has been positive in terms of engaging the public.

Ethical considerations

The inherently political nature of research with ex-prisoners, particularly the likelihood that a participant would identify as First Nations Australian (given their over-representation in custodial settings) and the strict rules around mixing with other ex-prisoners, meant that I had to carefully think through each step of the project. I consulted texts on the protocols of research with First Nations peoples and accessed a number of photography theory texts to build my understanding of issues around the politics of representation (for example, see NSW Art Gallery, 2008; Ruby, Gross, & Katz, 1988; Sontag, 1977, 2003; Spence & Solomon, 1995). The original university ethics application was approved with minor revisions and as the project progressed, additional modifications ensured that the project continued to be grounded in ethical research principles.

Procedure

Full participation in this project required a significant number of meetings and points of contact with the participants. The criteria for participation were that a person had spent time in a South Australian prison and that they did not want to return. Nine women and three men have completed each step of the project. Another eight people, including five First Nations Australians who had indicated that they wanted to participate, dropped out of the project before completing each step. Although disappointing, this dropout rate reflects the reality of post-release and the rates of prison re-entry. It is likely that a project like this would better represent First Nations Australians if the researcher was a close member of their community, rather than a white, middle-aged woman such as me.

Consent and full participation was a lengthy process. Interested participants were posted an information package containing participant information sheets, consent forms and letters of introduction. They were asked to ensure that they understood what constituted full participation and the purpose of the research. They were encouraged to have a trusted friend or family member look at the material with them and to contact me for further clarification. We then met individually and I described the project in more detail.

I explained why I was doing the research and why I had chosen to use photovoice. Although I sought basic demographic information, I did not press for the details of participants' criminal activity, although most provided this information openly. Each participant chose their own pseudonym, which has been used here and throughout the project. We talked broadly about their experience. Here I used an iterative process, building on what I learned from earlier conversations to discuss emerging themes and ideas with subsequent participants. Participants were shown a journal article that indicated how their data would be used and provided with a small handbook that I designed for the project. Using plain language and simple images, the handbook describes the photovoice method, discusses ethical issues, and provides hints and tips for photo composition.

In the spirit of photovoice, I hoped that the participants understood that their perspectives and experiences would be validated. I wanted the participants to understand themselves as researchers, who were generating their own data. Accordingly, each participant was given this research question: "If you had 15 minutes with a policy maker or politician, what would you want to tell them about your experience?" From this point on, the participants became researchers, left to decide which issues they wished to focus on. Importantly, they were not constrained by my potentially narrow set of research questions.

Although the participants were given a single-use camera to collect their data, around half used their mobile phone or a digital camera to produce their images instead. Some participants returned the camera by post; others sent the images via email or SMS. I then loaded their images onto a PowerPoint™ file on my laptop. We met again to look at the photographs together. We talked about what messages they were attempting to convey with their photographs and linked their personal experiences within a broader social and political context. These discussions were recorded and transcribed verbatim. As well as being provided with a small album of their photographs, the participants were given a word-cloud of their transcribed interview[1], which was enthusiastically received. From the 12 participants I heard stories and saw photographs that replicated research findings from many large and international projects. However, there have also been some important differences in this research. The personal nature of the project has meant that the participants were comfortable in presenting unique perspectives that I can find no reference to in existing literature regarding ex-prisoner experiences. For example, seven of the nine women who participated in the research submitted photographs and narratives about the importance of companion animals in their lives, before, during, and after their imprisonment (Figure 1).

Figure 1: My Dog Costa

I just love my dog to bits, he went through it all with me. Before I went to prison I was in a really depressed state, not knowing what was going to happen. I withdrew from the world and isolated myself. He was just always there for me. I would cry all the time and he would come and put his head in my lap. He could sense how I was feeling. I don't know what I would have done without him. When I went to prison I used to wonder what Costa was thinking, perhaps he thought I was dead. I got to come home for a few hours a month before I was released. He was so excited, but then I had to go again. It must have gotten so confusing for him. I mean, I could see my partner when he came to visit, but not my dog. I missed him terribly (Feeney).

Art, new knowledge and informing policy

A criticism of some photovoice projects is an omission to display the work in the public sphere (Kuratani & Lai, 2011). As the purpose of this project was to facilitate a means for ex-prisoners to tell their own story and to challenge common assumptions made about them, I knew that the material needed to be seen by a wide audience. I also wanted to ensure that participants could engage with the material on their own terms—to be able to invite anyone they wished and to take as long as they wanted to view their own and other participants' work. A solution was to present the material as an event at the 2015 Adelaide Fringe Festival. The *Fringe* is an annual, open access arts festival. Created in 1960 as a covert grass roots alternative to the sometimes stuffy and elitist Adelaide Festival of Arts, the Adelaide Fringe is the second largest fringe festival in the world. Eltham (2009, p. 44) argues that arts festivals were created as a "platform for the flowering of the human spirit". For a small registration fee (AUD220 for a three-day event), anyone with a *creative vision* can hold an event as long as they have access to a venue. The venue I used was the foyer space in my university's city campus, at no cost to me.

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[1] This was done using the website tagxedo.com.

The next step was to prepare the participants' data for display; to present it as art. I chose around 110 of the images and had them printed at a self-serve photo-developing kiosk. Using this inexpensive technology allowed me to modify, crop and enhance photographs, within a short turnaround time. I purchased black cardboard folders from a wedding photography supplier. On one side, the 8″ × 10″ enlargements could be slipped into the frame, while each participant's narrative, printed on quality parchment paper, was attached on the opposite side. In preparation for the exhibition, I grouped the material into themes on my kitchen bench (see Figure 2). Although I had indicated in my research proposal that I would use NVivo software (QSR International) to analyse my data, I realised that the use of a software programme is counter-intuitive to my grassroots approach. At the heart of the photovoice method is the promise of egalitarian sharing of data analysis. Therefore, I decided that using a computer programme unavailable to participants involved an overt use of researcher power and went against the promises I made to participants and myself about the unique approach of the project.

Figure 2: Kitchen bench thematic analysis

Figure 3: The article in The Big Issue (Quick, 2015)

Participants had already performed the first level of analysis during our discussions about their photographs. I took the next step and linked them together in similar themes. The visual element made this a relatively straightforward process. Four themes arose: (a) pre-prison, (b) in-prison, (c) post-release difficulties, and (d) hopes and dreams for the future. The cardboard folders were a good choice as they are light enough to be pinned onto room dividers, they can stand like a greeting card, be passed around a small group, while in between exhibitions they are light and compact enough to be stored in a filing cabinet.

Invitations to display the material and talk about the project have continued long after the original exhibition, proving the potential of images to complement and enhance qualitative research. This is significant because the main purpose of photovoice is to inform policy and, as Wang and Burris (1997) point out, it is public opinion that shapes policy. Specifically for this project, continued exposure of the material and feedback from visitors builds a strong case for the inclusion of ex-prisoner voices and expertise in public policy discourse. This would not have been possible without the use of images as data. For example, my Fringe media release caught the attention of a journalist from the street magazine, *The Big Issue*, who interviewed me and one of the participants, *Trent*, using his photographs and story for a feature in their magazine (Figure 3).

Benefits of exhibiting the material

Many of the participants were able to attend the Fringe exhibition. Some came alone, but others came with family members, their partner, or friends. Participants introduced me to their guests. It was satisfying to witness them interacting with their own and other participants' work. Having their experience validated in such a prominent location in a prestigious arts festival was helpful for the participants, while for me, being available during the entire three days led to many conversations with visitors to the exhibition. Visitors took time to read the participants' stories and in doing so began to understand the broader social implications of the use of imprisonment and the collateral damage that is experienced by families and communities. Being present to answer the questions raised by people who viewed the work also presented me with perspectives I had not considered. Visitors to the exhibition had the opportunity to provide anonymous feedback. Below are some of the comments, which illustrate the impact of the participants' work in challenging stereotypical assumptions.

> The use of photographs alongside the stories gave an insight into a world most of us might know very little about.
>
> The dignity and human rights of prisoners escapes the minds of society. This exhibition brings insight to the need for prisoners to remain in society for rehabilitation and treatment.
>
> Powerful in expressing the progression of thought and the self-awareness of these people.
>
> This was an incredible learning experience. There are many common themes like addiction, social isolation, and no rehabilitation.
>
> In reading, I felt like I got to know each one personally.
>
> Informative and highlights the emergency and need for change.
>
> This is such a powerful affirmation of humanity. It just brings home to me how much we all really have in common, that there is not an "us and them", but a "we". I am grateful that the participants were prepared to share their stories so openly.

A rewarding aspect of this research has been the feedback given by the participants about how they experienced contributing to the project. Kate brought her sister to the exhibition. Kate told me "seeing all these stories together has really helped [my sister] to understand what I went through". By validating their experiences, the participants have felt connected to the project. Via SMS, email and personal communication, most participants reflected on their participation:

> **Gidget:** Thank you Michele. From participating in this project, I have actually learned more about what I'm capable of.
>
> **Trent:** Hi Michele, I was very happy to see the work you have done with our photographs and stories. The interest you have shown without judgement is so rare to see in a person. So, thank you for getting our messages out there for the public to maybe get a better understanding of ex-prisoners—that we did bad things but we are not all bad people. Thank you for involving me, it has been a pleasure.
>
> **Georgia:** Thank you oh so much for your time and this wonderful opportunity using photovoice as a means of expressing our experiences and our thoughts about being in prison and since our release. It was a fun way to show what life means to us now and I truly hope that we have contributed in a helpful way. I am really excited to come along to the exhibition.
>
> **Kate:** I was unsure about participating at first, but it's been good. I liked that you came to my home and that we talked one to one. I liked taking the pictures instead of having a long interview, you can just give a snapshot of what you want to say. It will be nice to see the photos that other people take

> too, but even you saying that other people have similar thoughts is really good isn't it? What I liked most about it is that people are taking an interest in me. You know, most people in society look at me and don't want to know me, but you are interested in me and what happened.

Conclusion

Along with participants benefiting individually from the project and being given a platform to inform the public about the realities of the prison and release experience, this has been an enriching experience for me. Much more than getting good data for my PhD, I am deeply connected to the research and the days, weeks, and months that I have spent writing up my findings have been more pleasurable than onerous. The thrill of using a creative, arts-based method that has the potential to begin to sow the seeds of social change is invigorating. For social workers who are often alienated from their work and the people they work with, exploring the possibilities of arts-based methodologies is highly recommended.

Writing about the critical pedagogy of Freire, Lorde (1984) believed that "revolutionary change is never merely the oppressive situations which we seek to escape, but that piece of the oppressor which is planted deep within each of us" (p. 123). The use of photographs and accompanying narratives has provided opportunities for critical reflection as the public begin to see people who have been to prison holistically, rather than solely via the lens of criminality. Therefore, using photovoice has the potential to go beyond the walls of academia by generating research findings that the general public are interested in learning more about.

Having ex-prisoners speak for themselves using photography as a medium was empowering for the participants. Their images and narratives encouraged me to stretch my thinking, to reconsider my own assumptions and research questions far more broadly than if I had relied on an interview alone. Rather than being *researched on*, where personal deficits are named, diagnosed, and unpacked within the popular public discourse, participants became researchers and had control over the data they produced. As researchers, participants chose the topics they wanted to discuss and by doing so have generated new knowledge that is unlikely to have been discovered using positivist research methods.

Researchers' photographs and voices were seen and heard as they participated in an internationally recognised arts festival and their critical consciousness was raised as they engaged with the work of other researchers in the project. Collectively, they told their own history, communicating their experiences of prison and release to their loved ones, to workers in the social services, to social work students, and to the public. In doing so they have challenged the common stereotype of what constitutes an ex-prisoner and have contributed to the public discourse on some of the problematic functions of the criminal justice system.

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Using the eye of the camera to bare racism:
A photovoice project

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ABSTRACT

INTRODUCTION: Researchers have well established that visible minorities experience discrimination in the labour market and racism at work; however, few studies have explored the experiences of immigrant visible minority women, especially those residing outside of large urban areas. The focus of this article is to explore participants' experiences of discrimination and racism using photovoice methodology.

METHODS: This Canadian study used an arts-based qualitative method in the form of a modified photovoice where 17 participants took photographs of their work and health experiences and discussed the meaning of their photographs and narratives in the interviews.

FINDINGS: Results indicate that participants experienced discrimination in the labour market, and racism at work. In the absence of language, participants found the *eye* of the camera as an effective methodological tool to uncover and communicate their lived experiences of discrimination and racism.

CONCLUSIONS: Social workers can utilise photovoice for exploring sensitive issues such as experiences of discrimination and racism in a safe context with marginalised populations. They can use the participant-generated photographic images as an education and advocacy tool to prevent discrimination and racism in their communities.

KEYWORDS: photovoice, racism, discrimination, immigrant women, arts-based qualitative method

A growing constituent of Canada's rich multicultural mosaic, now accounts for 5.1 million individuals (Chui & Maheux, 2011). Women comprise 51% (or 2.6 million) of the total visible minority population in Canada. Visible minorities are defined under the Employment Equity Act as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour" (Chui & Maheux, 2011, p. 38). Globally, changes in immigration policies, globalisation, war, natural disasters and other economic and non-economic reasons have led to migration of individuals and families from Third World to First World nations. This migration has produced dramatic changes in the composition of ethnic minority populations in Canada and Aotearoa New Zealand. As a result, marginalisation of minority ethnic communities has become an important and sensitive topic in these countries (Chile, 2002). It can then be expected that globally social workers will encounter visible minority populations in their case load and must have an awareness of discrimination this population encounters post-migration to assist migrants in their settlement.

The focus of this article is to understand the participants' experiences of discrimination and racism using photovoice methodology. The study seeks to contribute to existing literature on immigrant women's post-migratory experiences and on the use of photovoice. This research is unique, in which

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it modified the photovoice methodology to effectively engage participants in a meaningful one-on-one conversation with the researcher. This article is based on the author's doctoral thesis (Sethi, 2014).

This article is organised in the following sections: first, a review of literature is provided on discrimination and racism of visible minority populations and on photovoice. This is followed by an account of the study background, research method, findings and discussion of the implications. Finally, a conclusion is offered.

Literature review

Discrimination and racism of visible minority populations

Research indicates that visible minority women are more likely to experience discrimination (direct and systemic) (Sethi & Williams, 2015) and racism (Sethi & Williams, 2015; Turrittin, Hagey, Guruge, Collins, & Mitchell, 2002) than non-visible minority women. Direct discrimination involves an intentional behaviour to treat individual(s) unfavourably or in a negative manner based on attributes such as race, class, sex, age, gender, ability, sexual orientation, religion, immigrant or marital status. Treating someone badly or harming them based on their group membership (such as identifying as Muslim) is an example of direct discrimination. In systemic discrimination, an organisation's practices, policies and procedures disadvantage certain individuals due to personal attributes such as race, class, age, gender or sexual orientation (Johnson, 2006). Although direct discrimination is blatant, systemic discrimination is invisible and often hard to identify (Johnson, 2006).

Reitz (2001, p. 253) explains that employment discrimination refers to a "negative employment decision based on status such as a birthplace or origins, rather than based solely on credentials and qualifications directly related to the potential productivity of the employee." Even though many visible minority immigrants are highly qualified, they are more likely to work in low-skilled jobs and often earn less than the Canadian-born workers (Johnson, 2006). Such discrimination is systemic and less visible (Hyman, 2009). Systemic discrimination appears to be a major barrier preventing visible minority women from economic and social integration (Mahtani, 2004). On the discourse of race, Caragata (1999) powerfully articulates:

> While non-British, European immigrants also brought differences in language and culture they were not as likely to seem so 'foreign' and therefore threatening in part because they were less 'visible'. This may suggest that our willingness to accommodate a multicultural public is affected by the degree of noticeable difference, with race as a longstanding and obvious such marker (p. 273).

Racism penetrates larger structures of society such as health, employment, immigration, legal and education systems, as well as institutional policies locally, nationally and internationally. Photovoice, an image-based methodology, offers a flexible method to explore and address the issues of discrimination and racism in a safe context with culturally diverse and marginalised populations. Photovoice has the potential to empower the marginalised and vulnerable populations by giving them voice and visibility (Wang, 1999; Wang & Burris, 1994).

Photovoice

Photovoice methodology was first introduced by Caroline Wang (1999) in her research with village women in rural China, inspired by noted Brazilian educator Paulo Freire's (2005) approach to critical education (Wang & Redwood-Jones, 2001, p. 561). Using feminist theorising and documentary photography, photovoice attempts to bring "new or seldom-heard ideas, images, conversations and voices into the public forum" through a dialogic process between the participants and the researchers (Wang & Redwood-Jones, 2001, p. 561). Paulo Freire (2005) argued that it is through the process of interpretation of the images (photos that he provided) that participants recognised their reality, raising their critical consciousness and thus, as informed subjects they participated in their own freedom from oppression (Gordon, 2005; Singhal & Devi, 2003). There are three main goals of photovoice: "To enable people (a) to record and reflect their community's strengths and concerns, (b) to promote critical dialogue and knowledge about personal and community issues through large- and small-group discussion of their photographs and (c) to reach policy makers" (Wang, 1999, p. 185).

Although extensive literature exists where researchers have used photovoice for diverse projects and with diverse populations, a review of literature suggests that this methodology is underutilised in social work research. The lack of social work research using photovoice methodology "may reflect a lack of knowledge and use of the method that results in missed opportunities to develop emic-based, action-oriented research" (Lal, Jarus, & Suto, 2012, p. 186), which can directly affect the lives of marginalised populations and communities. This vivid image-based methodology is suitable for social work research, as it seems to have a proven ability to generate new knowledge for marginalised populations who have little opportunity to share, interpret and voice their lived experiences in a creative and nuanced way (Sutherland & Cheng, 2009).

Study background

This article is part of a larger doctoral study conducted in Canada, which explored the work and health experiences of immigrant/refugee visible minority women (see Sethi, 2014 for study overview). This research built on the author's Master of Social Work (MSW) thesis that examined the strengths and barriers to newcomer integration in the following five areas: education, employment, health, social support and training (Sethi, 2009). With an increasing number of immigrant/refugee women from the visible minority population moving from large urban centres such as Toronto, Montreal and Vancouver to this middle-sized urban-rural region, members of a local newcomer task force, called the Immigrant, Settlement, Training, Employment and Partnership (ISTEP), felt that it was important to understand the women's post-migratory experiences to foster their economic and social integrations. ISTEP members include representatives from the local healthcare agencies, social services, employment sector, government organisations, immigrants and refugees. The author agreed to develop the earlier MSW study and conduct this current research in collaboration with ISTEP. The members of the task force included health practitioners, social workers, employers, policy makers, immigrants and refugees. The task force acted as community advisory members throughout the research project and also helped in finance part of the project. This article reports only the findings related to participants' experiences of racism and discrimination from the larger study.

Research methodology

Design

This research utilised arts-based inquiry in the form of modified photovoice to dig deep through the superficial layers of women's lived experiences and to uncover the nuances and the hidden meanings of their employment and health experiences. The author modified photovoice methodology to collect the research data. In a typical photovoice project, participants meet in groups to share, discuss and analyse the participant-generated photographs. In the current research, participants were interviewed individually. Although the author recognises the importance of group dialogue in identifying community issues, the photovoice method was modified to make this project more accessible to the participants. Often, individuals whose stories researchers most want to hear are not accessible. For example, participants in this photovoice study were working two to three jobs. If the data were collected using a group format, it would have been difficult to access most of the study participants who participated in the photovoice project.

One focus group was conducted as a form of member checking (Padgett, 2008) with the participants so that they could "confirm or disconfirm the accuracy of the research observations and interpretations" (Rubin & Babbie, 2005, p. 464). Prior to the focus group, transcripts from the individual interviews were emailed to the participants so that they could check for any discrepancy and confirm if the interviews had been transcribed accurately. During the focus group session, the key themes of the study were summarised and presented to the participants along with the author's interpretations and conclusions of the themes. She asked participants to collectively reflect on the photographs and to indicate if they agreed or disagreed with the findings. Although this process was time-consuming, it strengthened the accuracy of the findings and provided a trustworthy account of the women's stories.

Ethical considerations

Ethical approval for this research was given by Wilfrid Laurier University Research Ethics Board, Ontario, Canada. In addition to university ethical approval, I engaged the participants as equal partners in the research process, making deliberate efforts to ensure that the stages of the research process were transparent to the participants and clarifying any deviation in the research process. Further, in my efforts to maximise the participants' sense of control over issues related to them, I asked the women to choose their pseudonym. In terms of confidentiality, I was mindful that my research included participants from rural areas where, due to their minority status, they may be easily identified and thus subject to the unintended harm based on their ethnic, religious or immigrant status (for example, being stereotyped or experiencing racism). In reporting research findings, I was extremely careful that I did not divulge any identifying information about a person's place of work or location. In my efforts to minimise the risk to the participants, I also re-visited the issue of voluntary participation in the study several times during the long period of data collection.

Data collection and analysis

This study used maximum variation purposive sampling to recruit visible minority participants (N = 17), characterised as immigrants or refugees from diverse backgrounds (educational, socio-economic and religious). Participants were provided with digital cameras. They were asked to take photographs of their work and health experiences. Women were then interviewed individually regarding their photographs. To locate the nuances of women's self-generated photographic images, interview questions were designed around the following themes: (a) *Choice* - Why did you choose this particular photo? (b) *Theme* - Tell me about the person, place, object, or colours, in the photograph, (c) *Relationship* - How does the photograph relate to you, your family, community, nation, work and health? (d) *Issues* - What are the individual and societal issues your photograph addresses? and (e) *Message* - What message do you want to give employers, healthcare practitioners and policy makers through these images?

Interviews were analysed using Charmaz's (2006) constructivist grounded theory to develop initial codes, focussed codes and preliminary themes. Intersectionality analysis (Bilge, 2009) guided the development of the final analytical themes. Data were coded using qualitative software NVivo (QSR International).

Sample

Seventeen women participated in the photovoice project. They emigrated to Canada from East Asia, South-Asia, Africa, Latin America, and the Caribbean. Participants spoke varied languages as their mother tongue – Mandarin, Cantonese, Showna, Spanish, Punjabi, Hindi, Tamil, Tagolog and Chavacano (a Spanish-based creole language spoken in the Philippines). The median age was between 35 and 44 years.

Below are the two main themes of the study, namely (a) discrimination in the labour market and (b) racism based on data collected from 17 participants are reported. These themes are summarised from the women's photographs and narratives around notions of choice, theme, relationship, issues and message.

Figure 1:Yellow flower among red flowers

Findings

The image that precedes this section illustrates vividly the illumination of experience offered by photovoice. The photographer Marcella writes about Figure 1:

> This picture represents what I felt when I moved to Canada. I was feeling different in many ways, because of the language, culture and physical attributes. I did not know until then that I was a visible minority. (Marcella, research participant)

Discrimination in the labour market

This theme represents the participants' experiences of discrimination in the labour market. Even though the women did not know each other, they took similar photographs of trees with branches cut (Figure 2), a dead tree, trees with no leaves and trees that were undernourished and dying to show how labour market discrimination affected them. This theme was further sub-divided into *non-recognition of human and social capital* and *feeling caged*.

Non-recognition of human and social capital

Women's human and social capital obtained in their home country was not recognised in Canada. Through her photograph, (Figure 2) Chinja (from Africa) states, "By not recognising my education and skills they have cut my branches…I am depressed I cannot go further".

Other women shared that as their human and social capital obtained in their home country was not recognised they could not find paid employment in Canada. Marcella stated: "I cannot find work." Enigma from the Philippines shared Marcella's experiences of discrimination in the labour market. Even though she had a Master's degree, on migrating to Canada she could not even find volunteering work in her field of choice. Pointing to her photograph of a "dark cloud" she stated: "As an immigrant there were many dark days and uncertainty. I did not know if the decision I made was the correct one – to come to Canada. I wasn't sure if I would live my potential".

Figure 2: Tree with branches cut (taken by Chinja)

Susan, who had a PhD from China, also doubts her decision to come to Canada. She had a good job and high social status pre-migration. Post migration, she could only find work as a server in a local food court as her PhD from China was not recognised in Canada. She sighs, "No one would open the door. No one would give me the desired position as I am a visible minority immigrant". Her photo of a dying shrub is accompanied by the following narrative: "As time passes by in Canada and you cannot find a job, the hopes that I came here with start dropping…". Rudo, an executive assistant from Africa was university educated and worked as an executive assistant in her country. The only job she could find post-migration was catching chickens as she lacked Canadian experience in her field and her prior education and experience was completely invalidated in Canada. As a result of invalidating the women's human and social capital gained in their home country, the participants were forced into jobs that did not match up their education and skills. One participant expressed the feeling like a bird, who was caged and could not fly to her dreams. Other participants expressed the feeling caged in other ways.

Feeling caged

Even after retraining and obtaining a human resources diploma from Canada, Janavi (from India) found that nobody would hire her in a human resources position due to her social location of immigrant and visible minority. Due to discrimination, she could not live her potential and felt caged in a minimum wage job:

> I feel caged. I am always locked. I am the outsider. I am still the outsider—the OTHER. I almost feel as if I don't have the right to be here…I have so much potential; however, the barriers in front of me do not allow me to pursue the career I want or to live my full potential (Janavi).

Ding, an engineer from the Philippines, also feels "caged" as she cleaned offices for a living and could not find employment in her field. She stated:

> This picture of birds in a cage represents desire for freedom. Because I am an immigrant I am not free to do what I like to do as far as employment is considered. Because I am an immigrant, my Canadian experience and my education from the Philippines is not recognised here. Also my accent becomes a barrier to finding a job (Ding).

Durga's teaching license from India was not recognised in Canada and she worked in a contract administrative position at a local school. She took a photo of a clock to state that her time doing work that she does not enjoy passes very slowly. Similar to Janavi and Ding, she feels caged at her workplace. She adds: "Sometimes I feel like...I feel that these people had this feeling that I … because I am South-Asian immigrant that I couldn't accomplish much". Similar to Durga, Sherman, an aesthetician from Jamaica, is not happy with her work as a server in a seniors' residence. But she cannot find another job to match her potential. Krishna continues to struggle after 18 years. She feels like a bird in a cage that has not been able to secure her wings to fly to her dreams as her education and experience go unrecognised in Canada. She is unable to find work that she would enjoy. Similar to Durga, she took a photo of a clock: "I feel like after 18 years of struggling in Canada I still haven't integrated. I haven't moved forward. I am still surviving. I would like to move beyond the survival mode". Aishwarya empathises with other participants. She came from a wealthy family in India. After joining her husband in Canada, she worked with him in a pizza store until she was able to obtain a financial analyst license and start her own business. Until then, she felt she was stuck in a cage through which she could only view her dreams but was not sure how to reach them. Alma does not have the means to start a business in Canada. She had a successful pastry business in Mexico. She is familiar with the barriers to employment and how they can cage a person in a survival job. Wherever she goes, she is asked if she has Canadian work experience. Her photo of a branch fallen down and obstructing her way demonstrates her experiences:

> There are many barriers language, not having my Mexico experiences recognised, not having Canadian experience, which is impossible to get when you are new here. (Alma)

Along with experiencing language barriers, deskilling and discrimination in the labour market, participant's narratives also highlight experiences of racism.

Racism

This theme represents some of the participants' experiences of racism. It is divided into two sub-themes: *racism at work* and *response to racism*

Racism at work

Several women in the research were working as personal support workers (Rudo, Chinja, Ruvashe and Harmony). They each experienced racism at work from co-workers and residents of the retirement/nursing home. Rudo took the above photo (Figure 3) of a washing machine to describe her experiences of racism at work:

> The washing machine is full of dirty things inside. People look at us as if we are dirty... When we see "blackness" they relate it to dirt. Like the lady at work (manager) said, "No matter how many times you wash your hands you won't be able to clean yourself" (Rudo).

She feels distressed at being called a "nigger" at work and some of the residents do not want her to touch them with her black skin when she is trying to assist them with their personal care.

Figure 3: Washing Machine(taken by Rudo)

Chinja took a photo of an “odd looking tree” and she described her experiences of racism at work:

> This is all typical of women of colour in our workplace. We are the odd ones out. Clients and workers make sure we feel and know that we are the odd ones out. Comments are passed about our skin colour, our accent, our hair. We greet our fellow white-coloured worker and they don’t respond to our greetings. They just keep quiet… (Chinja)

Ruvashere called her interactions with a senior resident in the retirement home where she was employed:

> The lady had a bowel movement, and she was covered in this bowel movement everywhere—the bed, the walls, her hands, her hair, everywhere. And I went in and I said “Hi, I am going to help you clean up”, and she was like, “Do not touch me with your black hands” (Ruvashe).

Harmony points to her photo of flowers depicting “oneness” and noted…“It’s like at work we have war, with our workmates. It doesn’t need to be war; we can do it like together like this...black or white”. Ding noticed that the children that she worked with in her second job would ask for help from the white staff rather than her. Janavi also feels “invisible” at her place of work: “Well, as a call centre representative I was non-existent. They gave me a corner and left me alone”.

Sherman is also familiar with experiencing racism from a co-worker. She feels that while the management is aware of the problem they will not do anything. Being a newcomer, she is not aware of the policies around complaints and fears losing her job. Her photo of a rock is accompanied by the following narrative: “This rock represents how hard employers’ hearts can be; no consideration for their employees, no remorse. They harden their hearts and it’s all about the job”.

Response to racism

Rudo, Sherman and Krishna were afraid to complain to their boss about the racism at work. Rudo stated: “I am used to it for nine years. Now I don’t care anymore”. Krishna did not want to lose the medical benefit package her work offered as her husband had a heart condition and was unemployed. On one occasion, Krishna did speak up about the racism she experienced at work to improve conditions for other immigrant women but nothing was done. Exhausted, she quit her job. Enigma did not quit. She was fired from her job for not being a *born again Christian.* She took a photo of a small chapel she built in the backyard to demonstrate her Catholic faith and the hurt she experienced for not being allowed to maintain her faith at work. When Janavi complained about her racist experience: “My co-workers would be condescending… Ah! The immigrant girl is playing the colour card” (Janavi).

Referring to her photo of a brick wall, Rudo noted:

> Sometimes when I am working I feel I hit a brick wall. There is no one to explain to how I feel with the racist behaviour of residents and some co-workers. When I complain to managers, they won’t listen. Staff don’t understand my culture. So I feel like giving up. I cannot see beyond the brick wall. I cry and I get really depressed. I feel fatigued. I think this is too much for my body and my mind (Rudo).

Discussions and research implications

The participants’ experiences show that the social space they occupied (visible minority immigrant/refugee women) limited their access to high-skilled work in Canada’s labour market, a labour market that undervalues human and social capital of non-white and non-European immigrants and refugees. These findings are consistent with other studies that provide evidence that visible minorities are disadvantaged and marginalised in Canada's labour market (Johnson, 2006; Perreault, 2008).

The participants in this research experienced systemic discrimination as well as direct discrimination. The women were racialised due to their immigrant status, ethnicity, language, culture and accent. When Rudo's client called her a "nigger" she experienced racialisation. Ruvashe's experiences of not being allowed to clean the woman who had a bowel movement suggests that she was dehumanised by her white client due to her black body. These results are consistent with other studies that demonstrate that immigrants are discriminated based on their race, culture and immigration status (Mahtani, 2004; Turrittin et al., 2002). These findings are worrisome. Discrimination is a determinant of immigrant health (Hyman, 2009).

It is noteworthy that most participants remained silent about the discrimination and racism at work. Very little is known about the link between employee silence in unfair work settings, health outcomes and organisational productivity. Although quiescent silence is driven by feelings of fear, acquiescent silence is motivated by feelings and beliefs of futility (Whiteside & Barclay, 2013, p. 252). It could be argued that in the initial years of employment, fear of the repercussions prevented Rudo, Krishna and Sherman from reporting the experiences of racialisation by their colleagues and clients to their supervisors. They did not want to lose their jobs. Over time, Rudo learnt that it was futile to complain to alleviate her suffering as her direct supervisor was also implicated in racist attacks. Her statement, "I am used to it for nine years. Now I don't care anymore," reflects a transition from employee quiescence to acquiescence, an adaptive response under the circumstances. Pinder and Harlos (2001) note "People in deep acquiescence have given up hope of improvement and become more or less oblivious to the importance of external events that may provide grounds for hope and a possibility for amelioration" (p. 349). Acquiescent employees are less likely to take action to improve their situation and may ultimately leave the organisation.

More research is needed to understand the relationship between employee silence and health and organisational productivity. Aside from employee silence, the dark shadow of *voicelessness* or absence of voice pervades some of the study participants' lives. First, it is important to understand that silence and absence of voice are not the same thing. Paraphrasing Pinder and Harlos (2001), just as silence can communicate through thoughts, feelings and action, voices can be silent (p. 362-363). As explained earlier, when employees remain silent, it is generally due to the fear of the repercussions or passive resignation to the issue as in the case of Rudo. However, when employees wish to voice their thoughts or ideas, the motivation is generally to improve certain conditions or bring out a positive organisational change (Whiteside & Barclay, 2013), as Krishna did.

Racism has negative consequences to the health of individuals (Hyman, 2009) and "regardless of the form of racial discrimination that takes place, the effects can be devastating to racialised groups" (Johnson, 2006, p. 2); It is therefore important to address racism and discrimination through anti-racist workshops, diversity training and training social workers in cultural competence and cultural sensitivity training. When immigrants encounter racism they can react with anger, hopelessness, helplessness, fear or paranoia, which then make them susceptible to various health problems (Clark, Anderson, Clark, & Williams, 1999). Pursuit of social justice is one of the core values of social work (Canadian Association of Social Workers, 2005). Social workers can collaborate with other service providers and policy makers to educate the public on the effects of racism and discrimination. Further, globally, the schools of social work must take an active role in promoting dialogue about the settlement issues affecting immigrants and refugees through deliberate pedagogical strategies. Diversifying the curriculum through the inclusion of topics on immigration policies and other matters of social and economic justice from a micro and macro perspective will equip the new generation of social workers to provide culturally responsive services to this population. More research using innovative arts-based methods, such as photovoice, is needed to offer marginalised populations "an alternative form of voice-photographs as communication that allows for greater engagement" of participants in articulating their lived experiences (Chio & Fandt, 2007, p. 487).

The photovoice methodology gave participants a *voice*. It seemed that through the process of photography, the women found the means to reveal their feelings and give voice to those experiences they found it difficult articulating in the English language. Language, especially when English is not participants' first language, has its limitation in expressing what is buried deep in the subconscious. There is power in the images that the eye of the camera is able to capture such as the photographs shared in this article. These photographs cross the boundaries and inhabit the participants' personal spaces that language can never touch.

Furthermore, photovoice allowed participants to voice their concerns from their perspectives and in multiple ways. For instance, participants took several photographs to highlight one particular problem or strength. As they reflected upon these images, participants appeared to develop a growing awareness of their unique experiences as immigrant visible minority women in Canada. "This awareness and cultivation of this awareness are the very building blocks and foundation for diversity itself: namely, the recognition and knowledge that *difference* comes from *a somewhere* and speaks to *a something*" (Chio & Fandt, 2007, p. 490). Although voicing their concerns, participants seemed to enjoy the process of taking photographs. They were excited to show the author their masterpieces. There was a sense of pride in completing the project. Participants were also able to keep their photographs to share with family back home enabling a transnational family reflection to occur in some instances.

Using the photographs during the interviewing process helped to establish rapport between the researchers and the participants. It seemed that the photographs facilitated dialogue, encouraged laughter and tears, thus simplifying the process of establishing rapport with the participant and reducing researcher-researched distance. By modifying photovoice methodology, the author was able to bring the issues of power, inequality, voice and consciousness into the discourse of inquiry. For example, interviewing the women individually by using specific questions centred on *Choice, Theme, Relationship, Issues* and *Message*, the author was able to understand the meaning of the participant's photographs from their own standpoint. Understanding minority population's interpretation of what is 'helpful' and 'unhelpful' to them is integral in developing policies and programs for immigrant minority women.

Although there are many strengths of photovoice, there are some challenges in using this methodology. For example, this methodology can be very time-consuming. If the researchers are considering using photovoice, it would be important to clearly map out the different phases of photovoice and allocate a time line to each of the phases. The author found clearly that outlining the phases of photovoice and allocating a time line prior to begin the project assisted in keeping her on track with the research. As most of the interviews were done individually, it was easier to schedule appointments with the participants and stay faithful to the timeline.

A further consideration is the cost associated with using photovoice methodology. This project used digital cameras and unless the researcher had project funding, this methodology could be financially prohibitive. Collaborating with community partners who are interested in community change and willing to assist with the cost of the project (for example, by donating cameras or providing assistance with printing photographs), can help to manage the cost of the project.

It is also important for researchers to keep in mind that some participants may have difficulty in utilising digital cameras and downloading the photographs onto the computer. Some participants may need extra help with these processes. It is also possible that this methodology may not be suitable for individuals from specific populations who are concerned for their own safety. For example, one refugee woman who was recruited for this research declined to take photographs. She was afraid that the photographs may cause political turmoil and pose safety issues to herself or to her family members. Researchers need to be cognisant of safety issues while working with refugee populations.

Conclusions

The results of the study show that as visible minorities, the participants experienced discrimination in the labour market and racism at work. In the absence of language, the women used the eye of the camera to uncover and communicate their lived experiences of discrimination and racism. Although this study provided useful information on discrimination and racism, more large-scale national level studies are needed to expand our understanding of how racism affects individuals and community health. In their efforts to create equitable social services, social work practitioners and academics must seek to understand how complex intersectionalities of gender and systemic factors (social, economic and political) inform visible minority women's experiences of racialisation. The use of photovoice as a method helped in gaining a holistic and contextual understanding of the participants' experiences of racism, moving this research beyond just listening to social action. Organising a community art exhibits to show the photos can shed light on the varied crevices of society's structures and enable women's voices to be heard by the policy makers. In doing so, photovoice transforms the participants from objects of research to actors, bringing women's voices to the forefront of community discourse, thus making their lived experiences of racialisation visible in society. Although every methodology has its limitations, by combining the power of photography with women's interviews "we might better understand the context that women confer to their lives and health conditions" (Wang, 1999, p. 186). The research findings are based on a diverse sample of visible minority women working in different occupations, although most of them were employed in low-paid occupations. It would be interesting for future research to explore the experiences of discrimination with women employed in high status jobs and those who are self-employed.

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The art of body mapping: A methodological guide for social work researchers

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ABSTRACT

INTRODUCTION: The purpose of this Canadian social work research was to explore the healthcare experiences of men and women with a diagnosis of fibromyalgia (FM), a chronic condition of unknown origin.

METHODS: This study had a total sample of 35 Southwestern Ontarians who participated in two separate qualitative methods of data collection. Ten participants completed in-depth interviews, while 25 participants engaged in body mapping, an arts-based research method, within a series of focus group sessions. The latter method for data collection is the focus of this article. This material provides social work researchers with a methodological road map by outlining the design and implementation of the body mapping process, sharing the lessons learned in data collection and addressing practical and ethical considerations for future studies.

FINDINGS: This research found that: (a) participants experienced structural barriers to accessing healthcare services and unsupportive attitudes from healthcare providers; (b) participants' healthcare experiences were affected by their gender, age, class and race; and (c) participants used self-management strategies to cope with healthcare barriers. The study also found that the body mapping process had therapeutic value.

CONCLUSION: This research contributes information for the transformation of healthcare policies, programmes and clinical practices for the FM population. As a form of applied research, the body mapping process has also helped to empower a marginalised population while promoting innovative forms of social work research.

KEYWORDS: body mapping, arts-based research, methodology, health, fibromyalgia

Art is a reflexive process of representing people's inner and outer worlds. Art has a multitude of intentions: it can be created by people, groups and communities for the purpose of self-expression, social justice, community building and qualitative inquiry. Art moves beyond the limitations of words by offering alternative forms of communication to convey the depth and complexity of embodied experiences and emotions (Baerg, 2003). For this reason, researchers have adopted and adapted literary, performative and visual arts as methods of exploring experiences and social interactions. Although traditional academic discourses perpetuate epistemological dichotomies of science/objectivity/reason versus art/subjectivity/feeling, arts-based research (ABR) methodologies have slowly gained recognition and credibility within research communities (Eisner, 2006).

A relatively new form of ABR is body mapping, a process of creating life-size drawings that represent people's identities within their social contexts. In 2002, body mapping evolved from the Memory Box Project, a programme created by clinical

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psychologist Jonathan Morgan at the University of Cape Town to help South African women with HIV/AIDS record their lives as family keepsakes (Devine, 2008). Morgan's project was adapted by South African artist Jane Solomon into an art therapy whereby women with HIV/AIDS use imagery and words to narrate their life journeys. In addition to art therapy, body mapping can be used for advocacy, providing treatment information and support and in participatory research (Solomon, 2002). Internationally, the empirical literature on body mapping has burgeoned in the fields of social science, health and education on topics including HIV/AIDS (MacGregor, 2008; Maina, Sutankayo, Chorney, & Caine, 2014), undocumented workers (Gastaldo, Magalhaes, Carrasco, & Davy, 2012), refugee youth (Davy, Magalhaes, Mandich, & Galheigo, 2014), sexual health (Ramsuran & Lurwengu, 2008; Senior, Helmer, Chenhall, & Burbank, 2014), child poverty (Mitchell, 2006), gendered violence (Sweet & Escalante, 2015) and occupational dance injury (Tarr & Thomas, 2011).

There is no single method of body mapping. The previously mentioned studies encompass various forms of body mapping but do not provide enough detail about research design implementation and visual analysis procedures. Currently, there are two published manuals about body mapping (Gastaldo et al., 2012; Solomon, 2002). Solomon's manual provides instructions on body mapping as an art therapy modality, whereas Gastaldo et al.'s (2012) manual details body mapping as a research method in the context of individual interviews. Because I could not find published material outlining how body mapping could be used as a research method within group settings, I adapted Gastaldo et al.'s (2012) body mapping method during my PhD research about chronic illness and healthcare.

Through the research process, I discovered that there is methodological artistry involved in transforming abstract inquiries about human experience into concrete arts-based activities, while fostering a safe environment where participants can express themselves. This work naturally involves analysing the data in a manner that conveys the richness of participants' embodied experiences. Given these complexities, the purpose of this article is to provide social work researchers with a methodological road map by describing how I designed and implemented this body mapping research, weaving in lessons learned and practical and ethical considerations for future studies.

Methods

Research overview

I conducted the research to explore the healthcare experiences of men and women with a diagnosis of fibromyalgia (FM). Before doing so, the research received approval from Wilfrid Laurier University's Research Ethics Board. FM is a chronic condition prevalent in 2%-3% of Canadians and primarily diagnosed in women (Fitzcharles et al., 2013). Symptoms include chronic widespread pain, fatigue, sleep disturbances, cognitive difficulties and sensitivity to sensory stimuli (Wolfe, 2009). The condition is often mislabelled as a psychosomatic condition because the aetiology remains unknown (Wolfe, 2009).The impetus for this research was based on my direct social work practice coordinating home healthcare services and observing that patients with FM often experienced barriers in accessing healthcare resources and discrimination from healthcare providers. I was interested in conducting applied research using a creative methodology in order to help empower people marginalised by FM, to decrease social stigma and to potentially promote changes to healthcare policies.

The research question was: How do men and women with a diagnosis of FM experience interactions with healthcare providers? The research was epistemologically informed by intersectionality, a conceptual framework based on "the critical insight that race, class, gender, sexuality, ethnicity, nation, ability and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities" (Hill Collins, 2015, p. 2). I incorporated the theory of intersectionality into this research because previous FM studies had not explored whether healthcare experiences were shaped by interconnected identities, including gender, race, class and age. The research design included individual interviews, focus groups and body mapping within these groups (see Figure 1 for an example of a body map).

Rationale for using body mapping

There were multiple reasons for utilising body mapping as a part of the research design. First, body mapping is considered a suitable methodology "for gaining access to people's perceptions of their bodies and to the explanatory models which people bring into encounters with health care workers" (Cornwall, 1992, p. 1). Second, body mapping helped to fill a methodological gap in the literature, as previous FM studies have not used ABR. Third, body mapping is a holistic method of blending the mind, body and social context. Debates about FM have revolved around whether this condition is located in the mind or body. However, body mapping moves beyond the Cartesian dualism of the medical model by helping the participants reflect upon the connection of their minds, bodies, feelings, thoughts, experiences and social interactions. Fourth, body mapping provides a non-verbal method for expressing "experiential states", such as pain, discomfort and frustration, which may be difficult to verbally articulate (Mitchell, 2006, p. 341). These feeling states can be illuminated by the freedom to frame the body in personal ways and to reject standardised medical representations of FM. The standardised FM body, represented in FM informational material, has black dots scattered on the fronts, backs and sides of nude female figures to represent the location of tender points. Fifth, body mapping can stimulate insights that may not arise using traditional qualitative approaches. This process entails "a less directive interviewing style" whereby participants' visual descriptions are probed by the researcher (Cornwall, 1992, p. 1) and fellow focus group participants. Through dialogue, participants can reflect upon the context in which their body maps were produced. During this process, ample time is available for

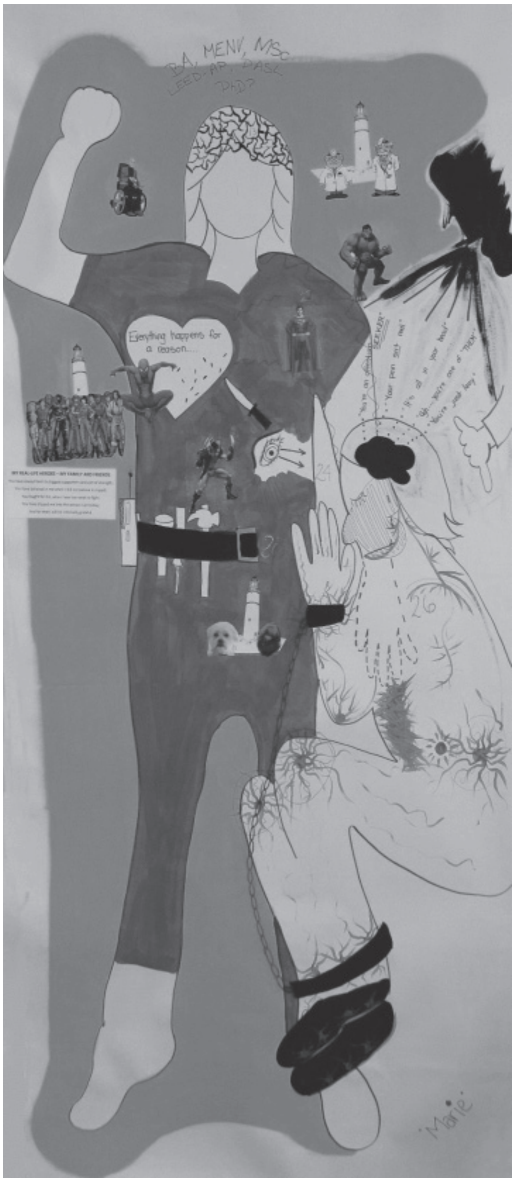

Figure 1: An example of a body map created by study participant Marie (pseudonym)

reflection in comparison to interviews where participants are expected to answer questions in a relatively quick fashion (Hartman, Mandich, Magalhaes, & Orchard, 2011).

Sixth, body mapping can help people with chronic conditions experience liberation through the process of storytelling (Frank, 1995). Storytelling is a form of self-expression, which can establish people's credibility and validate the legitimacy of their illnesses. Such narratives can construct an alternative reality to dominant medical discourses, which instruct people on how to behave as good patients and medicalised bodies (Whitehead, 2006). Finally, the process of body mapping can generate societal narratives: socially shared stories (Murray, 2000). Through societal narratives, individual experiences are transformed into collective experiences (Hyden, 1997). The process of collectively sharing narratives is therapeutic, especially for people living with chronic and contested conditions (Kelly & Clifford, 1997). Societal narratives can involve a cathartic process of *witnessing* (Frank, 1995). Groups provide forums for participants to publically share their illness narratives, have their experiences validated and repair the losses caused by the biographical disruptions of illness (Bulow, 2004).

In this research, body mapping was conducted within the focus groups where participants could support and inspire each another while producing knowledge about their bodies (Solomon, 2002). People with FM often experience social isolation because they are housebound due to pain and decreased mobility (Soderberg, Lundman, & Norberg, 1999). Consequently, body mapping within the focus groups had the potential to reduce isolation, promote socialisation and increase self-esteem.

Participant recruitment

A purposive sample of 35 participants was recruited through support groups in the Greater Toronto Area (GTA) and Kitchener-Waterloo (KW). There was no attrition during the data collection. The recruitment strategy involved emailing and telephoning eight GTA support groups. I received responses from six support group leaders who, in turn, emailed my study information letter to their electronic mailing lists; four leaders invited me to their monthly group meeting to present the study information. I was also contacted by the leader of a KW support group who conveyed interest in the study. I subsequently received ethical approval to extend the research geographical parameters to include this region.

Screening interviews

From January to March 2013, I received indications of interest from 49 potential participants located across Southwestern Ontario. Although some potential participants inquired about the study after I completed presentations in their support groups, most potential participants contacted me via telephone and email after receiving the research information in their support group or from a listserv; the latter group included people who did not attend support group meetings. I screened potential participants using a structured telephone interviews to discuss the research, obtain health histories as well as to confirm a prior medical diagnosis of FM. During these interviews, I also discussed the availability for focus group participation, and interest in body mapping.

Many people with FM are economically and socially marginalised (Soderberg et al., 1999). In order to protect the rights of this population, I both emailed and orally read the research consent form to all potential participants to ensure that they understood the risks and implications of the study before providing consent. To promote trust and transparency, I asked potential participants to specify whether their data should be included or excluded from the research in the event of study drop out. I explained that participant confidentiality would be protected through the following study protocols: using pseudonyms, holding all interviews and focus group sessions in private rooms, asking participants to not disclose others' personal details outside of focus group sessions and securing all participants' information in a locked filing cabinet and password-protected computer files.

Emergent design issues

During the screening interviews, potential participants shared feedback, which led to three ethics amendments regarding data collection methods. First, 13 potential participants were unable to attend the multiple focus group sessions but requested individual interviews to contribute information. Because of the participatory nature of this study, I accommodated these requests by adding interviews to the data collection process. Second, although I initially planned to hold all focus groups in a downtown Toronto location, potential participants voiced concern that lengthy travel would impede study participation. In response to this concern, I divided potential participants into four geographically distinct focus group locations: Midtown Toronto, Mississauga, York Region and Kitchener-Waterloo (Table 1). Third, to promote recruitment, I offered the potential focus group participants a $100 honorarium divided into two instalments of $50. After adding individual interviews, I amended the study budget to additionally provide each interview participant with a $20 honorarium.

Data collection

Although this study included both interviews and body mapping within focus groups, the remainder of this article solely focusses on body mapping to assist researchers, who are interested in using this method. Body mapping involved four phases of data collection: preparation, facilitating a pilot focus group, running two focus groups (with minor modification based on pilot group feedback) and returning to the field to reach saturation.

Preparation for using body mapping

I adapted the art activities outlined in Gastaldo et al.'s (2012) body mapping manual to fit the research topic of healthcare and focus group context. Other preparatory tasks included finding a private room that was accessible and large enough for body mapping. I purchased a wide variety of art supplies (for example, yards of paper, tempera and watercolour paints, pencils, glue, tape, erasers, scissors, pencil sharpeners, rulers, paint brushes, sponges, markers, pencil crayons, felt, tissue paper, construction paper, feathers, gloves and table clothes). I tested these supplies to ensure that they were scent-free because many people with FM have chemical sensitivities. I created my own body map to test the feasibility of the activities (time allocation and concreteness of instructions), and then

Table 1: Overview of Focus Groups

	Focus Group 1	Focus Group 2	Focus Group 3	Focus Group 4
Location	Midtown Toronto	Kitchener	York Region	Mississauga
Time	Mar-May 2013	Apr-June 2013	May-Jul 2013	Sept-Oct 2013
Female Participants	6	7	5	3
Male Participants	0	0	1	2
# of Sessions	5	6	6	5
# of Makeup Sessions	2	1	0	1
Session Frequency	Biweekly	Biweekly	Biweekly	Weekly
Duration	2hrs each session	2hrs each session	2hrs each session	2hrs each session

used this first-hand experience to revise the activities.

I attended an art therapy workshop on visually expressing the healthcare experiences and anticipating the emotional triggers that can occur during this process. I also consulted with a social work colleague, who led therapy groups for trauma survivors, to review potential emotional triggers that research participants could experience. I then developed prevention and intervention strategies to maximise the emotional safety of individual participants and the group as a whole.

Pilot focus group

From March to May 2013, I facilitated a pilot focus group to assess how many focus group sessions were required for participants to have an adequate time to complete the body mapping process. This pilot group included six participants to create an emotionally safe and intimate environment, only included women due to participant request and met every second week for five focus group sessions (Table 2). Each session lasted two hours each and was digitally recorded.

Session 1

The objectives of the first focus group session were to: develop group cohesion (for example, emotional safety, trust and rapport), clarify the study focus and to reduce anxiety by demystifying the body mapping process. I arranged the chairs around a table to promote an intimate environment and provided refreshments. As participants arrived, I welcomed them and instructed them to review and complete the paperwork (for example, signing the informed consent forms, confidentiality agreement, honoraria receipts and emergency contact forms). At this stage, participants also self-selected pseudonyms.

After completing the administrative tasks, the participants and I introduced ourselves, reviewed the purpose of the research, discussed confidentiality (for example, not sharing information outside of the group) and co-created a list of rules and responsibilities to establish a safe environment. To prevent participants from potentially dominating the discussion or being silenced, we discussed the importance of being aware of others. I worked with participants to anticipate how they would cope if they experienced emotional triggers, such as speaking with me and/or contacting counselling services; I provided a list of counselling services on the last page of the informed consent form. We also developed strategies for reducing the risk of physical harm. For example, if participants painted their body maps while seated on the floor, they could potentially strain their knees and backs (Hartman et al., 2011). At this point, participants decided if they wanted to create their maps on the floors, walls or tables. This process enabled me to plan ahead in

Table 2: Focus group sessions, themes and activities

	Session 1	Session 2	Session 3	Session 4	Session 5
Theme	Trust	Health & illness bios	Healthcare journey	Resilience & coping	Sharing
Activity	Rapport building	Art demo	Personal symbol	Message to others	Finishing touches
Activity	Safety rules	Body tracing	Diagnostic journey	Body scanning	Personal narratives
Activity	Semi-structured Qs	Self portrait	Care	Support structures	Group process review
Activity		Illness biography	Healthcare interactions	Drawing the future	
Activity	Group debrief & homework	Group debrief & homework	Group debrief & homework	Group debrief & homework	Group debrief

organising the room for the next session (for example, procuring individual tables and hanging paper on walls).

After safety rules were developed, participants took a refreshment break and then shared their healthcare experiences of being diagnosed with FM. During the final part of this first session, I explained and answered questions about the methodology of body mapping and participants took turns debriefing to achieve closure.

After this focus group session, I reinforced group cohesion by sending participants an email to: thank them for their study commitment; remind them of the date, time and purpose of the next group and share documents (for example, co-created list of group safety rules and next session's body map exercises).

Session 2

The theme of the second focus group session was health and illness biography. I introduced body mapping by sharing my own body map, showing participants the art supplies, demonstrating how to mix paint colours and reinforcing that participants could use either as few or as many art media as they desired (Figures 2 and 3). To contain anxieties about art, I answered questions about the different ways participants could utilise the supplies.

I gave participants a printed list of questions to promote reflection and guide the development of their body maps. For example, I asked participants to think about a position or posture that represented their current health status, to select colours that represented their posture and to highlight their body shape with paint/markers. Participants partnered with each other and took turns tracing their figures on life-size pieces of paper. Most participants decided to be traced in a front profile, but some selected side profiles (Figure 4). Afterwards, participants chose to either hang their maps on the walls or spread them on five-foot-long tables. Participants were asked to draw self-portraits of their faces and illness biographies. These biographies were based on prompts about what life looked like before and after the onset of FM, as well as visualising the embodied experience and physical locations of FM symptoms.

During the focus group session, I circulated around the room, spending time with each participant to ask reflective questions, probe the meaning behind the colours and shapes and provide encouragement. I avoided

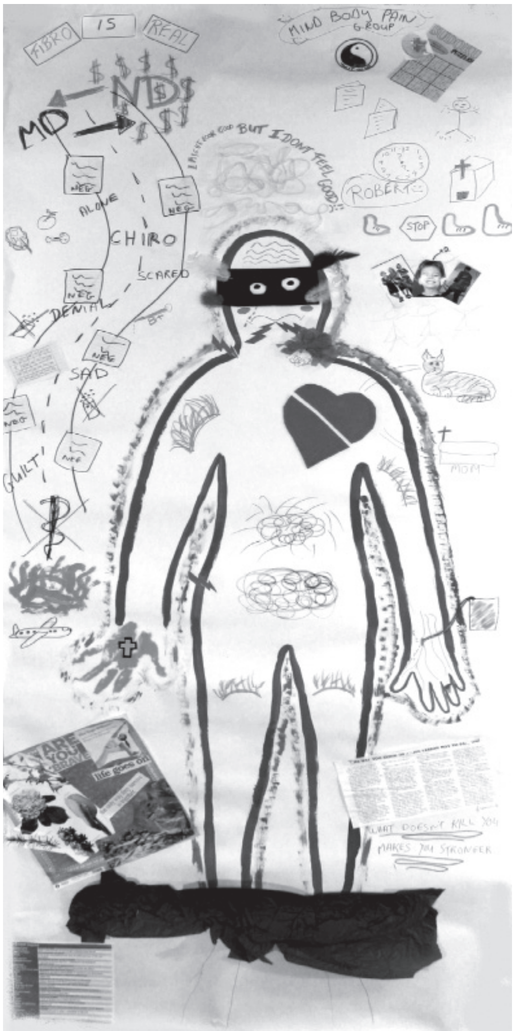

Figure 2: Anna's body map is an example of a multi-media map created with paint, markers, pictures, text, feathers, tissue paper, felt and cotton balls

imposing my own biases and beliefs. At the end of the session, participants returned to the group for debriefing. Participants were given homework questions and a list of the following focus group session's body mapping activities to ensure the time for reflection.

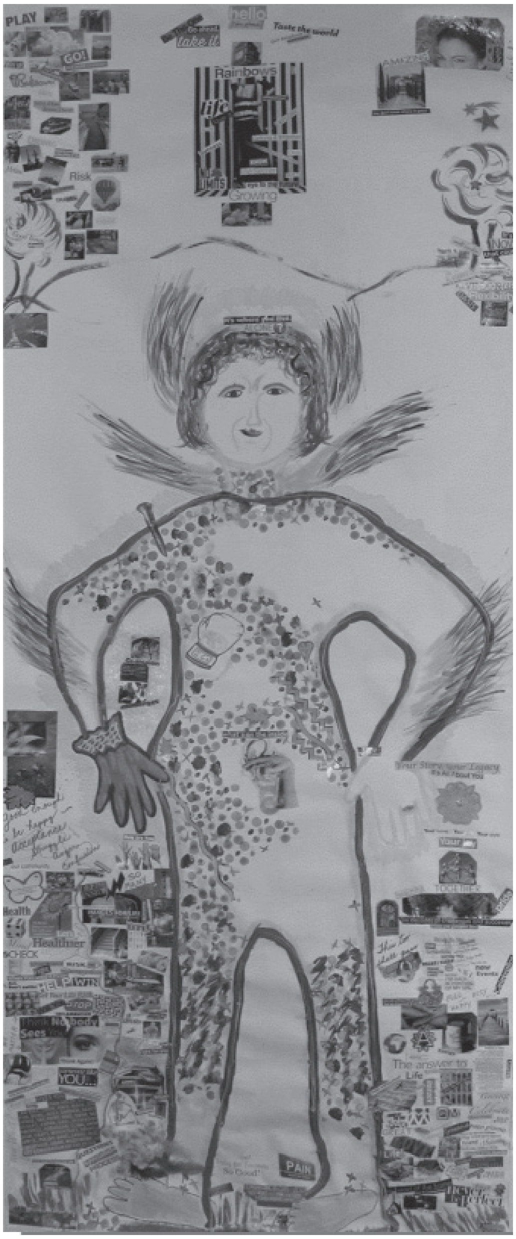

Figure 3: Geraldine's body map is an example of a map primarily created with collage

I digitally recorded all full-group and participant-researcher discussions, as participants' interpretations of their maps would later form the basis of the visual analysis (Gastaldo et al., 2012). I always used two digital recorders in the case of technological problems. The digital recordings had clear sound quality because I moved the devices as group compositions shifted. I positioned the devices to record full-group discussions, which occurred at the beginning and end of each focus group session. I also held the devices while circulating around the room to record all conversations that I had with participants while they created their maps.

The second, third and fourth focus group sessions all had a similar format by beginning with a review of the week's theme and corresponding art exercises, time for breaks and social interaction and ending with a debriefing and review of homework to prepare for the next group's body mapping activities. During each session, participants' added components to their existing body maps based on the session's theme and corresponding activities (Table 2).

Session 3

The theme of the third focus group session was the healthcare journey. Participants represented their relationships with the healthcare providers by envisioning what positive and negative healthcare interactions looked like and how did the best and worst healthcare interactions make them feel. Participants depicted their diagnostic journeys, self-care strategies and personal symbols and slogans to represent their healthcare experiences.

Session 4

The theme of the fourth focus group session was resilience and coping. Participants wrote messages to the public about their healthcare experiences. They scanned their bodies to explore all aspects of their healthcare experiences, including issues related to

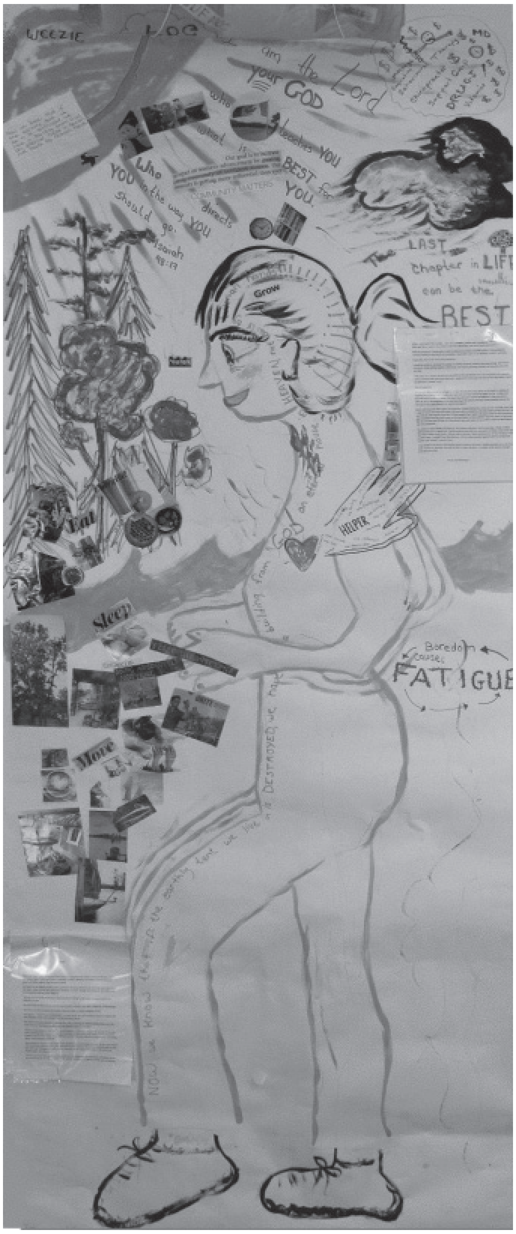

Figure 4: Weezie's body map as an example of tracing the body in side profile

gender, race, social relations and use of services and then depicted the challenges they faced in their interactions with the healthcare providers. They represented their sources of strength and support structures, which helped them cope with healthcare system challenges. Finally, participants drew their future by envisioning their goals and dreams.

Session 5

During the fifth session, participants spent approximately 15 minutes presenting each body map. I helped participants focus by requesting they share with the group how their body maps represented their healthcare journeys and asking what people should know when they viewed their maps. After these presentations, I facilitated a discussion about whether the process of body mapping prompted ideas or strategies about how healthcare providers could more effectively address patients' physical and emotional needs. Finally, I asked participants to share their experiences about the focus group process and provide feedback for the purpose of strengthening and revising the body mapping methodology.

To reduce the risk of attrition and promote participants' confidence, I facilitated two makeup sessions at participants' homes. During the first makeup session, I helped two participants, who had missed the second focus group session, begin their body maps. During the second makeup session, I helped another participant, who missed three focus group sessions due to FM-related illness, finish her map.

Lessons learned from the pilot group

During the pilot focus group, I realised that body mapping is a collaborative process between researchers and participants, and thus the co-creation of ideas and artwork is inevitable. I helped participants brainstorm ideas by probing their thoughts about what images they wanted to create and guiding them towards an action plan. However, I tried to reduce researcher bias by adopting a stance of reflexive inquiry, validating participants' visions while consistently reflecting upon my responses and reactions to prevent imposing my own views.

I learned that it was important to give participants the space to organically complete art activities in the order that made sense to them. Many participants did not complete the self-portrait (introduced in the second focus group session) until the fifth session because they could not envision what their faces would look like until the end.

Participants' body maps were shaped by their continued work outside of sessions through engagement with the homework exercises. Some participants requested to take their body maps home to work on in between focus group sessions. Participants' engagement in the mapping was also evident by their abilities to look beyond the provided art supplies; some brought their favourite art supplies from home, whereas others asked me to provide additional materials (for example, cotton balls and string to represent symptoms of fibro fog). Another trend was participants selecting images from both on-line and print media sources to paste on their maps; they brought duplicate images to share with fellow participants who, in turn, became inspired to use these images. By sharing resources, participants unintentionally influenced each other and created body maps with overlapping themes. However, I thought it was important to respect participants' collaboration because it fostered community and a spirit of collective empowerment. During data analysis, I addressed how the research findings were potentially affected by both the collaboration and movement of body maps between the focus groups and homes.

Facilitating further focus groups

After receiving feedback from pilot focus group participants, I revised the body mapping exercises and then concurrently facilitated a focus group with seven female participants in Kitchener and a mixed-gender focus group with one male and five female participants in the York region. These two focus groups had a similar format to the sessions in the pilot focus group except minor variations were made to the exercise guide. I added an extra session due to participants' feedback that more time was required to complete the exercises.

Returning to the field

After completing three focus groups, I sent a report of preliminary findings to the research thesis committee. Although the study included men and women, only two men had participated. Thus, the committee and I decided that I would return to the field to explore gender differences in healthcare experiences. To achieve this objective, I facilitated a fourth mixed-gender focus group with two male and three female participants in Mississauga. Although the format was similar to the previous three focus groups, I facilitated the sessions on a weekly basis, rather than every two weeks, to expedite the data collection process. Compared to the previous focus groups, this group had fewer participants, and therefore I reduced the number of group sessions from six to five. By having fewer participants, I was able to spend more time with each participant during their body mapping activities. Based on the participant's feedback, I began each focus group session with a 5-minute meditation to help group members feel more relaxed before engaging in body mapping. The participants and I noted that after the meditation, there was a calming change in the room's energy.

Data analysis

I concurrently collected and analysed the verbal and visual focus group data. After each focus group session, I wrote field notes to reflect upon the group dynamics and the illuminating themes that arose during the body mapping. These notes captured both the verbal and non-verbal richness of the data, including participants' use of humour and intensity of their emotions. I hired research assistants to transcribe the verbal digital recordings. I cleaned the transcripts of all identifying information, uploaded these transcripts into the qualitative software program NVivo 10 (QSR International) and used constructivist grounded theory to code and analyse the transcripts (Charmaz, 2006). I selected constructivist grounded theory, rather than traditional forms of grounded theory, because this approach assumes that participants experience a multitude of realities (Charmaz, 2006). Constructivist grounded theory fitted with the framing of experience as constructed by intersecting identities and experiences.

This inductive approach involved reading the transcripts multiple times, coding line-by-line and creating initial codes grounded in the data. After the development of initial codes, I refined these codes and developed axial codes, which involved organising the data into categories and subcategories. This organisation of data led to the identification of theoretical codes with the objective of obtaining "thick description" about participants' experiences (Charmaz, 2006), as well as to constantly comparing the data. In the final analytic stage, I developed a theory grounded in the data about healthcare interactions.

In addition to the transcripts, I analysed the participants' body maps. Unfortunately, there is a dearth of literature in the health sciences and social sciences about methods for visual analysis. However, Gastaldo et al. (2012) explained that body maps:

> [S]hould be analysed in their integrity, which includes the process of creating it (verbatim and field notes), the body map itself, and the narratives that accompany it (*testimonio* and *key*). The purpose of the analysis is not to psychologically evaluate the participants through their art, but to gain insight into certain aspects of their logic, aspirations, desires, material circumstances and ways of handling particular issues (p. 18).

Given the importance of balancing participants' maps, verbal narratives and creative processes, I developed a multi-layered visual coding scheme. This coding scheme was influenced by constructivist grounded theory and involved the following eight stages:

First, I followed an inductive approach by reviewing all of the body maps (as one would repeatedly read transcripts) to familiarise myself with the data. This approach involved rolling out the life-size body maps on a long table to examine all parts of the maps. Second, I organised the visual data by photographing the body maps and uploading these photographs into NVivo 10 (Figure 5). I analysed the life-size body maps rather than the photographs of the maps because many of the hand-drawn details could not be seen in the photographs. However, the rationale behind uploading the photographs was to create a system of organisation. I used NVivo to consistently organise the codes and memos, which emerged from the visual analysis, and to ensure that both the visual and verbal data were contained within the same software programme. This process enabled me to later compare and merge codes from both the visual and verbal data.

Third, I created initial codes based on the similarities and differences in the: use of colour; themes and discourses; types of representations (for example, words, picture collages and hand-drawn images); size, repetition and location (for example, symbols

Figure 5: Photographing the body maps for the purpose of data analysis

situated inside and outside of the body) of the images and words.

Fourth, I compared the participants' body maps to their audio-recorded verbal presentations of their maps, which occurred during the final session of each focus group. Because this research was participatory, it was important to honour and not misinterpret the meanings participants' ascribed to their maps. Furthermore, this process of matching participants' images to their narratives was a method of ensuring that the initial codes were grounded in the data. Through this process, I also refined the codes by renaming and redefining them to improve the clarity of meaning.

Fifth, I grouped the codes into three themes: conceptual content, tone and elements of design. Conceptual content refers to the healthcare-related themes represented by words and images in the body maps. Tone refers to the mood evoked through the images and words that participants' used to represent their positive and negative healthcare experiences. Elements of design refer to the visual aesthetics of the body maps; this is a conceptual framework borrowed from fine art theory. For centuries, the elements of design, which are considered to be universal, have helped guide how artists have created their artwork and art critics have interpreted these works. The elements of design include: line (horizontal, vertical, diagonal lines); colour; value (the hue and tone of the colour); shape (the two-dimensional outline of objects); form (the three-dimensional creation of objections and area through shading); space (the positive space of the object and negative space surrounding the object) and texture. Within a piece of art, repeated elements (for example, colour and line) and proportion (for example, evenly balanced shapes) evoke a sense of visual harmony, unity, movement and rhythm, while a variety of elements creates visual interest. I used several of these elements of design - specifically colour, texture, shape and space to guide my analysis. I also looked at how these elements created visual harmony, rhythm, movement and interest.

Visual aesthetics were relevant in this particular social work study because many participants discussed how certain elements of design (for example, colour and shape) symbolised their health and illness identities (see Figure 6 example). In other words, visual aesthetics were grounded in the data.

Figure 6: Hope explained that she drew her healthy face larger and higher than her unwell face to symbolise resilience

The sixth stage of visual analysis involved exploring how the themes of conceptual content, tone and elements of design were co-constructed both within and across the groups. For example, the image of healthcare as a journey was repeatedly constructed by participants belonging to both the same and different focus groups. These within-group commonalities highlighted that participants shared ideas with each other as they created their maps. In comparison, the across-group commonalities signified both the universality of certain images and metaphors. These commonalities also shed light as to the ways in which I was inspired by the participants, thereby unintentionally co-constructing meaning across groups. For example, at times, when I described body-mapping exercises to participants, I illustrated these exercises with themes that arose in other focus groups. These themes may have resonated with certain participants and influenced their artistic process.

The seventh stage of visual analysis focussed on intersectionality. Within each of the three themes, I selected a variety of salient codes and then examined the differences in these codes. For example, in the code "negative healthcare experiences," which was categorised under the theme of conceptual content, I compared the images created by male and female participants. I compared these images with the transcripts to capture both the verbal and non-verbal meanings. This process was deductive because I specifically examined the participants' depictions of how their gender, age, race, class, culture and religion influenced their interactions with healthcare providers.

The eighth stage involved narrowing the focus of the visual analysis for the purpose of addressing the specific research question. In particular, I focused on the codes that were within the theme of conceptual content, described healthcare experiences and illustrated the salient concepts emerging from the transcript analysis.

Findings

Although this is a largely conceptual paper, describing the study methodology, it is important to provide an overview of the key findings that emerged through body mapping. This study found that: (a) participants experienced structural barriers to accessing healthcare services and unsupportive attitudes from the healthcare providers; (b) participants' healthcare experiences were affected by their gender, age, class and race and (c) participants used self-management strategies to cope with healthcare barriers.

The therapeutic aspects of body mapping

Although to conduct this research body mapping was adapted from an art therapy to a research method (Gastaldo et al., 2012), the therapeutic value of body mapping was still evident. The therapeutic value was highlighted by the lack of attrition during this research despite the significant time commitment required to take part. Many participants reported that the process of body mapping increased their sense of social connection because it was the first time they realised that they were not alone in their suffering and that others had similar symptoms and healthcare struggles. After the completion of focus groups, some participants maintained their connections by exchanging emails and meeting for coffee on an informal basis. I declined participants' invitation to join these informal gatherings to maintain my researcher role. Furthermore, on several occasions, I observed that body mapping had a containing quality; participants, who came into the focus group sessions tearful because they were having difficult days, appeared calmer after working on their maps.

Based on these experiences, I suggest that researchers need to be trained in group facilitation to ensure that participants' feel emotionally safe throughout the body mapping process. If researchers do not have training to manage triggers and emotional distress, then they need to collaborate with practitioners to provide on-site support to participants as required. Researchers engaging participants in sensitive topics should always provide a list of support services to access should they feel the need.

Conclusion

To date, I have exhibited the body maps in three community art galleries in the Ontario cities of Toronto, Kitchener and London. Although participants were given the choice to keep their body maps after the exhibitions, many donated their maps to be showcased in the future. All participants provided informed consent for their body maps to be photographed for use in further knowledge translation endeavours; I will have these photographs printed on banner fabric to improve the portability of the body maps for display in healthcare settings. I will also design a website to showcase the body maps as an educational tool for FM and healthcare community.

Facilitating groups is a traditional form of intervention in social work practice as well as a method of qualitative inquiry in social work research. This research has contributed to the social work field by highlighting the importance of group process in the context of body mapping research and reflecting the profession's commitment to social justice, applied research and innovative practices. Social change has been creatively fostered with the research findings being used to generate a better understanding of the healthcare experiences of people with FM.

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Innovation and graphic facilitation

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ABSTRACT

INTRODUCTION: Social work practice includes the facilitation of effective communication in planning, solution finding, developing shared understandings and collaborative decision making with individuals, families, colleagues and professionals and community groups. Changing social contexts require innovations and new approaches to practice.

METHODS: This article proposes that graphic facilitation (Sibbett, 1977, 2002) can be used as a way of enhancing social work practice by promoting anti-oppressive practice (Dominelli, 2002) and collaborative partnerships (Bracht, Kingsbury, & Rissel, 1999; Roose, Roets, Van Houte, Vandenhole, & Reynaert, 2013) and thinking differently (Gambrill, 2013).
Graphic facilitation is a practice that produces “rich pictures” (Checkland, 1981) to elicit and record information in a responsive and innovative way. Drawing on examples from practice, illustrations of the use of graphic facilitation will be presented in two contexts: person-centred planning and World Café.

FINDINGS: Literature supports the effectiveness of using graphics to develop a visual language and produce a “rich picture” that is easily understood and remembered. The use of pictures can stimulate new meaning and insight, and promote reflection and deep learning (Checkland, 1981; Horan, 2000). Graphic facilitation has been reported to increase engagement, understanding and result in a more energised process to bring about change.

CONCLUSIONS: Graphic facilitation is a method that can be added to a social work tool-box. The examples provided demonstrate the potential capacity of this approach to support individuals and groups in different, creative and innovative ways.

KEYWORDS: innovative practice, social work, creativity, graphic facilitation, rich pictures

Social workers face ever-changing social environments where “the nature and complexity of clients’ problems and challenges …continuously evolves and grows” (Nandan, London, Bent-Goodley, 2015, p. 1). Such changing contexts require innovations and new approaches to practice especially when engaging with individuals and groups who present with complex challenges. Innovation can be viewed as “a process for inventing something new or improving on that which already exists” (Blakeney, Carleton, McCarthy, & Coakley, 2009, para. 1). Social workers have been encouraged to use the arts in practice to add to their repertoire, bring new insights and enrich communication (Känkänen & Bardy, 2014). To sustain renewal and keep abreast in relation to capacity it becomes necessary to listen deeply to colleagues and clients, to look outside the immediate field of social work practice and to take positive risks. Brown (2010) considers taking risks in social work practice as a “central component of innovation” and, unless innovation is incorporated into “the delivery of front line services, future performance will remain inefficient and ineffective” (p. 1). Arts-based methods have offered creative approaches to work with vulnerable children

AOTEAROA NEW ZEALAND SOCIAL WORK *28(4)*, 44–53.

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(Coholic & Eys, 2016) and in mental health (Armstrong & Dorsett, 2015; Ho, Potash, Ho, Ho, & Chen, 2016). This article illustrates the use of graphic facilitation as an innovative method, highlighting potential relevance and application in many social work contexts.

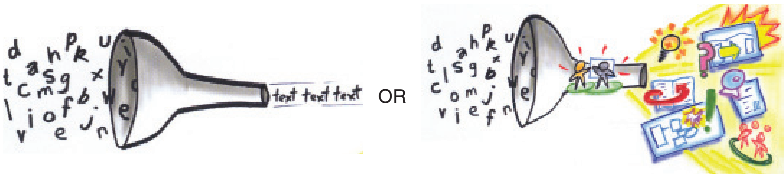

Figure 1: The graphic facilitation process

Some 30,000 to 25,000 years ago, humans were using symbols and colour and positioning these on a surface and within a space to record the tasks, triumphs and tribulations of daily life (Mendoza Straffon, 2014; Merkley, 2005). The power of these graphics when revisited thousands of years later is undeniable. The advent of writing and the written word largely supplanted the use of images, pictures, colour and form and became a major way of communicating. Visual *language* has more recently been promoted by technology, as visual images provide information in a language that people can understand (Checkland, 1981; Horn, 1998; Sibbett, 2002; Simpson, 2000). Furthermore, Anderson and Imperia (1992) purport that the visual image is louder than words capturing intention and feeling more clearly than words alone. If designed well, the visual image may result in increased appeal, comprehension and retention. Graphic facilitation has continued to be used in a range of situations including systems thinking (Checkland, 1981), strategic and personal planning (Sanderson, 2000). Graphic facilitation, as illustrated in Figure 1, is described as:

> While people are presenting to the group or when a conversation or brainstorming session is taking place, a graphic recorder or graphic facilitator uses hand-drawn words and text, colours and pictures to summarise and organise the groups' thoughts and ideas (Mullen & Thompson, 2013).

Graphic facilitation

Facilitation is "the art of leading people through processes toward agreed-upon objectives in a manner that encourages participation, ownership and creativity from all involved" (Sibbett, 2002, p. 1). The word *facilitation* comes from French (facile) and Latin (facilis) meaning easy to do, doable. Although the role of the facilitator is to achieve outcomes, it also involves designing and implementing a process that flows to enable an individual or group to reach a meaningful and successful outcome. Facilitation is therefore about process, about focussing on how something is achieved. As the term suggests, graphic facilitation (Sibbett, 1977) has two main components: facilitation and the use of graphics. Graphic facilitation can be regarded as a type of visual note taking – it is used as a way of presenting material, or capturing the ideas, content and feelings of an individual or group. Valenza and Adkins (2009) explain: "it's representing ideas as icons and placing them in context with other ideas. It also uses words, phrases, titles, topics, quotes and buzzwords as graphic symbols on the same field" (p. 38).

The graphic facilitator presents or captures content visually on a large chart in full view of everyone participating. Each chart can be customised to the individual or group and to the nature of the discussion and the goals of the process. The chart provides a platform on which the visual dialogue develops, enabling specific details to be recorded simultaneously presenting the big picture. Kim and Mauborgne (2002) believe that building the process around a visual chart creates much better results than using the traditional written format. The graphic facilitator must be fully present, practise deep and ongoing listening (Sanderson, 2000) and position and integrate the given information on the chart to form a coherent story. A skilled graphic facilitator interprets, bridges, records and connects information bringing "the tools of cognitive understanding to the process, so that the moving form of the graphic actively nurtures clearer statements and fresh directions from the meeting members" (Valenza & Adkins, 2009, p. 42). In this way, the chart provides a vehicle for thinking together and capturing and linking multiple perspectives, while intrinsically involving the individual or group in shaping and seeing the resulting chart and outcome. The chart immediately captures and reframes information that can be understood at a glance, making it possible for participants to clarify their thoughts (Sibbett, 1977, 2010). The completed chart can be photographed and emailed and/or photocopied and presented to participants so there is no delay for the outcomes of a discussion to be circulated. In this way, the chart can be used as an immediate reminder, or a sharing point with those people unable to be present.

An important part of the graphic facilitator's role is, at appropriate times, to feedback to participants the information on the chart in a sensitive and logical way. Although this honours and validates the participants, it also provides opportunities for reflection and clarification and expansion on content.

Reported outcomes of graphic facilitation

Tierney (2003) claims that people retain 10% of information read, 20% of information heard and 50% of information seen and heard. Weibord (cited in Tyler, Valek, & Rowland, 2005) states "people will support what they help to create" (p. 148). Graphic facilitation can provide a compelling platform for people to become engaged when they see their words, expressions and stories visually represented on the chart.

In striving for authenticity and genuineness, understanding of self can be enhanced through using the graphic as a means for clarification and reflection (Congleton, 2011; Horan, 2000).

Ownership of the dialogue is enhanced through the participants' identification with the graphics as they are recorded (Sibbett, 1977; Tyler et al., 2005). Graphic facilitation aligns with a strengths-based practice framework (Gilgun, 2005; Saleebey, 1996) that emphasises power with rather than power over (McCashen, 2005). Amering and Schmolke (2009) state, "freedom of choice is …being able to bring your own ideas to the table and having the chance to implement them" (p. 63).

It is well documented that people have different processing and learning styles (Armstrong, 1987; Gardner, 1985). To generate engagement and ownership, it is important to harness the full range of learning styles rather than focussing primarily on the traditional verbal–linguistic ones. The visual is reported to stimulate the mind, the heart and the soul (Bell & Morse, 2012; Hooper, Low, & Kearins, 2003). Joffe (2008) discusses the power of visuals as being a "thought to send people along emotive pathways where textual/verbal material leads them in a more rational, logical and linear pathway of thought" (p. 84). Appealing to a wider range of learning styles can create a space where the often-unheard voice can be expressed (Espiner & Guild, 2008; Tyler et al., 2005). Some participants are silent, reticent to speak out or may feel that they have not had a real opportunity to speak or be heard. This can reinforce feelings of marginalisation and create withdrawal from the group or process. Through appealing to the visual senses, graphic facilitation can go some way to addressing this "dilemma of voice" (Bunker & Alban, 1997).

Culture gaps can be reduced when participants' own words are recorded and cultural symbols used, to honour and represent cultural identity (Tyler et al., 2005). Accessing information in a written form or as a text narrative can be difficult for some people as standard print may not be accessible or meaningful (Jones & Shoemaker, 1994). Graphic facilitation can encourage collaborative and mutually respectful ways of talking and working together while acknowledging cultural differences.

Tyler et al. (2005) report that levels of interpersonal energy rose when graphic facilitation was employed as the use of colour, form and symbols brought the dialogue alive. The chart is recorded in real time, as the conversation is happening, generating energy, as Joffe asserted, making the experience "especially memorable and the salience that this confers may make it particularly forceful" (2008, p. 85). Graphics can inspire creativity and self-efficacy toward creating solutions among participants as complex ideas are more effectively conveyed through visual image than text (Mullen & Thompson, 2013; Steenkamp & Hooks, 2011).

Although graphic facilitation gives rise to ideas, the visual image formed may assist retention as visual images are easier to remember than words or numbers (Armstrong & Dorsett, 2015; Graber, 1989). The graphics on the chart can be a productive way of organising and summarising ideas and thoughts (Agerbeck, 2012; Kelly, 2005; Roam, 2009; Sibbett, 2008) enabling reflection on the conversation in parts and as it develops as a whole (Tyler et al., 2005).

Graphic facilitation incorporates many of the elements of sense-making (Weick, 1995). These elements are summarised in the quote attributed to E. M. Forster: "How can I know what I think until I see what I say?" When seeking explanations and answers sense-making challenges people to look outside of traditional systems and structures and to look instead at peoples' way of thinking.

Person-centred planning and graphic facilitation: Potential relevance for social work practice

Most, if not all, social workers will be involved in planning with clients. Effective planning is person or client-centered, reflecting the unique circumstances and aspirations of the individual person (Williams, Porter, & Marriott, 2014).
A client-centered approach evolved from the work of Carl Rogers (1951) who proposed unconditional positive regard towards clients, empathy toward their situations and genuine interactions (Chenoweth & McAuliffe, 2015). This humanistic approach is aligned with existentialism focussing on the "capacity of people to gain the personal power to control their lives and change ideas governing their lives" (Payne, 2014, p. 275).

Person-centred planning involves a new way of thinking (Gambrill, 2013) which puts the person's interests and wishes at the centre of the process. It involves listening deeply to the person, their family and friends, and taking the time to discover the person's aspirations (Amando & McBride, 2001). Action is then taken to support the person meet their aspirations.

Along with a shift in thinking, person-centered planning requires a shift in power dynamics and is embedded in the principles of shared power and self-determination (Sanderson, 2000). This demands a shift in the balance of power removing the professional from imposing their view of the world on the client. Dominelli (1993, cited in Dominelli, 2002) advocates for anti-oppressive practice, which "embodies a person-centred philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people's lives" (p.24). Anti-oppressive social work requires the social worker to "relinquish pre-set beliefs and professional training in order to listen effectively to how their service users describe their own issues" (Sakamoto & Pitner, 2005, p. 448). Anti-oppressive practice is "innovative, evolving and contentious" (Hick, 2002, para. 2) requiring creativity and disentanglement from more traditional ways of practice. Implementing person-centred planning challenges social workers and social service organisations to work in more innovative, responsive and empowering ways.

Empowerment-orientated practice requires social workers to put aside their expert role and adopt collaborative processes (DuBois & Miley, 2011) to engage with the lived experience of their clients. Empowerment theory regards people as capable and competent to set goals and design a way of achieving them if given the relevant opportunities and resources (Breton, 1994). Graphic facilitation is a skill that can support shared understanding and collaborative decision-making leading to more creative solutions and pathways.

There are many ways in which graphic facilitation can be used within person-centred planning. This can be through the use of pre-designed (Sanderson Associates, n.d.) or individually tailored templates. Planning Alternate Tomorrow's with Hope (PATH) (Pearpoint, O'Brien, & Forest, 1995) is an example of a visual planning process. A study by Armstrong and Dorsett (2015) claimed that PATH graphics and visuals "resonated" with people living with emotional distress as "the PATH plan stays with the person as a visual compass" (p.42) and "thoughts being visually presented highlighted a potential strength of the relationship between PATH and recovery" (p. 42). The use of images was seen to raise issues and bring ideas "to the surface, visible and conscious" (p. 42). The use of graphics was also found to help people who experience long- or short-term memory loss. One participant in this study of the PATH planning process said, "struggling with long-term concentration [the visual nature of PATH] allows visual achievement" (p. 42).

A study by the authors (Espiner & Hartnett, 2012) reviewed outcomes from an organisation's efforts to implement a more person-centred approach to personal planning for adults with an intellectual disability. A key outcome of the study was that personal plans with more hand-drawn images, colour and words presented in a creative way were more accessible to the adults. Participants were able to review the plan independently or with support. The visual content enabled the adults to take greater ownership of their role in implementing their plan as they could read and remember the content, thus being more motivated to follow up and action their plan.

The visual format had enabled the adult to work collaboratively with a staff member and this had created a real sense of ownership. One adult commented, "[Name] and I made the plan. I do not read but I have a book about my plan…I like the pictures 'cos I do not read. I like the colours and the big pictures". Another adult stated "I like the pictures…I bring it out every night".

Staff and family and friends of the adults agreed that the individualised pictorial formats had enabled the adults to remember and understand their goals thus providing motivation through "the confidence and pleasure from being listened to and from holding and 'reading' a document of their own". Another family member believed that the graphic facilitation approach had enabled the adult to express and uncover aspirations of which there was no previous knowledge. One staff member asserted "the facilitation of the meeting helped everyone to help each other to share ideas and to help make [the adult's] dreams come true".

The majority of adults for whom plans were facilitated stated that the planning had created a forum where they had they felt listened to and where their voice had been acknowledged. Graphic facilitation played a major role as expressed by one adult who stated, "People listened to me…they asked me and listened and I felt listened to".

A study by Espiner and Guild (2012) incorporated the use of graphic facilitation into student-centred planning used by a New Zealand school that supported students between the ages of 5 and 21 years who had very high levels of support needs. The use of visuals and graphic recording was seen to be an effective method of facilitating and recording the plan. For an example of a "graphed" individual plan, see Figure 2.

The student's caregiver who participated in the planning reported:

> Having someone doing the graphics and presenting [feeding back] made it a lot more interesting …The drawing fascinated [Name of student]. It is more visual for her than talking …it was colourful and bright. She just loved it …You have to have the visuals for her.

Another participant reported that the visuals were "the way to go". The study indicated greater ownership of the plan as the student pinned her plan on the classroom wall immediately after the planning meeting, and related the "story" of her meeting and the goals to her classmates. After school, she took the plan home and asked her caregiver to mount it on the wall of the dining room; this in itself was an accomplishment. Her caregiver revealed:

> In the home [Name of student] destroys things and that is an ongoing problem … Normally things would get ripped off the wall and shredded, …but with the plan she hasn't. We've got it up on the wall of dining area and [Name of student] was always talking about it.

The student's teacher remarked, "When I go to her home it is there and I can look at it and see where she is up to …if it is just typed on paper it is just not the same". One teacher noted that the process enabled participants to "see what were the essential or important goals and what [student] can do, and what we need to do to help". One of the main advantages of the use of visuals was increased engagement for the students and other participants. Seeing the ideas recorded in an accessible and visual way reminded the students of their role as the central participant.

Graphics were also incorporated into the transition planning for students at the same school (Espiner & Guild, 2011). In one example, a transition planning process was undertaken for a 19-year-old young man who had not previously been included in his planning even though personal planning had been a feature of his life since he was two years old.

Figure 2: Graphed individual plan

His teacher commented, "If we talk the words, you hear them and they are gone. For students, the pictures are up there for them to look back to – it is part of being visual – it is permanent". The teacher also commented on the importance of reflecting back information, "after each small section was discussed the grapher would feedback – this recapture ensured the words and ideas were all recorded and refreshed everybody about where they were".

The young man demonstrated a high level of engagement throughout the planning through his body language and by listening and looking at people when they were talking. His teacher stated that he was "looking, smiling, listening and responding by tapping his mother's hand, his expression of "yes" and "no", and staying for the entire time of the planning".

His mother stated that through "seeing" his plan evolve:

> He [Name] was able to figure out what we were actually talking about …one-and-a-half hours is a long time, [Name] stayed the whole time …this is a young

> man you could not usually get in the door – but he wanted to come in. When he went out to the toilet I asked him, "Do you want to go back in?" and he went straight in.

Everyone who was part of this planning process agreed that it had created ownership. His mother stated:

> If you just had an IEP chart on the wall- [Name] has never gone over and checked it out, even though I talked about it, it was only just written words. In this plan you drew pictures, …his bike, …his house with him inside it, …he comes over and looks at it, he checks out his chart. He is doing these tasks—before he would have walked off. He is coming up to the sink and handing me a glass and hand over hand we are putting them in the dishwasher—before he would not do this.

Graphic facilitation aligns with many of the theories that underpin social work practice. As a process it has the potential to promote anti-oppressive practice and self-empowerment, paradigms that are relevant to social workers and the varied contexts in which they work. Graphic facilitation can also offer social workers the opportunity to reflect on their role in more sensitive and relevant ways.

Figure 3: World Café

Creative conversations and graphic facilitation: Potential relevance for social work practice

Social workers are often faced with complex and at times *wicked* problems (Roberts, 2000) for which linear thinking and approaches are deemed inadequate. Such problems demand approaches that incorporate multiple perspectives, high degrees of involvement, commitment and coordination. These types of problems necessitate strategies that involve thinking differently, unconventionally or from a new perspectives (Gambrill, 2013; Hafford-Letchfield, Lambley, Spolander, & Cocker, 2014). Furthermore, strategies for approaching such problems require a collaborative approach and anti-oppressive practices that promote power sharing (McKitterick, 2015), as thinking needs to go beyond the capacity of any one person or group's understanding. Graphic facilitation, through the design and development of highly visual maps, provides a valuable information management tool that can facilitate and navigate problems from new perspectives (Checkland, 1981; Horn, 1998). The visual structure of the dialogue is observable to everyone as the discussion unfolds. The graphic thus has the ability to illustrate emerging arguments, viewpoints and options, structuring the flow of complex discussions to enable a deeper and more rapid analysis of the situation.

One example of deeper and rapid analysis is the World Café approach (Brown & Isaacs, 2005). The approach is a process that challenges the notion that knowledge is held and shaped by professionals who are the experts. World Café invites participation from non-experts. According to Fouché and Light (2011), World Café embodies "social work values, knowledge generation and information exchange through 'conversations that matter'" (p. 29).

Graphic facilitation has been used successfully at a conference with a large group of participants adopting a World

Café (Brown & Isaacs, 2005) approach. The participants formed small groups to discuss a set of questions around a topic of mutual interest. Within each café group individual thoughts were shared, collective knowledge and insights surfaced, in order to gain a deeper understanding of the issue. Each café group shared their insights with the large group and the graphic facilitator made a visual representation (Figure 3) creating a group synthesis and memory.

Conclusion

Graphic facilitation is a process that aligns with social work values and principles. It is an inclusive process that promotes shared understandings, reflection and collaborative decision-making. It is an innovative and creative process that has the potential to develop the thinking required to respond to ever-changing social contexts (Mauzey & Harriman, 2003). Graphic facilitation can support people (individually and collectively) to better connect through anticipating change, visualising the process and determining action.

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Embodied interpretation: Assessing the knowledge produced through a dance-based inquiry

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ABSTRACT

INTRODUCTION: Although the field of social work has experienced an exponential increase in the use of arts-based methodology, the way in which knowledge shared through artful presentations is understood by audience members remains understudied. As arts-based inquiry often involves active co-construction of meanings between researchers, participants and audiences, it is crucial for social work researchers to scrutinise the process of meaning making by audience members. In this article, we explore how audience members make sense of research findings presented through improvisational dance and how the provision of information about the dance may influence viewer responses.

METHODS: A personal experience with self-injury documented in a creative poem was represented through the performance of improvisational dance pieces and assessed by two groups of viewers, with and without knowledge of the topic of the dances. The viewers were prompted to interpret the dances by reflecting on the feelings, thoughts and perceptions they had while watching the performance. A thematic analysis was conducted to compare and contrast the responses of the two groups

FINDINGS: By comparing the interpretations of informed and uninformed viewers, we suggest that interpretation can be influenced by normative, socially constructed assumptions that hinder empathic and action-inspiring engagement.

CONCLUSION: We conclude the article with a discussion of potential implications for social work research, practice and education.

KEYWORDS: arts-based inquiry, dance-based research, interpretation, knowledge, self-injury

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The past two decades have witnessed a burgeoning growth of arts-based creative methods in qualitative research as researchers across the disciplines of humanities, health and social sciences have begun exploring the arts as a means of conducting research and presenting findings. This enthusiasm has encompassed a wide array of art forms, including photography (Pearce & Coholic, 2013; Wang & Burris, 1997), video (Brickell & Garrett, 2015), theatre (White & Belliveau, 2011) and dance (Blumenfeld-Jones, 1995; Ylönen, 2003).

Social work researchers are among the early adopters of arts-based methods. This methodology is consistent with social work's mission to understand clients' lived experience and to empower underprivileged individuals and communities. Arts are a powerful means for communicating lived experiences "that are either un-securable or much more difficult to secure through other representational forms" (Eisner, 2006, p. 11). Within the field of social work, interest in arts-based research has stemmed primarily from a desire for alternative modes of knowledge mobilisation through which researchers can make their findings accessible to front-line practitioners and public audiences. For example, Yi and Zebrack (2010) utilised the method of photo-voice (as developed by Wang & Burris, 1997) to explore the impact of childhood cancer from the perspective of survivors and their families. Furman, Lietz and Langer (2006) employed poetry to represent qualitative data and develop empathy towards their clients.

Although methodological issues regarding the validity, reliability, objectivity and generalisability of arts-based research have been explored by researchers (e.g., Eisner, 2006), scarce attention has been directed to the manner in which researchers present their findings through an art form, and how audience members make sense of these findings. In many arts-based studies to date, final products of research (i.e., artworks) are considered as a natural outcome, or by-product, of research. The nature and value of the meanings communicated are seldom questioned. If arts-based social work research, as Furman et al. (2006) argue, aims to generate "practical wisdom" that can "affect its audience intellectually and emotionally" and "assist the social worker in making decisions in the field" (p. 25), the conditions within which research findings are presented and interpreted by audiences deserve closer scrutiny.

Using improvisational dance as a product of research and a mode of inquiry, this article explores how viewers make sense of arts-based research findings. In particular, we were interested in whether the provision of pre-performance information (i.e., the topic of the dance) would elicit different emotive, cognitive and explanatory responses. In the following commentary, we first discuss the potential impacts of social conditions on audience perception and then report the findings of our study. A personal experience with self-injury documented in a creative poem was interpreted into a performance of improvisational dance pieces by the authors and presented to two groups of viewers, one with and one without knowledge of the dance topic. Viewers were prompted to reflect on the affective, cognitive and explanatory responses they had while watching the dances. A thematic analysis was conducted to compare and contrast the responses of the two groups. We conclude by discussing how socially constructed assumptions may be activated in responding to arts-based research and explore the implications of our findings for social work research and practice.

Meaning making in qualitative arts-based research

The days when qualitative research was seen as somewhat unscientific and not well supported by evidence are long gone for the most part. Qualitative methods are now widely used in social and health science research and recognised for the ability to offer deep insight into complex human behaviour: to reveal "the meaning of these behaviors from the perspective of the participants themselves, within their own social context" (Cobb & Forbes, 2002, p. M197). The qualitative turn was, in part, driven by dissatisfaction with analytical limitations of traditional positivist/objectivist epistemology. Qualitative methodology allows researchers to "dismantle, deconstruct and decolonise traditional ways of doing science" (Denzin, Lincoln, & Giardina, 2006, p. 770), and embrace alternative ways of knowing that capture the complexity and richness of human experience. The epistemological stance taken by qualitative researchers is at odds with positivist assumption of data as a neutral conveyer of the truth. In the word of Drucker (2011), qualitative inquiry perceives knowledge as co-constructed, situated, or *taken*, but not simply *given* as a natural representation of pre-existing fact.

This realisation in turn demands that researchers address how their own subjectivities, biases and particularities may be reflected in the knowledge they produce. It is widely recognised that there is an invisible *incubation* period in qualitative data analysis, during which time researchers immerse themselves in the data to draw meanings out of intellectual chaos (Hunter, Lusardi, Zucker, Jacelon, & Chandler, 2002). This qualitative meaning making phase demands that researchers critically explore their own contextual grounds for interpretations, creatively decontextualise and re-contextualise data into interpretations, remain sensitive to emergent knowledge and generate legitimate conclusions to be shared with the stakeholders.

Like other forms of qualitative study, arts-based methods require researchers to critically engage in the construction of meanings through repeated reflection, heuristics and artful constructions. However, within arts-based research, an emphasis is often placed on the processes of "doing" research, rather than on the end products or legitimate conclusions in the traditional sense. Artful representations are expected to create "an open space for dialogue between readers/perceivers and research participants, as well as opening dialogue with researchers and artists" (Finley, 2003, p. 294) wherein all participants can bring together a range of perceptual, emotional and cognitive experiences to co-construct situated understandings of the phenomenon under study. For some scholars, the dynamic and interactive nature of arts-based research indicates the potential to go beyond just representing knowledge. Denzin (2000) argues for the radical potential of arts-based methods to critique the hegemonic nature of conventional knowledge production and produce new ways of knowing. Encouraging researchers to be sensitive and responsive to political issues a local community faces, Denzin (2000) urges researchers to stand against social injustices and take action for the betterment of the community.

To tease out such radical potentials it is crucial to explore the ways in which research findings conveyed in artful representations are interpreted by audience members whose preferences and perceptions may differ considerably from those of researchers. Surprisingly, there is little discussion about how products of arts-based research are perceived and understood by audience members. For O'Donoghue (2009), this lacuna stems largely from arts-based scholars' disinterest in the cultural and aesthetic competencies that audiences exercise when they interpret arts-based research findings. With reference to Bourdieu's theory of aesthetic taste, O'Donoghue contends that arts-based scholars need to recognise more acutely the sociocultural conditions or *codes* underlying artistic production and perception and critically examine "the classificatory schemes that are activated in artistic perception" (p. 366).

One avenue to improve arts-based research lies in exploring key factors that encourage or discourage active meaning making by audience members. One such factor is the provision of information by researchers. The few studies that do examine the impact of information provision suggest that audience interpretations can be easily manipulated by interpretative guidance or a specific code given by researchers. Glass (2008), in her psychological experiment with spectators of contemporary dance, measured the impact of pre-performance information provision on an audience's interpretative response to a live dance performance. By comparing three groups with specific, generic and no pre-performance information about the dance, she found that participants who attended the specific information sessions were the most likely to interpret the dance in alignment with the ideas provided. Glass (2008) concluded: "It seems that information sessions served to activate a particular scheme that subsequently affected observers' interpreted responses" (p. 119). Jola, Ehrenberg, and Reynolds (2012) reached a similar view in their research on spectators' kinaesthetic and affective responses to watching different types of dance. Audience familiarity with the particular dance style had a decisive impact on how the performance was interpreted. Spectators with previous experience of watching ballet expressed a higher level of understanding of the performance than inexperienced spectators.

The notion that provision of information may affect audience perception raises a significant question as to the extent to which researchers should activate codes or interpretative guidance. For O'Donoghue (2009), arts-based researchers have a responsibility to ensure that their presentations contain "a sufficient degree of referential clarity" for multiple and diverse audiences (p. 359), so that their artful work can be *productive* enough to avoid the risk of misinterpretation. Yet, researchers' desire to direct audience receptions may obstruct open and active meaning making by the audience. As Jola et al. (2012) argue, audience members are active agents, whose experience of artistic performance is socially mediated rather than purely personal. Accordingly, conducting an experimental exploration into the impact of information provision on audience interpretations may provide an opportunity to further understand meaning making processes in arts-based inquiry.

The dance pieces: Integrating our bodies into knowing

This study involved two sequential dance-based explorations. The initial purpose of our inquiry was to explore the use of improvisational dance to represent data drawn from research on self-injury by one of the researchers. Themes emerging from the first author's previous interviews with people who self-injure (Seko, Kidd, Wiljer, & McKenzie, 2015) and visual narrative analysis of self-injury photographs online (Seko & Lewis, 2016) formed the basis for our exploration.

We conceived of dance as a powerful conduit for invoking and presenting the subjective experience of self-injury; a sensitive, stigmatised and under-researched topic (Whisenhunt et al., 2014). The kinaesthetic and affective nature of dance was also perceived to resonate with the physical and sensory aspect of self-injury. Dance is an event and experience that requires the audience to bear direct and immediate witness beyond purely visual or static experience (Glass, 2008). Improvisational dance served three interconnected purposes: as an alternative means for us, the researchers, to physically engage with and *know* about qualitative data; as a dynamic and embodied medium to communicate our findings to an audience; and as a research tool to assess how the audience identified meanings in arts-based knowledge translation.

During the summer of 2015, we met four times and spent a total of 15 hours in a dance studio to create a collaborative dance inspired by key themes from the first author's research. As neither of us were trained dancers, Janet Johnson, a professional dancer and choreographer, provided us with support to understand our dance vocabularies. With her guidance, we gradually learned how to trust our bodies and overcame initial apprehension. We improvised movements as we proceeded, and reflected by journaling what came to our minds while dancing. After the summer workshop, we met again in December 2015 to develop another collaborative dance piece. This time we drew our inspiration from a poem representing subjective experiences of self-injury, written in 2007 by Gabrielle, the first author's former research collaborator and a poet with long-term experience of self-injury. The poem entitled "i could not read them" (Figure 1) was chosen because it eloquently represented the physical and psychological turmoil of self-injury and was in close alignment with many of the narrative themes identified in the first author's previous research with people who self-injure (Seko, 2013; Seko & Lewis, 2016; Seko et al., 2015).

Prior to the meeting, we had each selected three passages from the poem and we individually improvised solo pieces based on the assigned passages. In the studio, we collaboratively refined our movements with Janet's guidance. Yakari's piece was inspired by the first 12 lines of the poem (Figure 1) featuring quickened heartbeats and emotional turmoil. The solo consisted of fast, repetitive, chest beating with interlaced fingers and a swallowing gesture followed by a slow swaying movement. Swaying arms eventually formed a snake-like shape that *swallowed* the dancer. Trish choreographed the final six lines of the poem expressing feelings about survival after self-injury. This piece involved repeated cycles of movement that begin with fingers fluttering high in the air in a slow circle, ending with an abrupt slash down with one hand over the opposite arm. The circling stops and the dancer draws her hands over her face, scrutinises her arms and then raises her arms slowly into the air above her, as if she will take off in calm flight. After a four-hour intensive session, our individual pieces were interwoven, video-recorded and edited into a six-minute video clip.

Image 1: Dancing the Poem Photo by Calhoun Breit

when i was seventeen
my heart beat so fast
onetwofiveten beats like that.
swallowing charcoal down
like water, the grit getting
in between my teeth
and on my fingers. i wanted
to paint the room with
charcoal but, oh god, the letters
on the sign were moving.
they flew and blurred and twisted
like snakes.

there were hands on my clothes,
it was too hot. water would do,
please. just give me water.
my breasts, an ugly word etched
on them, felt the cool air.
hands tugging my shirt
down. the stickiness of monitors
being attached. my mother
was a blur at my side, she had
no eyes. only a mouth that opened
like a cavern edged with teeth.
my hands shook, my body shook,
everything was coming down and
there was that salty dirty taste
in my mouth. i had vomited until
i fell on hands and knees. like a drunk
in the gutter i vomited until i was
weak and trembling and my mind
had gone off to keep another girl
company. one who didn't do things
like this.

i watched them put a needle
through my wrist, eyes crossing,
mouth working to try to talk. to
say something. please, don't go away.
there was no pain. blood gas.
they talked, a distant murmur.
please, honey, swallow that charcoal.
my mouth was open. i could not close
it and there was thick drool on my chin.
it was dying in reverse. outside there
must have been the sun and girls
laughing so that their teeth showed.
inside i sweated and i could not think.
i couldn't think. what were they saying?
speak english, please. speak something
i can't understand because the words
are flying and the shape of a u is like
an x with a broken limb.

i lay there stupid and shaking, half naked.
time had gone to sleep and, oh god,
there were scars on my arms that
twisted into words i could not read.
i was sure if i could read them i
would have not woken up.

Figure 1: i could not read them by Gabrielle Vega (2007)

In February 2016, we conducted an anonymous open-ended online survey to interrogate audience responses to the improvisational dance pieces. Ethics approval was obtained from the University of Waterloo Research Ethics Board. To examine the perceived impact of pre-given information on audience interpretation, we prepared two questionnaires: one was accompanied with a brief, one-line description of the nature of the dance pieces ("the dance pieces are themed self-injury"), while the other had no such information. All participants were invited to watch the video of the three dance pieces and answer the following questions:

- What feelings did you have as you watched the dance pieces?
- What thoughts did you have as you watched each of the dance pieces?
- What do you think the dance pieces might be saying?

Moules, Field, McCaffrey, and Laing (2014) write of the complexity involved in the act of interpretation. Observers' cognitive, affective and perceptual/explanatory responses come together to determine the meaning made of that which is observed. By asking about thoughts, feelings and explanations, we were not identifying these as distinct processes, but rather as working together to form the complexity inherent in the meaning making process.

Using a convenience sampling method, we sent a recruitment notice with a link to the dance video to a total of 60 people (30 for each group) and asked them to take part in the survey. Most of these contacts were based in Canada and were made up primarily of university students in the field of social sciences and humanities, professional artists and healthcare professionals. In order to generate a purposive sample representing a diverse audience group, we approached people with different levels of experience and knowledge about dance and self-injury. About a quarter of the initial contacts were dancers or dance-related professionals, or involved in other forms of performance art, such as theatre. Another quarter of contacts had direct experiences related to self-injury as clinical professionals or caregivers to those who self-injury. The rest of the contacts did not possess particular expertise either in performance art or in self-injury.

Of the 60 invitations that were sent out, 44 were completed with each questionnaire receiving 22 responses. Due to the anonymous design of the online survey, it is not possible to identify which contacts completed the exercise. After completion, all participants were provided with a debriefing letter providing information about the study. The two groups were compared to see if there were any significant differences between cognitive, emotive and explanatory responses. Responses were collaboratively analysed by the authors using thematic content analysis (Saldaña, 2013). This iterative process involved repeated reading and immersion in the data. Both of us first read all responses independently to identify recurrent themes, categories and concepts, while writing analytic memos (Saldaña, 2013) for further reflection. We then met to collaboratively conduct the next rounds of data analysis and discuss emergent themes until agreements were achieved.

Findings

The dance performance used in this evoked a multitude of affective, cognitive and explanatory responses. Several differences were observed between participants who were informed of the dance topic and those without such knowledge. Emerging themes are described in the following discussion.

Affective reactions

The respondents in the uninformed group reported a wide range of emotions ranging from negative feelings such as sadness, angst and hopelessness to positive feelings such as hopefulness, pleasure and empathy. Two people identified conflicting emotional responses, such as hopelessness and hopefulness, commitment and detachment. These emotional responses were a description of empathy, as they were noted to be directly related to the feelings and stories that the respondents imagined were being expressed.

Eight out of 22 uninformed spectators also described curiosity, uncertainty and the wonderment they felt as they observed the dance performance without knowing the underlying theme. Three respondents worried about whether they were observing and responding "accurately," or in the ways that they were supposed to: "I also felt a bit of anxiety throughout as I could not figure out what the dances were conveying, and I had no-one to ask :-)." For four respondents, the curiosity and wonderment resulted in a great level of engagement, to the extent that they related empathetically to what they perceived the "individual being danced about" was experiencing. By contrast, the lack of information made two respondents disengaged to the point of boredom.

The informed group of respondents also described various feelings they had while watching the dance pieces. The affective responses were predominantly related to negative emotional states, such as helplessness, hopelessness, anger, frustration, fatigue and being overwhelmed. Twelve respondents expressed sadness about the state of isolation they felt was being expressed, and two described feelings of docility or victimhood as they watched the dance story's character. Others described feelings of compassion and sympathy – all suggesting a disheartening and/or unhappy state rather than compassion and sympathy for someone else's joy and achievement; for example: "Empathy for the struggle each dance represented", or "I felt the pain that each dancer was trying to portray".

Fewer respondents than in the uninformed group noted engagement with the performances. One person expressed the feeling of connectedness with the dance piece that seemed to them to convey the more positive message. Curiosity was noted by one informed respondent, and two respondents noted emotional responses to the research medium (dance), stating that they felt moved by certain aspects of performance, and "touched by the Beauty of physical form". No respondent in this group expressed boredom and disengagement from the dance.

Cognitive reactions

For the uninformed survey respondents, the longing for narrative featured strongly in their responses. Six respondents expressed a desire to find an underlying story to make sense of the dance pieces. With the absence of information that could anchor meanings, the perceptions of the respondents became more subjective and self-conscious: One noted: "My thoughts were less about the actual piece and more about my own inability to understand it. Second guessing myself as viewer".

Without knowing what the dance pieces were about, the uninformed viewers seemed to start to freely explore what each dance represented. Recurrent themes were life struggle, loneliness, turmoil, survival, search for acceptance, self-expression and continuous fight for life. One respondent became intrigued with what dancers were feeling while dancing, rather than what/who the dancer was representing. Four respondents also noted an interest in the dance itself as a mode of narrative expression. They interpreted the dancers' bodily expressions as a message, seeking to understand what story each piece was conveying. Patterns and repetitions in each piece were read as the *code* or *vocabulary* that conveyed the narratives. Respondents made statements such as: "I was impressed with the movements the human body is capable of making", and "(I was) fascinated by how some people have such literacy of expression through movement".

Intriguingly, the desire for a story was also expressed by the informed respondents even though they knew the topic of the dance. Three respondents expressed a need to draw the narrative out and understand what aspect of self-injury each piece would represent. Some considered each piece as representing experiences of different individuals, while others thought each piece symbolised different emotional states of one person engaging in self-injury. Twelve respondents were unsettled by the personal narrative that they thought the dance pieces were evoking, and interpreted the dance as expressing the difficulty of ceasing to self-injure, using words such as “trapped” and “no way out”.

In an attempt to *read* the story behind the dances, the informed viewers tended to draw on existing knowledge about self-injury. For instance: “Self-injury is isolating and yet the women are looking to connect,” or “Self-injury is exhausting and relentless and it seemed overwhelming and I thought people might give up”. One person expressed surprise that the dancers seemed to symbolise self-care, rather than self-harm: “The pieces did not fit my vision on people doing themselves harm”. This may reflect a presupposition towards self-injury; the person might be looking for a stereotypical narrative about self-injury in the dances and was surprised at not being able to find such a story. Moreover, two respondents in the informed group mentioned researchers’ responsibility to censor expression; they pointed out that one of the dance pieces might be “triggering” because it involves a gesture of slashing on the arm.

Explanations

As with the affective and cognitive responses, provision of the dance topic influenced how the audience explained the dance pieces. The uninformed respondents explained the pieces as the expression of an existential reflection, where a cyclical and autonomous journey of life was being portrayed. In this journey of life, the respondents understood the movements to be the indicators of fight and struggle, resilience and recovery, with ongoing and forward moving cycles of hopelessness and hope, sadness and joy, entrapment and freedom. One person explicitly mentioned that the dances represented: “Life-cycle, hope, faith, attachments that people might have, in fighting, dreams, victories and losses, peaceful and stress moments, love, different facets of life”. Occasionally, the focus turned to the expression of the knowledge, and to the dancer rather than the individual whose story was being danced. One noted: “The stories themselves weren’t the focus for me... the way the dancers were processing the stories was the point”.

The informed respondents tended to explain the pieces as expressing the turmoil or struggle that people who self-injure are going through. Five made reference to a pathology-informed context where self-injury was portrayed as “addictive or inescapable” related to other mental health issues such as an “eating disorder”, a “manic-depressive cycle” or “fomication and delusional parasitosis”. Suicide was mentioned by five respondents in this set of explanations, as opposed to the uninformed set of explanations where suicide was not mentioned once. Perceived entrapment remained unresolved for the informed group. The individual for whom the story was being told through dance was understood to be remote, closed-off and profoundly misunderstood: unreachable. No informed viewers thought the dance pieces represented resilience or hope: instead, they perceived the dances to be “representative of an under addressed social issue” or the “issues exist in our society with many people feeling isolated and unable to get help”.

Discussion

The findings of this study indicate that the provision of information, even a one-line description of the dance topic, had considerable impact on how viewers felt and thought about the dance pieces and the explanations they developed. We believe that these differences suggest how social work researchers can best present their arts-based research findings in a manner that encourages open and dynamic knowledge co-construction with their audience.

In the present study, the group of viewers who did not know the dance topic tended to share open-ended, holistic and emotive views towards the dance pieces, expressed a strong sense of either engagement or disengagement, and showed a keen desire to understand what was being communicated. Although longing for a story or a plot behind the dances, the uninformed spectators flexibly projected subjective interpretations to the dances and created meanings from their own situated perspective. On the contrary, when the topic was known, socially constructed knowledge was brought to the fore; many informed survey respondents showed a deficit-based response, in which self-injury was conceived as a social and public health issue (like suicide) that isolates people. When knowledge is developed along the lines of power, we come to construct ways of knowing that align with dominant views (Foucault, 1980). In this way, many lives can become misrepresented (Ahmed, 2000). Hence, the provision of the dance topic may have led to the reproduction of a normative, diagnostic interpretation of self-injury wherein people who self-injure are deemed “victims” of mental illness, or docile and subordinated “patients” with acute risk of suicide.

Of note here is that no participant in the informed group expressed the boredom and disengagement that was expressed by a few uninformed participants – even though no one in this group read hope or resilience in the dances. This indicates that these viewers might have felt morally obliged to temper disinterest and sympathetically respond to another’s suffering in ways that resonate with their internalised norms. Any disengagement with the performance might, in this light, appear as morally inappropriate. Although literature implies that a personal moral obligation can mitigate prejudice and stereotyping (Monteith & Walters, 1998), such normative presuppositions may serve to limit audience interpretations and interfere with their ability to fully explore the lived experience being examined through arts-based inquiry. When interpretation is constrained by the imposition of dominant discourses that activate audience’s internalised norms, the knowledge produced by the audience may reflect particular social conditions that hinder empathetic and action-inspiring engagement.

Our experimentation was unique in that neither author was a professionally trained dancer. Existing work that employs dance-based methods has been conducted by dancer-researchers with expertise in dance and choreography (Blumenfeld-Jones, 1995; Ylönen, 2003) or by professional dancers guided by researchers to represent research findings (Boydell, 2011). Use of our non-professional bodies as instruments of discovery evoked anxiety, trepidation and apprehension, akin to the intimidating feelings expressed by Carl Bagley when he performed his data through his non-artist body (Cancienne & Bagley, 2008). Unlike conventional modalities, where researchers hide in the background and produce “objective” knowledge, our dance-based research compelled us to step outside the safe zone, critically interrogate our location within the study, and expose ourselves to a spotlight which we, as researchers, often place participants under.

Even partnered with Janet, a skilled dancer and choreographer, our decision to perform exposed us to our own vulnerability. As we learned how to collaboratively create knowledge with dance partners/co-researchers, this vulnerability helped to afford an in-depth, embodied understanding of people’s experiences with self-injury. We believe social work researchers and practitioners – especially those working with underrepresented populations – would benefit greatly from dance-based inquiry as an embodied way of knowing.

This study highlights that subjective experience not only influences the artistic expression of knowledge, it also affects the meaning making that occurs when encountering art as knowledge. The subjective experience of self-injury that was being "danced about" was subjectively interpreted, regardless of whether the audience had been informed about the dance topic. This raises the point that subjectivity is marked by the particular experience as well as by the constructed experience; a response to dance contains both what is particular to the observer and is guided by the social constructions that the observer has been immersed in. When the topic is not provided, the response contains the particular experience of the observer as well as social constructions that are not connected to the topic of self-injury, but perhaps to other aspects of the observer experience (i.e., dance as an art form).

We are compelled, with these findings, to consider the responsibility of researchers to "think critically about and address the issues of interpretations in arts-based research" (O'Donoghue, 2009, p. 359). As the present study implies, the more discursively guided artful presentations become, the less curiosity-driven and humanistic the audience response might be. Researchers, in an attempt to avoid their work losing its perceived value, may run the risk of disregarding the vast and rich potential of meaning making in arts-based research. Although the idea to present research findings without clear explanations understandably concerns researchers, who wish to accurately deliver their message, presenting their findings in an open-ended manner can invite audience members into a more flexible, open and situated meaning making beyond the researchers' intentionality. In their review of arts-based education research, Sinner, Leggo, Irwin, Gouzouasis, & Grauer (2006) deemed openness to be "a cornerstone of strong arts-based research" that "encourages more dynamic knowledge construction in the academy as the significance is not always bound by the researcher" (Sinner et al., 2006, p. 1238). From this perspective, presenting artful research findings with no or minimal *codes*, or interpretative guidance may stimulate audience responses that inform the inquiry in an unanticipated way. Accordingly, it is thus important for arts-based researchers to acknowledge audiences as active agents of meaning making and create an open space for subjective interpretations and active dialogues.

Implications for social work

The present study has a number of implications for social work research, practice and education.

In social work's ongoing efforts to become more inclusive and socially just in encounters with a diverse range of individuals and communities, we are challenged to extend our critical awareness about how knowledge is created and mobilised. The relationship between knowledge and power is irrefutably strong, as put forward by a wide range of theorists: cultural critic Michel Foucault (1980), critical educator Paulo Freire (2000), critical theorist Sara Ahmed (2000) and Indigenous linguistic theorist Peter Cole (2002). The ways in which knowledge is created, validated and practiced is very much guided by societal structures that are organised by ruling relations (Smith, 1999). These ruling relations create structures that influence how some individuals and communities are scrutinised and erased at the same time by the state, police and social science research (Tuck & Yang, 2014). For these communities, research has done harm and is considered with suspicion and caution (Smith, 1999). Alternative methods of research can present a resistance to knowledge practices that have excluded or eradicated human experience.

Social work practice is based in social research; the knowledge we gain through social research is what we use to shape our practices. When knowledge is produced in ways that are constricted by a dominant view, the practices that flow out of that knowledge will be become irrelevant to the lives of many of the individuals and communities that social workers encounter. Daley (2010) calls for the development of "liberatory and transformative research practices that recognise and respond to power in the research process" (p. 68). Arts-based research, as a community-based, participatory and qualitative methodology, is able to centre the experience of participants: involve the participants (including researchers) in a "being and doing" of knowledge; and unsettle the power dynamics found in many research encounters. Tuck and Yang (2014) argue:

> The pursuit of objectivity, always defined by those in power to protect their power, occludes the intuition of the observer—the sixth sense that could be his or her ethical radar and moral compass…we often turn toward art to give language to the intuitive. Using art to think/feel through theory—to decode power and uncode communities. (p. 814).

When knowledge production includes multiple and diverse expressions of knowledge that explore subjective meaning making, a new space in research is created. In this space, new ways of knowing, being and encountering can occur that transcend the oppressions of a dominant structure.

Recognising that knowledge production at the "audience end" can involve open, curiosity-driven approaches or socially constructed, distancing and victimising approaches benefits social researchers who wish to analyse and represent qualitative data in a manner that stimulates alternative meaning making. To gain greater awareness of how "codes" can determine the way their research may be interpreted, social work researchers may benefit from works in areas such as social semiotics, critical art history, audience studies and postcolonial studies that shed light on the social conditions underlying audience interpretations.

Appreciating the potential impact of pre-determined codes and knowledge structures can be beneficial for social work practitioners, especially those who work with over-scrutinised and/or erased communities and individuals. When practitioners activate dominant codes, moral obligations and internalised norms, their capacity for open engagement, empowering encounter and deep empathy may be diminished (Ashcroft & Van Katwyk, 2016; Chambon, 1999). As a result, their practice can become oppressive in their problem-focussed understanding, and locked into a generalised narrative that objectifies rather than subjectifies the people they are intending to support. Understanding how their own presentation of issues may serve to maintain dominant, often oppressive discourses may thus stimulate critical self-reflection, a significant skill for social workers.

Our decision to integrate our bodies into data analysis and knowledge representation can have educational implications for social work students. The knowledge (research data) and the conveyer of knowledge (our body) were inextricably intertwined in the present study, enabling us to explore the topic of self-injury in a subjective and embodied way and to question the normally invisible position of researchers. Awareness of the way in which knowledge and power are intertwined may also foster student capacity to critically assess the educational process; to critique the relationship between the knowledge that is being considered in preparation for practice in the social work field and the context of its production.

The present work has limitations. In this study, the dance pieces were performed in neutral clothing and presented without background music. However, improvisational dance is often a multi-sensorial event consisting of many modalities such as music, sound effects, costumes, lighting and stage (Jola et al., 2012). Paying attention to these sensory and emotive stimuli would benefit future research, as these are often used by audience as cues to interpret dance performances (Glass, 2008). Also, generalisation of findings is limited as we employed a convenience sampling method and administered the survey anonymously. Future research could use a more rigorous purposive sampling method to generate a sample that represents a diverse population with varying degrees of experience and expertise in dance and the topic of self-injury.

Although our dance-based inquiry promoted engaged interpretations at an individual level, our approach did not invite greater involvement of the audience members throughout the project. There was no space for a collective dialogue among audience members after viewing the dance pieces due to the anonymous design of the survey. It would be beneficial for future research to conduct interviews or focus groups with audience members following the survey and co-investigate how their social conditions and locations might have affected the process of meaning making. Such active dialogue with audience members would resonate with researchers aiming to employ participatory, community-based methods to explore collective knowledge co-construction with research participants.

In a related vein, future research may also benefit from involving people who self-injure in a dance-based exploration, ideally from the inception of the project. This could shed light on the process of multiple meaning making inherent to arts-based research and stimulate active dialogue between researchers, participants, audience and other potential stakeholders. For such a participatory approach, it would be critical for researchers to constantly attend to emergent ethical issues. In the present study, two informed respondents found the gesture of slashing on the arm to be potentially triggering to those who self-injure, while no uninformed participant reported such a concern. This interpretation might be influenced by dominant presupposition that self-injury is contagious and people who self-injure are always prone to visual stimuli. Research design, which considers the dominant codes behind such ethical concerns, may facilitate more open reflection by audience members in the interpretation of arts-based research presentations.

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ORIGINAL ARTICLE
QUALITATIVE RESEARCH

“Looking for the blue, the yellow, all the colours of the rainbow”: The value of participatory arts for young people in social work practice

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ABSTRACT

INTRODUCTION: Emerging from a flourishing field of practice overseas, the growing evidence base for participatory arts engagement demonstrates numerous benefits for young people’s health and wellbeing. In Aotearoa New Zealand, participatory arts engagement is under-valued and under-resourced despite local practice examples suggesting that it deserves further attention.

METHODS: Focusing on a case example from an Auckland-based creative arts participation project geared to promote the positive mental health and wellbeing of marginalised young people, two focus groups were conducted to explore how participants felt arts engagement contributed to their wellbeing. Participatory arts activities were integrated within the focus group process to enable creative expression of their voices.

FINDINGS: The youth voices unearthed through this research indicate that an arts-based approach can be used as a powerful tool in promoting youth wellbeing and this offers a significant promise for addressing local policy priorities.

CONCLUSION: We suggest that participatory arts engagement deserves further investment and research to explore further application in social practice in Aotearoa New Zealand.

KEYWORDS: participatory arts, youth, mental health, wellbeing, Aotearoa New Zealand

Participatory arts engagement can be used as a powerful evidence-informed approach in social work practice. We suggest that it is an under-developed and under-utilised area of practice in Aotearoa New Zealand, in comparison with many other nations where participatory arts engagement has been the subject of research, investment and policy leadership and has flourished over the last two decades (Pegasus Health, 2014). We argue that there is a growing and credible evidence base, and a wealth of practice examples (Clift & Camic, 2016; Macpherson, Hart, & Heaver, 2015; Pegasus Health, 2014; Putland, 2012; Secker, Hacking, Spandler, Kent, & Shenton, 2007; White, 2009) that could be utilised to address policy priorities and practice gaps in the local context. In this article, we focus on policies and practice pertaining to youth mental health and wellbeing, an issue of national concern and the subject of current investigations exploring new ways of working to better meet the needs of our youth population (Youth Mental Health Project, 2012).

In the absence of an established local research base, this article first provides a

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brief overview of the international picture of participatory arts in mental health practice and highlights key conclusions drawn from the international evidence base. We then focus on a local case study project in central Auckland—*Express Yourself*—that uses arts participation to promote positive outcomes for marginalised young people in alternative education, mental health and addictions services. We draw on findings collected from two focus group discussions with participants to demonstrate the ways through which arts participation has enhanced their lives and conclude with important considerations for others interested in using participatory arts in social work practice in Aotearoa.

Participatory arts engagement and its many forms

Participatory arts are being used successfully to improve wellbeing throughout advanced Western economies. Substantial growth in this area of activity over the last two decades, particularly in the United Kingdom, the United States of America, Canada and Australia (Clift & Camic, 2016), has been accompanied by the emergence of a diverse, evidence-informed body of practice (Clift, 2012; Clift & Camic, 2016; Department of Health, 2011; Hacking, Secker, Spandler, Kent, & Shenton, 2008; Macpherson et al., 2015; Pegasus Health, 2014; Putland, 2012; Secker et al., 2007; White, 2009; Wreford, 2016). The power of the arts and creative expression as a tool for youth engagement and development has been a particular area of growth, inspiring localised and national initiatives across education, youth justice, social, health and community environments (Clift & Camic, 2016).

The field is diverse and is represented by many related terms including: community arts, participatory arts, arts in justice settings, arts in health and wellbeing, socially engaged arts, community cultural development and applied arts. The variations in term are often the result of the location or context. For the purpose of this article, which focuses on youth mental health and wellbeing, we primarily draw from the research base represented under the *arts in health and wellbeing* banner. However, the practices are by no means exclusive to healthcare environments. In fact, they are described as taking place largely in community settings addressing complex social, cultural and economic determinants at both individual and systemic levels (White, 2009). Further, this practice is synonymous with a social inclusion, empowerment and social justice lens (Clift, 2012), committed to transformative processes and seeks to build relationships and alliances for personal and social changes (White, 2009).

The international picture of arts in health practice

The rapid growth of arts in health practices in the West over the last two decades has been described as a “small-scale global phenomenon” (White, 2016, p. 41), and is supported by a growing interdisciplinary workforce, regional and national networks and a thriving academic community (Clift & Camic, 2016; White, 2009). Between 2013 and 2014, thirteen international conferences exploring emerging practices were held across Australia, Europe, Scandinavia, the United States of America, Canada, South Africa and the Middle East (Clift & Camic, 2016). In the United Kingdom and Australia in particular, the field has flourished and continued to attract public investment despite global recession and an overall reduction in arts funding. In the United Kingdom, arts in health practice is well established across national provider networks and is acknowledged as a credible health-promotion tool in terms of public policy and financial investment priorities (ACE, 2014; Department of Health, 2011). The last decade has seen a number of large region-wide arts in health and wellbeing initiatives, in London and the Northwest, in particular. Arts on prescription schemes (i.e. referral to arts programmes via GP practices, primary and secondary care providers) have flourished, and are described as now being commonplace (White, 2016). In Australia, arts in health practice has also gathered momentum around the community arts movement and is championed by a National Arts and Health Framework (NAHF), released in 2013 and endorsed by all Australian regional arts and health ministers, an active national network, an annual international conference and a rapidly growing research base (Wreford, 2016).

The growing body of arts in health research internationally highlights a wide spectrum of positive social, educational and health outcomes (Bungay & Vella-Burrows, 2013; Clift, 2012; Clift & Camic, 2016; Department of Health, 2007; Department of Health, 2011; Ings, Crane, & Taylor, 2012; Macpherson et al., 2015; Pegasus Health, 2014; Putland, 2012; Secker et al., 2007; White, 2009; Wreford, 2010). A recent meta-analysis of the arts in health evidence base published in the *Journal of Social Work* established the link between visual arts interventions and improved mental health resilience in young people with complex needs. Accordingly, Macpherson et al. (2015) concluded that arts for health approaches offer much promise to social work practice.

In Australia, a 2012 meta-analysis of the international evidence case was commissioned to support the development of the National Arts and Health Framework. It concluded that the evidence for the inclusion of arts in health was persuasive (Putland, 2012). This report is a useful guide, highlighting evidence of impacts across a continuum of known determinants of health and wellbeing. Of particular relevance to this study, the report highlights evidence linking the relationship between community-based arts participation and personal development (for example, efficacy, mastery, empowerment and quality of life); transferable skills for relationships, health literacy, coping and employability; physical health improvements; social engagement and cohesion (for example, support, empathy, belonging, group identity, pride and tolerance) and community building (for example, engagement and cooperation) in population level preventative practice. With at risk communities specifically, these benefits were linked to improved mental health, health literacy and healthy lifestyles (resulting in reduced need for medication and healthcare), and increased capacity for vulnerable people to make changes in their lives (Putland, 2012). Notably, in the context of an international evidence-informed policy making environment that emphasises economic arguments, the review notes the recent focus on cost-benefit analysis in the United Kingdom, the United States of America and Australian arts in health research. Importantly, the results of these analyses are favourable. For instance, an Australian study found that an arts-based approach in the treatment of depression yielded similar improvements at cheaper financial cost than more traditional alternatives (Craemer, 2009).

The local picture of arts in health practice

Despite this global growth in research and practice, the use of participatory arts for youth wellbeing is still described as being relatively under-resourced and lacking recognition in social, health and cultural policy (Clift & Camic, 2016). We suggest that this is particularly true in Aotearoa New Zealand, where practice is considerably less developed in comparison with Australia, the United States of America, Canada, United Kingdom, Ireland and other European countries. Although excellent examples of activity exist, the field has not gained the same momentum.

Signalling growing interest among health providers, a recent report was commissioned by the Aotearoa New Zealand primary care group, Pegasus Health. The review concludes that only a small number of localised arts for wellbeing projects are funded through sustained sources (public health or government contracts), and acknowledges the comparative lack of local development in contrast to the promising potential confirmed by the international evidence base. It suggests that a number of overseas studies are encouraging, including projects with at risk young people leading to significant benefits to psychosocial health, improved self-esteem, confidence, self-efficacy and overall quality of life (Pegasus Health, 2014).

Although the Mental Health Foundation and more recently Creative New Zealand acknowledge the value of arts in wellbeing and both host a number of online research and advocacy reports, these are almost exclusively generated overseas. One of the few areas of significant praxis development has been the use of applied theatre programmes in mental health promotion (Maunder, 2013), encompassing theatre work that takes a wide view of the social and political determinants of health (O'Connor, 2014). Nevertheless, unlike the environment described overseas where practice has flourished with the support of a professional and policy infrastructure and strategic leadership, in the local context, we lack this infrastructure and consequently practice has been fragmented and slower to develop.

Current research

We acknowledge the importance of learning from overseas developments, but also recognise the necessity of generating contextually specific practice, which meets the needs of communities in Aotearoa. We offer here, as a practice example, some of the initial learning we have gained from research with an Auckland-based project—*Express Yourself*—that uses creative arts participation to promote positive outcomes among vulnerable youth populations, including those in schools, alternative education, mental health, addictions and community-based contexts. *Express Yourself* is the subject of an ongoing doctoral research study exploring creative arts engagement as a tool in promoting youth wellbeing. The overarching research project aims to produce a locally contextualised, culturally attuned model of participatory arts practice focussed on promoting youth mental health and wellbeing, and has involved an extensive process of enquiry, programme theory-building and evaluation co-design with the project community (staff, participants, partner or stakeholder organisations). We are intentionally seeking, through this component of the research, to create knowledge which values the self-determined experiences, ideas and identities of youth participants alongside the established evidence base and, as it is beyond the scope of this article to capture all stakeholder perspectives, here we focus exclusively on the methods and results involving the youth project participants. The objective of this study was to surface youth participant perspectives of the impact of experiences offered through *Express Yourself* in view of the international evidence base, as well as the specific features of the project itself.

The case example

Express Yourself is a philanthropically funded multi-arts project working across Auckland to promote positive mental health in vulnerable young people aged 13-24. It is delivered by Toi Ora, a non-governmental organisation (NGO). In addition to participatory arts practice, *Express Yourself* is also informed by the theories and practice of Positive Youth Development (PYD). PYD is an evidence-informed, strengths and systems-based approach to understand and work with young people that stems from developmental relations systems theory. Developmental systems theory emphasises plasticity in human development as a result of ongoing and reciprocal person-environment interactions. When a person's inherent strengths are aligned with a resource rich context, positive development is supported (Lerner et al., 2012). The primary focus when taking a PYD approach is thus to build personal strengths while connecting youth to an asset-rich environment to reduce risks and ultimately promote thriving. Often, this is through structured youth development programmes (Lerner et al., 2012).

Express Yourself works at both preventative and intervention ends of the spectrum, but always with populations who are experiencing life challenges. Participants are referred into the project via specialist youth mental health and addictions services. They are often struggling to cope with a variety of mental health conditions, and many are struggling to cope with relationships, social environments, education or work. *Express Yourself* offers creative projects; one-to-one mentoring supporting individualised pathways into further educational, training and employment; supported artist workspaces; youth internships and a platform for youth-led initiatives. It is facilitated by a team of experienced youth development and creative practitioners spanning visual, digital and literary arts, music, performance and dance. *Express Yourself* is described in project documents as setting out to inspire young people to grow, learn and deal with life challenges. It aims to do this by providing a safe space, structure and creative processes to work alongside others to reflect on life situations, build personal skills and resources, and draw from supportive networks to achieve self-determined goals.

Methods

Design

Two focus groups were conducted with participants aged between 18 and 24 who had taken part in at least one of the *Express Yourself* projects. Both focus groups aimed to elicit the youth participants' authentic experiences of the creative projects they had been involved with so as to inform the collective programme theory of change for the broad research project. Key questions that were asked included: "What does *Express Yourself* offer young people? What kind of person would benefit from coming to a project like this? What could they hope to get out of the experience? What does *Express Yourself* do to make these things happen? What are the most important aspects of the project that help it to work or that stop it from working?" The questions did not seek to solicit answers about personal experience, but encouraged participants to draw from their knowledge of the project to hypothesise about its value to young people broadly. Participatory arts activities were employed in both groups to enable young people to articulate responses using a variety of media.

Ethical approval for this research was granted by the authors' institutional ethics committee. We carefully considered how to create a safe environment for vulnerable young people in a focus group situation. Great care was taken to explain what participation would entail and what could and could not be promised in this environment, including for example, the guarantee that other participants would not breach confidentiality.

Focus group one: Participants and procedure

The participants for focus group one were identified using a convenience sampling strategy. All participants who were registered in an *Express Yourself* project at the time of the workshop were invited. The first author visited the project in person and described the research goals and participation process. Then, she distributed Participant Information Sheets outlining the potential benefits and risks of the project and the rights of each participant. Six out of eight young people aged 18-20 consented to take part. Participants self-identified as one male and five females; one Māori, one Pasifika, one dual heritage (Māori and NZ European), one Asian and two NZ Europeans. All participants had been introduced to *Express Yourself* via Community Mental Health or Addictions Services.

This focus group engaged in individual visual art-making alongside group discussion, including painting, collage and mask-making. Participants chose which of these media they preferred and represented ideas visually and verbally, often using metaphor as a way of expressing difficult emotions. They were invited to share interpretations voluntarily with the group as they felt safe to do so. As most of the group knew each other well, they responded to each other's comments and added their own perspectives.

Focus group two: Participants and procedure

Focus group two was conducted 10 months later with a new group of five participants aged 20-23, who had taken part in two different *Express Yourself* projects. Participants self-identified as two males and three females; one dual heritage (Māori and NZ European), one Asian and three NZ Europeans. All participants had been introduced to *Express Yourself* via Community Mental Health or Addictions Services, except one who self-referred. This focus group aimed to capture both the views of a slightly older age group and explore the project's critical processes in depth (i.e. not just *what* the project achieved but *how*). The groups were invited by the first author via a visit to the group (focus group one) and telephone (focus group two). She followed up initial expressions of interest with the distribution of participant information sheets. Five out of the eight participants invited expressed interest, with three being unavailable on the day (one was out of town and the other two were re-admitted into hospital prior to the day).

The second youth focus group used a large two-metre high tree as a visual metaphor to explore the idea of healthy eco-systems. The same questions were asked as in the first focus group, this time using additional metaphorical devices to further illustrate ideas such as watering cans, the weather, roots, branches and fruit. Through a series of exercises, participants were asked to add drawings and text to the tree as a means of exploring broadly what *Express Yourself* offered young people and identifying the critical project practices and processes that enabled or prevented this from happening. Discussion about the tree's broader environmental eco-system prompted further exploration about wider societal conditions that affect mental health and wellbeing.

Analysis

The data collected from the two focus groups were analysed separately using thematic analysis as described by Braun and Clarke (2013). The findings from each focus group were then cross-referenced to identify overlapping themes. There was considerable consistency between the themes identified in each focus group, although the second workshop gathered more individual responses.

Findings

The focus group data demonstrated that the young people benefitted greatly from their creative engagement in *Express Yourself*. Of note, the project conditions that enabled their positive development were remarkably different from those experienced in their day-to-day lives outside the project. The emerging themes are represented by headings below.

Arts participation: Relaxation, refuge, a legal high and providing purpose

The most common motivation for participating in the project was to help with stress, anxiety and depression. *Express Yourself* provided "a reason to get out of bed". All participants agreed that arts participation was good for their wellbeing. Some described the process of absorption in art-making as therapeutic and enjoyable, enabling time out from life chaos. Others described it as a useful aid for organising and reflecting on thoughts, whereas others said that they learned self-care strategies—"ways to manage my wellbeing". This included, for example, "mindfulness through art" or [having fun] not getting high. Individuals described feeling less anxious when they left (Figure 1).

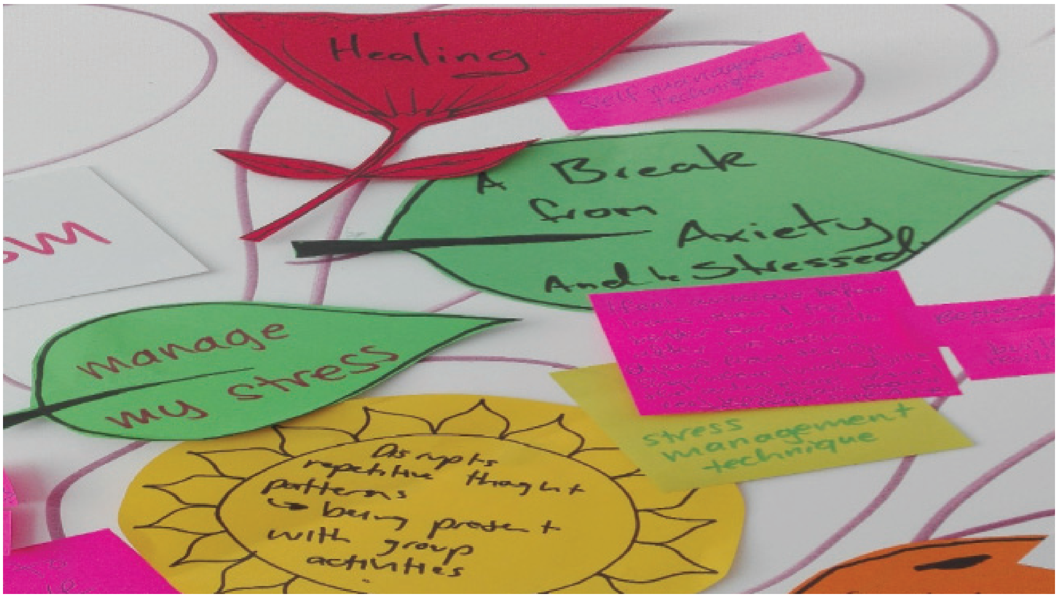

Figure 1: Creative expressions from youth focus group: Arts as a therapeutic tool.

Creative experimentation and play: Fuel for the soul and liberation from shitty adult rules

Both groups described intensive social pressures, either to do with paying rent, surviving every day, "getting some peace" or "feeling like I don't fit in". The second focus group (with 20- to 23-year-olds) collectively articulated an overwhelmingly negative picture of wider society, attributing their stress to exclusionary and competitive social values. One participant argued: [out there] "it's all rules and you can't do that… [here] it's all yes you can do that". Another said that "adults, they teach you life sucks, get used to it". Another stated that "adult shitty rules [are] eating our souljoy" (Figure 2). Several participants described the creative art-making process as a liberating antidote to this. A key factor in this was articulated as the experimental and playful nature of activities. Participants said that they came to Express Yourself to "play, have fun, splash colour around", experiment and "just create" without fear of failure. Both focus groups agreed that the project offered a space that enabled achievement in contrast to other aspects of their life: "there's no one to put you down, tell you you've taken a bum photo". Other comments included "Here there are no right or wrong outcomes—just different" and "it's a positive space shared by positive people". The project was described consistently as a sanctuary, a place of hope and imagination, as explained by one participant: [*Express Yourself*] "is for people with a different view on the world". Others claimed, "it gives me souljoy", and "[it's] for people looking for the blue, the yellow, all the colours of the rainbow… you can just look for the grey or you can look for the blue".

Creative storytelling and critical reflection: Finding a voice and reframing life stories

Individual participants in both focus groups described how the mixture of critical reflective exercises used each week alongside creative storytelling (through visual images, drama, animation or music) enabled them to reflect on life experiences and share challenging stories with peers in a safe way. They explained that sometimes

Figure 2: Creative expression from youth focus group: "Shitty adult rules are eating our souljoy".

this was done by externalising (for example, through a fictional character created for an animation), and occasionally in a more open way by sharing their personal experiences with the group. For one participant, *Express Yourself* helped them "disrupt repetitive thought patterns", while another said it helped them to "think about things in my life in different ways—especially working with images". Another said "I come to learn about myself and relationships", while a different participant explained that "it teaches useful tips and ideas for dealing with things". The creative process was described as a safe way to reflect on, share and reframe negative life stories. Doing this among peers in a supportive environment enabled important peer validation and support networks, and modelling of pro-social behaviours. Importantly, individuals also talked about how this process enabled them to be brave and take risks and practice new confidence or behaviours: "I didn't like it but I gave it a go and no one laughed". Participants were then encouraged to transfer this to other environments. A number of participants in the second focus group engaged in a discussion about how the arts offer different ways of saying things enabling self-expression, especially in difficult situations.

Relationships: Reciprocal (ako), empowering, human and 'youth-powered'

Participants unanimously described how relationships established in the project enabled them to feel valued and validated, for example, "I'm completely accepted for who I am here". They felt the art-making processes where everyone was "doing it together" played a significant role in this, allowing everyone to feel equally valued, and enabling relationships to be transformed from client versus provider into co-learners or whānau, counteracting hierarchical and institutional barriers: "you do it with us […] you take risks and look silly too so it makes me feel brave and I know no one will laugh". Participants in focus group two agreed with the comment "we are all artists here […] no-one better or more important than anyone else". One participant in this group stated that everyone acts "human, not like some robot who wants to tick off a form saying they cared", while others agreed with the comment that we are all whānau here. One participant said that it felt good when his support worker attended the project too and was asked to take part as an equal: "it made her seem much more human".

Belonging and connection: A stigma free, youth-friendly space

Participants described how the project enticed them out of isolation, and supported them to face social anxieties and practice relationship skills. They universally described a strong sense of belonging and connectedness to the *Express Yourself* community. Whakawhanaungatanga (relationship building and kinship) were identified as a crucial feature of the project, not just in reducing isolation, but also in creating opportunity to spend positive time with people their own age "going through stuff too" (Figure 3). Discussion in both groups revealed high levels of isolation and social anxiety. Individuals talked about the "lion face" or bravery required to participate. The arts practice and studio environments were both identified as strong enablers in this process, either by allowing the participants to negotiate their engagement in a way that felt safe (for example, by being able to slip easily in and out of self-led or group activity), or because they saw being part of an art group as less stigmatising than participating in other support services. Discussion revealed a common perception that it was important to be able to share a positive common interest first, and not be labelled for perceived failure.

Participants also described how the low-stress environment enabled them to reconnect with people, build confidence, learn new skills and get ready to enter or go back to education or work. Some participants described how they felt unable to attend other groups or support services, which might achieve these goals, explaining that the arts were more appealing and more able to accommodate their personal needs.

Youth-powered: Enabling autonomy and self-determination

Participants described how the project's youth-led philosophy and practice methodology enabled them to build skills and see themselves as people with something to offer, as leaders. One young person described how they were asked to lead an arts activity and share their ideas. They discovered that they were "actually quite a leader". Another stated that "I have lots of ideas but no-one listens to them usually". One participant commented that the project was "like stabilisers on a bike… yeah, that's what it does… like it gives me confidence to have a go and when no-one laughs I try again… and then, yeah, like I realise I can do it". One participant explained that making his art had enabled him to "say it like it was… in his own voice… in his own way '[instead of]' other people telling him how he was and what should happen". The comment was met with nods of agreement in the group affirming how much the opportunity to self-represent and tell their own stories using images, music, film and poetry was valued.

Discussion

This investigation into the youth voices of *Express Yourself* aimed to uncover the potential benefits of participatory arts in health practice and the specific practice features that promote health and wellbeing for young people in the Aotearoa New Zealand context. The intention was to assess if local evidence would align with the favourable evidence produced overseas. The youth focus group participants involved in our research certainly perceived substantial benefits from participation in arts activity, claiming that their engagement in *Express Yourself* was therapeutic—it gave them a refuge from the stress and pressure they constantly face in other domains of their lives; it also made them feel valued, empowered and connected. Although it is beyond the scope of this study to evaluate long-term impact, participants did speak about practising skills in the project for application in wider settings.

Figure 3: Creative focus group expressions: Connection and belonging.

Importantly, their self-reported benefits converge with evidence-based indicators of positive mental health and wellbeing identified in the international literature. Putland's (2012) meta-analysis, for instance, revealed positive impacts of arts in health practice on sense of achievement, social participation, belonging and transferable skills. Young people's suggestions about why their experiences had an impact also resonate with processes advocated in the international practice. For example, what works in designing stigma-free youth mental health services according to Australian, Irish and United Kingdom researchers are services that are optimistic, preventative and promote peer relationships and daily living skills such as stress management and self-worth (McGorry, Bates, & Birchwood, 2013, p. 202).

Some focus group participants described their arts participation as feeding their soul, signalling spiritual benefits that resonate with this critical dimension of the holistic wellbeing found in Māori and Pasifika models of health advanced by Durie (1985) and Pulotu-Endemann (2001). Similarly, in discussing the features of the experience that enabled these outcomes, concepts that strongly reflected other Māori values such as whakawhanaungatanga (inter-personal connectedness) and ako (teaching and learning reciprocity) were identified. Of note, many of these features were inherently tied to the arts-based aspects of the Express Yourself experience. This is not surprising given that the Pegasus Health review also highlights synergies between the philosophical foundation of arts in health and wellbeing and indigenous Māori concepts of holistic wellbeing.

Findings are also consistent with the international youth engagement literature which reminds us that the arts are a powerful motif in young people's lives and a powerful tool for engagement (Ungar, 2013); that the arts are languages young people speak as everyday ways of belonging to a community "through […] Music, film, YouTube, dance, magazines" (Hickey-Moody, 2013, p. 1). In addition, the benefits that participants described clearly exhibit well-recognised outcomes targeted by PYD programmes such as confidence, competence and connection (Lerner et al., 2012). Further, the features of their arts-based experiences are evident in well-known PYD frameworks, which emphasise the importance of supportive and empowering contexts and caring, competency-enhancing relationships (Lerner et al., 2012). The connection of the arts-based processes to PYD is notable given recent Aotearoa New Zealand-based evidence of the connection between PYD practices and resilience in vulnerable youth (Sanders & Munford, 2014).

Study limitations and strengths

Evidently, this study was greatly limited in scope with its exclusive focus on one case example and the inclusion of only 12 participants across 2 focus group discussions. We therefore acknowledge that any extrapolations of the findings to other participatory arts initiatives in the Aotearoa New Zealand context should be undertaken with caution. Further investigation is needed to ascertain the generalisability of the effects. In addition, evaluating the long-term impacts of *Express Yourself* and other projects using similar participatory arts processes is an area that could be fruitfully explored. Participants in our focus groups also described the significant factors beyond their control in their wider socio-ecological environment that negatively affected their wellbeing, what we might consider factors driven by the dominant neo-liberal ideologies of the current time. They believed the valued processes in *Express Yourself* were an antidote to this, offering more open-ended, unpredictable, experimental possibilities. We are unable to explore this further here, but would like to acknowledge this finding as reinforcing the substantial systemic challenges facing vulnerable youth today and the need for further research and action at the macro-level.

These limitations aside, the convergence of our findings with the international literature provides promise for the value of participatory arts engagement in Aotearoa New Zealand. The creative approach employed to gather focus group data is also seen as a strength of the research. Since the process mirrored arts-based processes familiar to and valued by participants, who may otherwise struggle to express their ideas through a more traditional interviewing approach, rapport with the researcher was enhanced and the participants were comfortable opening up. We suggest that the availability of multiple media through which their voices could be expressed also provided additional richness to the findings (Figures 1-3).

Implications

Policy implications

As illustrated earlier, participatory arts in social practice has flourished overseas in comparison to the local picture. We suggest that this is largely due to an unfavourable practice and policy environment. In the arts sector, national policy has historically emphasised art-form development rather than participatory practices, though more recent developments at Creative New Zealand (the national body for the creative sector) include initiatives designed to strengthen capacity to address social practice priorities. In the social sector, a historical emphasis on medical model practices in health (Ball, 2013) presents challenges for arts-based practice. A shift to a socio-ecological perspective alongside interest in more interdisciplinary and preventative youth development models is evident in current youth mental health policy (Youth Mental Health Project, 2012). We hope that this shift, along with further research to build on the evidence produced here will open new doors for participatory arts practice.

The current neoliberal ideologies underpinning the evidence-based movement that is gaining momentum in Aotearoa New Zealand (Deane & Harré, 2016), raise additional concerns with respect to the evaluation of participatory arts endeavours. The need to demonstrate that projects such as *Express Yourself* are evidence-based is challenging when the narrow forms of evidence advanced within this global movement are acknowledged to stem from positivistic notions that are disconnected from methodologies that are better suited to capture complex, culturally aligned and individualised approaches (Trickett, 2015) found in participatory arts practice. We therefore also require greater advocacy for creative and nuanced evaluation methodologies in the national evidence-based policy making context.

Practice implications

Our findings suggest that arts-based methods offer unique qualities to address current priorities in youth mental health, specifically calls for accessible, youth-friendly, culturally-attuned approaches; prevention approaches and trialling youth development models which build resilience and social connectedness (Youth Health Report, 2012). We argue that the arts offer promising applications, which could be used to bring new languages for communication and a youthful lens to more institutional environments. For example, greater effort should be placed on allowing young people to actively tell their own stories and share ideas using images, music, film and poetry in a manner that, as shown in this research, demonstrates commitment to rebalancing adult-youth power dynamics. This may aid to position youth as active partners rather than recipients in social interventions. Cahill and Coffey (2015) assert the importance of positioning in change models, and suggest that, in order to re-position young people from reluctant sites of change (clients, service users and patients) into active agents in their own change process, we need to be more attentive to positioning and offer meaningful opportunities for critical engagement and critique of the factors at play.

Conclusion

The youth voices captured in this study suggest that participatory arts experiences offer specific qualities that resonate with young people's needs in a way that stands in stark contrast to their experience of other support services. In this way, their engagement in art-making can have a notable impact on their mental health and wellbeing. Although these voices are contained within a single case example of participatory arts engagement, their alignment with the growing international evidence base indicates that further investment in research, policy and practice in this field is warranted in Aotearoa New Zealand.

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A Pākehā journey towards bicultural practice through guilt, shame, identity and hope

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ABSTRACT

INTRODUCTION: For many social workers, aspects of their training and the development of competence are a growth journey that begins even before they may be aware of it starting, continues during training and throughout social workers' professional lives. One area that is of particular interest is bicultural practice, often an area that holds challenges for Pākehā practitioners for many reasons. The journey of understanding and growth towards being a social worker who practices biculturally is a long one that often, for Pākehā, starts in guilt and shame.

CONCLUSIONS: This article is a reflection of a Pākehā social worker, who shares her own personal journey through guilt and shame towards hope; hope that we can engage and journey in our bicultural practice to become a more compassionate, effective practitioner. As part of this reflection, the social worker shares her discovery of loss of identity as Pākehā and encourages other Pākehā to connect with who has gone before them in an attempt to understand self and understand others.

KEYWORDS: bicultural practice, biculturalism, Pākehā, identity, journey

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The journey

As a Pākehā (New Zealander of European British descent) working in the social work profession, my attempt to work effectively in a bicultural manner can be encapsulated in the metaphor of a journey. This metaphor "acknowledges both on-going process and the potential of many different routes" (Margaret, 2009, para. 22). The journey metaphor resonates with the process I am on in terms of becoming a practitioner who truly hopes to practice biculturally. I borrow a whakataukī from Ruwhiu, Ruwhiu and Ruwhiu that explains the reasoning for an introspective journey within myself; "e nohotiaana o waho rei roto he aha; our journey within to strengthen without" (2008, p. 16). This journey started from within, taking many routes and unlike many other journeys it is not about reaching a destination. In fact, one could say the destination is the journey itself. This journey must start with accepting and understanding the impact historically and currently of colonisation. Then it involves moving through the resulting feelings of guilt and shame because of the involvement of my ancestors and me. I acknowledge that not only am I involved by proxy to my ancestors historically but also through my continuation of colonisation because of my own blindness to white privilege. This journey requires a reflection of self and identity. Interestingly, in current literature it can be difficult to find personal detailed stories of this journey and the impact on sense of belonging and identity from a Pākehā social worker's perspective. In my experience, it can be difficult to share this journey as a Pākehā social worker for fear of getting it wrong, being offensive towards tangata whenua unknowingly, or even at times a sense of pride in that sharing the journey might highlight my own ignorance. The intention of sharing this journey is not to specifically outline bicultural practice in itself as that would be assuming a "one size fits all" perspective, which is an example of colonising behaviour. The purpose is to share the process of my journey, to encourage you to start or to continue on your own. At the very least, I invite you to contemplate the value of such an engagement.

The sharing my own journey of guilt, shame, hope and identity will hopefully encourage and challenge other Pākehā to start their journey or continue on it. Initially, the intention was to reflect on what bicultural practice looks like in my own work; however, it became a much deeper introspective wrestling with my personal sense of belonging, understanding of my own identity and questioning how I am of Aotearoa New Zealand. To be Pākehā on this journey we need to be challenged and to be questioned; we need to truly reflect and not enable the emotions centred on guilt and shame to become obstacles that we allow to stop us from moving forward. Although this is one Pākehā perspective I hope you feel challenged and encouraged to engage in the journey with honesty, integrity and the willingness to dig deep, and to explore areas of yourself that initially may cause some unease. By doing this, you will then connect with the hope your journey will bring not only for whānau Māori, but also for yourself and ultimately Aotearoa New Zealand.

For Māori who are reading these ponderings it is my hope you understand that my writing, reflection and thoughts come from a place of wanting to be on my journey of bicultural practice. I understand this is a never-ending journey with constant learnings and challenges. I strongly feel the call made by Reed (2016) who states that "change is going to require tauiwi [non-Māori] to step up and shrug off the invisible cloak of whiteness" (p. 5). Shrugging off this cloak is an ongoing part of my personal journey but one I am privileged to accept and that I view as a way of contributing to the hope of Aotearoa New Zealand. I hope you will forgive any unintentional errors or times when my thoughts may inadvertently come from that white privilege place as I acknowledge I am still reflecting, working, changing and wrestling with the challenges these present. I hope that my desire to make bicultural practice a central value in my work and, as Ruwhiu, Ruwhiu and Ruwhiu so eloquently describe it, my "heart mahi" (2008), can be heard.

That cloak of whiteness or white privilege is something that needs to be addressed intentionally by Pākehā. Many authors discuss the invisibility of that privilege in many different countries and environments, calling those who are unaware forward to recognise the position that this privilege gives them (Addy, 2008; Bennett, 2015; Delano-Oriaron & Parks, 2015; Gulati-Partee & Potapchuk, 2014; Reed, 2016). Lang and Gardiner (2014), when discussing the bicultural imperative, state that the dominant race need to be aware of this privilege which Gulati-Partee and Potapchuk (2014) define as the "dominant, unquestioning standards of behaviour and ways of functioning … [becoming] so normalised it is hard to see" (p. 27). Based on this knowledge, I echo Bennett (2015) by saying "ignorance is no longer an excuse" (p. 24).

That ignorance runs deeper than just being unaware of the privilege I have being Pākehā. It also encapsulates many Pākehā views and/or ignorance of Te Tiriti o Waitangi; I use this wording intentionally to refer to the te reo Māori version. To acknowledge the importance of Te Tiriti within the Aotearoa New Zealand context and its call to bicultural practice is to become part of a change agent identity. To grasp this identity, it is important that Pākehā can engage and find a way to challenge the idea that this is purely a Māori issue and that the concept of bicultural practice is only a Māori problem (Reed, 2016). For social workers within Aotearoa New Zealand, there needs to be an understanding that all social workers have a responsibility to not only engage with, but also to work actively to practice from a bicultural space.

Bicultural practice is discussed by many people and professions, with differing understandings and opinions of what it looks like, or should look like. Coming from a Pākehā perspective, I found that it can be confusing as to what bicultural practice might look like in practice, in part because it was unknown. Mataira explains that,

> Being bicultural is in as much about acknowledging ones daily triumphs as it is about overcoming self-doubt, and uncertainties. This all comes from knowing and accepting oneself. …. Knowledge and understanding is about adopting a very sensitive and caring attitude to life (1995, p. 10).

Being bicultural requires reflection in terms of knowledge and understanding of self within the Aotearoa context. We need to recognise the difficulties and pressures that come with putting yourself into the space of the unknown. This is done by using our thoughts and actions to adapt not only our way of being and working but, ultimately, even our understanding of self (Lang & Katene, 2007; Mataira, 1995). This is more than just learning about another culture or ethnicity. It is about recognising the indigenous place of tangata whenua in Aotearoa and the need to work in a way that acknowledges, respects, understands, protects and walks alongside in a way that actively supports the rights and dignity of the indigenous people of the land without the paternalism that can so often be associated with these intentions. It is the thought, the processing, and the journey that is of even greater significance than the outcome itself (Walker, 2012). Taking part in this reflection, as well as knowing and accepting myself is an important part of the journey. It was within me that the biggest change was necessary. It was and is within myself that I must start.

Bicultural practice does not consist of a list that you can tick off to show when you have become the expert. We need to understand that bicultural practice "is not to be found in packaged boxes. Western world thinking leads us to believe compartmentalising things into frameworks makes it easy to look for answers to questions" (Mataira, 1995, p. 9). The Westernised version of understanding wants to define and create structure around concepts and ideas that make them explicit. This was definitely true of my own ways of thinking and understanding, especially in terms of trying to work out how I could get bicultural practice "right". I wanted to be told exactly what I could do to be a great practitioner, because I cared about good, evidenced-based practice. This attempt to "get it right" in terms of learning exactly what bicultural practice should look like is "riven with problems and oppressive politics … [we need to] examine, explore and collaborate towards a place of authenticity" (Goldson & Fletcher, 2004, p. 41). At the beginning of my journey, I was trying to force the understandings of te ao Māori into my own way of understanding, and my own context. Simply put, I was repeating behaviours of white privilege even while trying to get it "right" because I was also seeing te ao Māori as a composite world without tribal or whānau, hapu and iwi variation.

The most significant learning and challenge for me in terms of practicing biculturally came from kuia Māori I had the extreme privilege to work beside. These women supported me to a place of internally journeying, examining and exploring my own thoughts and ideas. Through true collaboration these kuia challenged me, questioned me and supported me in my place of confusion and vulnerability in my practice. Their patience and understanding, the way they looked through my own blustering and frustration and saw my heart mahi of wanting to "get it right". They engaged me in gentle and sometimes confronting conversations and opened my eyes to a way of being and a place of beginning to understand. I began to appreciate that all Māori are different; indeed the word tangata whenua means people of the land but not just any land rather specific areas of land. I was learning that the "right way" might work for one, but not be successful for others. The recognition that working biculturally was not a "one way fits all" approach seems like a simple understanding to reach, but this was a profound realisation on my journey.

One of the most precious moments in my own journey was when one of the social work kuia shared with me some of her frustrations in an open and gentle manner. She was frustrated that she always had to explain, to fight, to justify things Māori, and that she had to learn to play the Pākehā game. She shared that her heart still breaks at the blindness of many Pākehā social workers who have not really even begun the journey because of that invisible white privilege lying like scales over their eyes, but also because of their excuses and expressions of being frightened or angry about the challenge. It was not until this moment that I started to understand that my own colonising culture and white privilege was invisible to me. I began to understand that by allowing my own sense of uncomfortableness and fear to keep me from engaging in the journey, I was expecting Māori whānau and social workers to adapt to me. I have a choice to be bicultural; Māori do not.

Lang and Katene describe working together in a bicultural partnership by saying that this "bicultural waka [on its journey] is in new, turbulent and choppy waters" (2007, p. 40) and that the challenge is how to navigate that together. I have been privileged by those whānau Māori who are willing to support my journey. Their graciousness and understanding of my heart mahi have supported me to start and continue my journey. I get lost, walk off the path and at times have not packed the right gear for that part of the journey; however, I am determined to learn, to process and to be open to change so that I can work out what I believe. I call to Pākehā who genuinely want to create a change for the better of our nation to begin the journey. If you are not prepared to learn alongside tangata whenua and actively engage in any knowledge that shared as part of that relationship, be mindful that books and models of practice will not support you to work biculturally. Do not be afraid to be in the place of not knowing, to ask questions and to be open. Remember that equally as important is to realise that what Māori share is at the discretion of Māori people. Take up the mahi, sit alongside Māori and be an attentive listener and a genuine learner but respect the knowledge that is gained. Treasure the knowledge that is shared. The knowledge, together with sitting beside Māori and being attentive to that learnings this is one of the strongest ways, in my opinion, to understand and practice biculturally.

Guilt and shame

When first confronted by the impact that white settlers had on Aotearoa New Zealand, in particular the colonisation of the land, iwi, hapu and whānau, my first emotions and thoughts were of guilt and shame. Dominy (2002) discusses how deep the acts of colonisation were even in a physical sense on the whenua. He describes the colonisers' acquisition of land covered by bush, cutting the bush down and covering the space with grass. Even a simple thing like grass was an instrument of colonisation. Guilt and shame came into my awareness when I started to understand the extent of the damage that colonisation had caused. Literature shows that these feelings can be prevalent for Pākehā and other colonisers, especially when they are challenged by a sense of white privilege (Addy, 2008; Bell, 1999; Bennett, 2015; Delano-Oriaron & Parks, 2015; Gulati-Partee & Potapchuk, 2014; Lang & Katene, 2007; Webber, McKinley, & Hattie, 2013).Guilt and shame can evolve into even stronger emotions like resentment, fear and anger. Pākehā can feel stigmatised "as the dominant colonial oppressor, the shamed progenitor of past injustices – guilty by ancestral injustices" which leaves many feeling "a space of fear, resentment, contestation and perceived fear of loss" (Bidois, 2013, p. 148). This can result in

Pākehā ignoring the journey and furthering the idea of white privilege by believing that the journey is not a necessary one, suspending any engagement because of the fear.

My next step was trying to justify the reasons settlers acted the way they did. Thoughts of how those people long ago were not necessarily my ancestors echoed in my ears; whispers of, "that has nothing to do with me that was generations ago". These thoughts were expressed in Bell's (2009) research with Pākehā teens with many teens feeling like colonisation was not of the present and was not relevant to them now. I almost allowed those feelings of guilt and shame to become barriers to truly digging deep into the thinking around colonisation in Aotearoa New Zealand. To be told that I am a coloniser initially made me angry and left me wondering how I, as a good and caring person, could be considered a coloniser.

The reason I ruminate articulate these thoughts is because I know I am not alone. Many Pākehā I have spoken with share these thoughts. Some even share the very strong opinions voiced by Don Brash in his infamous speech in Orewa in 2004, entitled "Nationhood" and where he stated that New Zealanders should be considered "one people". Callister (2015), echoes these thoughts writing that, "if we really want to minimise complexity, then one alternative is to revisit the "deep history" data in order to embrace the notion that we are all "one people" with shared ancestral roots that stretch all the way back to Africa" (p. 5). I am embarrassed by these expressions of those in powerful positions in our country but I also recognise that these are expressions of white privilege. Thoughts like this are why the discussion of colonisation, white privilege and a call to bicultural practice are still happening constantly today. The words of "one people, one nation" (Bidois, 2013; Kirkwood, Liu, & Weatherall, 2005) when spoken from a majority, western, white privileged way of thinking is a form of continual colonisation. To say we are "one people" is insinuating that everyone must be the same. This then raises the question of who are we to be the "same" as? Will it be those in power? Those with the loudest voice? Those that are the "norm"? It is without argument that in Aotearoa New Zealand this would be Pākehā. This puts Māori in the position of having to adapt to the white, "normal" way of being, which is again the hegemonic voice of colonisation rearing its head (Mulqueeney, 2012; Rangihau, 2008; Webber, 2006). This happens not just in terms of culture and identity but also in economics and law (Hilliard, 2010; Kirkwood et al., 2005; Lyons, Madden, Chamberlain, & Carr, 2010). We, as Pākehā, reinforce the white privilege, by allowing current patterns and inequalities to happen, by saying nothing, doing nothing or seeing nothing (Lyons et al., 2010). This is evident not only in my personal reflection but also in studies with Pākehā participants. In these studies, Pākehā acknowledge the past injustices and are happy for Māori to have a way of being, which in itself could be seen as paternalistic, however in terms of how funding is given and sharing of resources the desire to work in partnership seems to disappear (Bell, 1999; Bell 2009; Sibley & Liu, 2004).

I realised, however, that it was not only those feelings of guilt and shame that affected my understanding of my own role within white privilege but their potential to become my reasoning for ending my journey there. Bidois (2013) makes a strong and important statement, that "in order to reverse and disrupt continued acts of psychological, cultural and social violence, one must turn the gaze back upon one's self; a look that unsettles and unease's the dominate subject position through the gaze of alternaity" (p. 151). To be able to move forward I needed to turn the gaze back on myself to look at alternative positions. I needed to open myself up to "use words like brutality, indifference, violence, wrenching, snatching, seizing of land: intentional destruction, undermining, disruption, stamping out of language and culture" (Nairn, 2009, para, 13). To be on the journey, I need to think deeper and be open to changing myself.

Turning the gaze back upon myself, I started to understand that I was beginning to have questions about my own sense of identity and belonging. Bell (2009) discussed the need for Pākehā to engage with our history, the need to reflect on how we got here, on what happened and is happening in Aotearoa for Māori. To do this, I had to "learn something crucial about being Pākehā in the present" (Bell, 2009, p. 156). I needed to learn about who I am and where I fit. My journey took an unexpected turn when I started contemplating that if Māori are tangata whenua (people of the land) with their bones lying here in Aotearoa New Zealand and they could whakapapa (identify their relationship with the world, with people and with life) to the whenua (land), what does that mean about my own sense of belonging? I was left asking; what did that make me? My own family has been here in Aotearoa New Zealand for many generations. If Māori lay claim to Aotearoa, then where was my claim, where did I belong, did this mean I am not a part of this country that I love?

Pākehā identity

Ko Jessie Osborne toku waka (1876)
Ko Isle of Arran toku maunga
Ko Irvine toku awa
Ko Scotland, Ireland, England toku iwi
Ko Greg Crawford toku matua
Ko Carlene Amos toku whaea
Ko Heidi ahau

One catalyst for reflecting on my own sense of identity and belonging is the wondering that many Pākehā share, particularly those whose families have been in Aotearoa New Zealand for many generations. The question of Pākehā identity expressed so well by the late Comedian, Ewan Gilmore who is quoted as saying, "My family has been in New Zealand for 150 years, on both sides of the family. I have no claims on anything in Britain, and there has been no Māori blood in the family, so I have no identity" (cited in Bell, 2009, p. 147). Bell's research goes on to show that for many young Pākehā there is a strong sense of lack of belonging, roots and identity (2009). Lyons et al. (2010), who discuss Bell's research, reflected that young Pākehā feel a "weak claim to place and a relative lack of belonging [that] are bound up with constructions of national identity" (p. 16).

One key step in this journey was my choice of wording in terms of naming my national identity. Putting European on census forms felt alienating because my family has been in this country for generations. In addition, I am from Scottish, Irish and English roots, not continental of Europe. Writing "New Zealander", as many have chosen to do, also did not feel right. This phrasing felt like I was coming from a sense of white privilege assuming "one people" by applying a title that intends to name everyone in Aotearoa as the same. As someone who delights in the depth that diversity brings to our nation, I was strongly opposed to using this wording. I value the ethnicity, culture and language that each person brings as part of their own identity. To write "New Zealander" would also ignore the diversity of Aotearoa. The outcome for me was to adopt the te reo Māori word, Pākehā, as many others before me have done (Kirkwood et al., 2005). This choice was a deliberate one and a key turning point in my journey.

I feel that choosing Pākehā, a te reo Māori title, acknowledged that while this is not the land that I belong to, it is still the land that I belong to. It took a long time to make sense of a statement that initially seems contradictory, but which summarises my sense of place and my journey. I cannot ignore where the bones of my ancestors lie, that is important to who I am. I am proud of my heritage, but I also cannot ignore where my feet currently stand. When discussing the stage plays of Henderson, who writes about Pākehā and their connection to their land and farms in Aotearoa New Zealand, Warrington shares that

"Henderson's expression of understanding Tūrangawaewae, a place to stand, [is] rooted in the politics of "home", a passionate and emotional connection associated with memory and self-worth" (2009, p. 76). Rangihau (2008) describes tūrangawaewae as:

> that emotion that the land has for Māori and the tie is something you can use, not because the Māori see land as something you can use, nor as they do see it now as being something negotiable, no he sees the land as the place from whence he has come – mother earth and father sky (p. 7).

My journey led me to consider which land was to be my tūrangawaewae.

This question of what land is my tūrangawaewae is one I still struggle with as it continues to lead me to question my own identity. This passionate and emotional connection is one that I have for more than one land. The whenua of Aotearoa New Zealand calls to me more strongly than the whenua of Papua New Guinea, where I was raised as a child of missionary parents. It calls even more than the whenua of Scotland, the land in which my own ancestors drank, ate, lived and fought. My journey has led me to choose the title Pākehā because it names me as someone who belongs in both worlds. Furthermore, my journey has led me to consider the lives of those who have gone before me in Scotland and Ireland, who have worn their tartan, fought for their tribes and lived on the hills and mountains of those whenua. A whenua and people that hold so many similarities to Aotearoa. They are my ancestors whose maunga (mountain) and awa (river) are beside the seaside, the seaside that carries the sound of the waves and smell of the salt on the wind. I do not forget the connection I have with that land and this one.

Hope

The journey I am on does not end in guilt and shame. I will not allow it. As Lang and Katene (2007) describes, it is "important that while I accept the inevitability of repeat colonisation, I am not guilt ridden to a point of torpor" (p. 36). I will not stand still. I will continue because I have my own identity and that of tangata whenua to consider. Guilt and shame cannot be the end. To move forward:

> it is important to recognise that it is the acknowledgement of the breaches, the expression of remorse, the commitment not to transgress further, and the will to establish and maintain group processes to redress the state of imbalance … not a denial or defence of those unjust actions (Rata, Liu, & Hanke, 2008, p. 29).

This is the start; to commit to being on the journey and creating this redress and change, not only in my practice, but also in my understanding of the world.

My own understanding and valuing of bicultural practice is a relatively new thing. I am on this journey and realising that those around me are desperately hoping that I will see the way, and continue walking forward. This journey alongside whānau Māori is a process where I "must not look at the past with fear, or upon acts of the past with shame; nor should [I] vilify and alienate others in the name of retribution or justice. Instead Māori and Pākehā must work together at the boundaries of identity and difference" (Bidois, 2013, p. 153). Working biculturally is not about me being Māori or claiming the same rights as Māori who are the tangata whenua of this beloved land. It is about the desire to be recognised as people who have unique identities, with specific responsibilities, occupying collaborative spaces, to no longer be divided but live together as adopted whānau or whānau whānui, not connected by whakapapa but by intention, to join our waka together in convoy on this journey (Bell, 2009). The journey of hope is about my own heart mahi, which calls me to genuinely work towards making a difference in the language and actions of not only myself, but also those around me. "Indeed it is what is in our hearts that matters" (Lang & Katene, 2007, p. 38).

It is vital that Pākehā realise how deeply imbedded colonisation and white privilege are. We need to understand that for Māori, when Pākehā make an approach, there is hesitancy, a wondering of why we come and what we want. Only by meeting and being together can Māori "accept the person as wanting to learn out of a genuine desire to do so" (Rangihau, 2008, p. 10). Meeting and being together is the beginning of listening. However, it is vital to realise that for Māori it can feel that although some say they are listening to what is being expressed in terms of change need, listening with a lack of action does not show a commitment to making the changes (Rata et al., 2008). The journey for me is part of my action.

Actions are what make a difference. Consedine and Consedine (2012) share important steps in the restoration process beginning with a genuine apology and ending in a commitment to making a change. My hope is that if more and more Pākehā are truly open to this journey, we can join with whānau Māori to create a new narrative for this land. For this to happen, "apologies must be embedded in the social narratives and lived experiences of the people of the nation" (Celemajer & Kidman, 2012, p. 243). We need to make this part of our greater society. Part of this journey starts within self, but also represents a call to wider society to make change. I hope for this future. To begin my own part, I accept responsibility for the actions of my ancestors and my people along with the damage and pain caused. I also accept responsibility for my own actions that come from that invisible sense of white privilege and continue to be hidden and not so hidden actions of colonisation. I share my heartfelt apology for those that have gone before me, as well as for my own actions and inactions. I will do my best to repair and restore those things that have been lost. I am making a stand to say I am a coloniser who sits within a space of white privilege but I no longer want to be so. I want to be one who truly joins hand in hand with whānau Māori within this beautiful land, and works towards living together in respect, authenticity and partnership.

My hope is that this journey will take me towards bicultural wisdom or "a profound sense of knowing two compassionate worlds and using the knowledge and principles of both for the betterment of society as a whole" (Mataira, 1995, p. 10). My heart mahi is to be part of the journey to create a new understanding. Together Māori and Pākehā can build a new narrative for the land of Aotearoa New Zealand, one of healing and reconciliation (Celemajer & Kidman, 2012).

The journey on this waka has allowed me to hold an incredible sense of hope for four reasons:

First, I have come to know myself and to make conscious decisions about the reasons for my use of words and actions. This is true not only in my practice as a social worker, but also in terms of my life as a whole.

Second, my hope for generations of Pākehā is that they also begin and continue the journey to search for what makes up their identity so as to discover a deeper, personal sense of who they are and where they belong.

Thirdly, I strongly believe that if Pākehā are open to investigating white privilege and continued acts of colonisation, the recognition of the guilt and shame that come with it, as well as the understanding that these things are still alive and thriving in our everyday being, will encourage Pākehā to accept responsibility and commit to change.

Lastly, when one is on this journey one becomes much more aware of Maori worldviews and ways of being, Maori knowledge, ideas about health and wellbeing, and the worth of all of these factors in social work practice. This learning helps us to not only better support whānau Māori, but also to become a much more aware and more sensitive practitioner for all those with whom we journey. It is important that we do not focus on what we can take, but what we can learn. We must, therefore: not perpetuate privilege but recognise the privilege of relationships; not focus on the explicit but be open to developing our understanding of the implicit and that the journey of reflection and is never ending. These principles are the essence of bicultural social work practice.

From the language of my ancestors, the language of the tangata whenua of my beloved Aotearoa and my own tongue,

Tairiscint liom tú go maith.
E mea i a koe te pai.
I bid you well.

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ORIGINAL ARTICLE
THEORETICAL RESEARCH

Biopolitics, complex systems theory and ecological social work: Conceptualising ways of transitioning to low carbon futures

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ABSTRACT

INTRODUCTION: Social work is engaged with understanding and acting into change processes within society at various levels. How new social and environmental movements are conceptually framed can be usefully explored to enable new ways of understanding their role in change processes, particularly in addressing the most significant problem of our times, climate change and excessive non-renewable energy use.

METHODS: Complex systems theory and deep ecology are two of the theoretical conceptualisations that inform the Transition Town movement transnationally. Social workers share these two theoretical frameworks with the Transition Town movement as ways of thinking about effecting change processes. A brief introduction to a biopolitical lens, based on Lemke's reading of Michel Foucault is added to offer another way to conceptualise the movement's naturalistic logic.

CONCLUSION: A biopolitical lens seeks to make visible the precarious and contingent difference between nature and culture as well as politics and life. Biopolitical analytics aims to focus social workers on investigating the network of power relations, knowledge practices and modes of subjectification evident in change processes. The intersection of life and politics has transformed modern society and biopolitics aims to bring this into focus to understand what we are doing to ourselves.

KEYWORDS: Transition Town movement, biopolitics, complex systems theory, ecological social work, deep ecology

Introducing the Transition Town movement

The Transition Town movement aims to address climate change, peak oil and create local communities that are resilient and where people live happier lives despite economic austerity. The movement started in 2005 and is credited to Rob Hopkins, a permaculture teacher, who set out to develop an energy descent plan for Kinsale in Ireland. "His students Louise Rooney and Catherine Dunne are considered pioneers in that they presented the energy descent plan to Kinsale council who adopted it. Hopkins took this work to Totnes in the United Kingdom and set up the next transition town" (Bay, 2013, p. 172).

Totnes is considered the home of the Transition Network, a charitable organisation set up to inspire, support and train communities to organise themselves around the transition model. *The Transition Handbook: from oil dependency to local resilience* (Hopkins, 2008) has been a manual for grassroots communities around the world. This publication aims to "… support community-led responses to peak oil and climate change, building

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resilience and happiness" (Hopkins & Lipman, 2009, p. 7). Rob Hopkins (2008, p. 138) himself considered the movement "an emerging and evolving approach to community led sustainability". More recently, Hopkins has indicated the focus is more on facilitating a cultural shift than on it being an environmental movement. In short, the Transition Town movement is about mobilising "community actions and foster[ing] public empowerment and engagement around climate change, with the objective of catalysing a transition to a low carbon economy" (Seyfang, 2009, p. 2). The main message of the movement is that we must "reduce the already-dangerous amount of carbon in our atmosphere before temperatures increase too far and trigger feedback mechanisms" (Chamberlin, 2009, p. 18). Astyk (2007, n.p.) proposes that we can tackle peak oil and climate change by "living more simply, more frugally, using less, leaving reserves for others, reconnecting with our food and our community".

In November 2014, there were 472 official Transition Towns worldwide, 709 initiatives in over 34 countries (transitionnetwork.org). By April 2016, a total of 1258 initiatives were registered worldwide. There are 20 national hubs including Portugal, Germany, Japan, Ireland, Chile, Hungary, Belgium, Croatia, Spain, Denmark, Norway, France, Sweden, United States, Italy, Netherlands, Luxembourg, Romania, Brazil and Latvia. Australia and Aotearoa New Zealand do not have national hubs, although in Aotearoa New Zealand a website exists for the purpose of bringing national information together (transitiontowns.org.nz/national, 2016). In Australia, there are 51 officially registered Transition Town initiatives, the majority in the state of Victoria and New South Wales. In Aotearoa New Zealand, the official list has only six Transition Town initiatives listed. "However, the TT Aotearoa network provides information for nearly 60 transition groups that are currently active, or have been so in the past" (Cretney, Thomas, & Bond, 2016, p. 84). Given the flexibility of small grassroots community groups, the official register may not be indicative of all the action that is being undertaken as part of the Transition Town movement or has ceased to be taken due to the many difficulties in maintaining grassroots activism. Specific examples of Transition Town projects in both Aotearoa New Zealand and Australia focus on seed banks, community gardens and alternative currencies; showing awareness raising films, exchanging of unwanted goods and holding festivals celebrating rivers; solar energy schemes and reskilling related to fixing machinery, bikes, bee keeping and teaching of skills to promote reusing and recycling household or personal items. A strong permaculture theme is also evident in the projects developed by Transition Town initiatives in both countries, not surprising given that the first descent plan in Kinsale emanated from a permaculture course taught by Rob Hopkins.

The principles that underpin the movement resonate with social work in many ways. First, the focus is on working for change rather than being against current wrongs. This kind of positive visioning is familiar to social workers who take a strengths-based or solution-focussed approach to their work with individuals, families, groups and communities, including policy communities (Corcoran, 2016). The second principle is to ensure people have access to good information and demonstrating confidence in the people to make good decisions. These principles fit well with promoting self-determination, a key component in social work ethics (see for example, the Australian Association of Social Workers, Code of Ethics, 2010). The third key principle the Transition Town movement seeks to apply is to be inclusive and open to difference, challenging an "us and them" position that leads to conflict and exclusion. The idea of the transition movement is to network and share experiences and knowledge. Like social work, the movement draws on many eclectic sources to build up a body of knowledge (Coady & Lehmann, 2016). The strand of deep ecology social work and environmental social work both draw upon Indigenous knowledge and spirituality for connection to nature. These are also key ideas reflected in various aspects of the Transition Town movement, specifically the Heart and Soul groups now renamed *inner transition* (Besthorn, 2012; Coates, 2003; Gray, Coates, & Hetherington, 2013). Fourth, building resilience is generally more confined in social work practice to capacity building, whereas the Transition Town movement also aims to strengthen food, energy and water systems as well as human resilience systems. The fifth principle of the Transition Network is to promote an inner and outer transition, a goal similar to social work practice informed by systems theory, where the interaction between individuals and their environment is a key focus for change (Connolly & Harms, 2015). The sixth principle is to act on the idea that people can make changes and transform and build better lives by learning to support each other; to follow one's passion to create and innovate projects that can add to the whole change process overall. The seventh principle is to rely on the self-organisation of individuals and communities and on their decision-making capacities at the appropriate level, and by turning problems into solutions (Hopkins & Lipman, 2009). This last point is also shared by social workers engaging in community development projects focussed on capacity building (Ife, 2016).

The processes for developing a Transition Town initiative are similar to the kinds of project and community development work that many social workers are trained to do (Ife, 2016). Firstly, a steering group is set up, awareness is raised by building networks with existing community groups and also to prepare for the launch of the initiative. Relevant sub groups are encouraged that deal with specific initiatives like seed saving, transport, solar or wind power, permaculture, recycling, upcycling, reusing, reskilling, for instance, learning how to keep bees. Using open space technology for running meetings to enable participation by all is an important way to encourage involvement in decision-making. Working with local councils to progress an energy descent plan is one of the key tasks proposed for each initiative, although not all initiatives take this step. These steps are not meant to be prescriptive, rather each group of committed and active members (transitioners) devise their own way of adapting these steps to suit their local setting, including any specific aspects that are required in relating to various arrangements to do with treaties, as in places like Aotearoa New Zealand. Within the movement, there is also an emphasis on honouring elders and their wisdom in having lived more frugal lives before the heavy reliance on fossil fuels. Practical lessons on how to reduce the carbon footprint through various means is encouraged (Transition Network, 2016a). These steps are not so much presented as a struggle against the State or against big industry, but as a way to envisage and imagine a future that is not reliant on increasing use of coal, gas and oil, instead aiming to value local communities and promote happier life styles. Enacting, modelling and enabling alternative lifestyles using fewer resources can be of value in addressing the way that community members are made aware of how to reduce their own carbon use on a daily basis.

Transition as a new social movement

The Transition Town movement working towards community change is a social movement that does not put political pressure on groups, nor participates in mainstream party politics by, for instance, directly supporting a green political party. Mostly, the movement aims to build a bridge to local government to promote community participation in decision-making to reduce carbon emissions and to plan for a better future. This focus on doing something positive rather than challenging dominant structures (Hopkins, 2008) has been critiqued for not adequately addressing the problem of climate change and peak oil at the structural and institutional level and for not addressing power relations in order to effect societal change (Connors & McDonald, 2011). This issue impacts on members of transition initiatives as the tension between doing positive practical things at a local level and creating more self-reliant communities does not directly change the existing political and economic structures. Others argue that the experimentation and creativity involved in enacting the kind of world that transitioners hope to bring about is a kind of pre-figurative politics and does hold the possibility of transformative change (Cretney et al., 2016).

As Thompson (2002, p. 712) suggests social movements tend to "promote or resist change in society through people acting together in shifting circumstances". Thompson argues that a sociological perspective of new social movements since the 1960s influenced social work practice and laid the foundations for emancipatory practice (2002). Interestingly, he draws on Satre (1982), the French existentialist philosopher to characterise the type of relation among people in social movements as *groups-in-fusions* valuing the fluidity, fragmentation and non-institutionalisation of these groups in relation to the State. For this article, I will draw on some of Foucault's theorising, to explore the way his notion of biopolitics relates to complex systems theory and deep ecological social work theory in thinking about the Transition Town movement (Lemke, 2011).

I will highlight, based on Lemke (2011) three ways to think about biopolitics to enable social workers to reflect on the implications of transnational grassroots movements, like the Transition Town movement using complex systems theory, including the deep ecological lens. In biopolitical thinking, the relationship between biology or life processes and politics is hotly debated. Social workers are encouraged to consider what their starting point is in relation to the questions posed by biopolitical rationalities. Is it life that determines the basis of politics or is it that the object of politics is life? Lemke (2011) highlights three ways to think about biopolitics. The first is naturalism, the second is politicism and the third is interactionism. In naturalism, life is the basis of politics and the state is considered a living whole, like an organism, and politics is understood to be in reference to life and in this frame biology becomes the only legitimate description of reality (Morar & Koopman, 2012). In politicism, life is the object and not the basis of politics and a dualism between human nature and society within a broader ecological framework is maintained. Lemke (2011) argues that Foucault was taking an interactionism approach of problematising the relationship between life; that he was concerned with the underlying logics of evolutionary life, and of politics. Foucault is not focussed on finding the biological determinants of politics, but emphasises the importance of historical political practices through which life emerges as the centre of political strategies. For Foucault (2003, p. 254), biopolitics "takes life as both its object and its objective". These values of life do not just drive state power but also oppositional movements and challenges to the state (Foucault, 1978). Both the state and oppositional movements are motivated by the value of life as an end itself. This value of life as an end in itself has many ethical and political implications that social workers can consider in exploring the way movements like the Transition Town movement develop and draw on knowledge practices, understand power relations and promote ways of being in the world.

Interestingly, fairly early on Foucault (1978, p. 143) stated, "modern man is an animal whose politics places his existence as a living being in question." Indeed, the Transition Town movement in aiming to address climate change and peak oil is posing the question of how the human species can survive carboniferous capitalism (Dalby, 2013). In this context, it is timely to think again about "what we are doing to ourselves in politicising life and biologising politics" (Lemke, 2011). The Transition Town movement aims to be pre-emptive in dealing with the impact of climate change and reduced availability of oil by facilitating local communities to take embodied responsibility and collectively explore ways of living that sustain life and even provide the conditions to thrive. It is worthwhile to aim to gain some conceptual clarity on the way the Transition Town movement is positioning itself in relation to complex systems theory and deep ecology and to consider what a biopolitical lens brings to the fore in these approaches to societal change.

Complex systems theory

The Transition Town movement is considered by several authors to frame its rationale within complex systems theory (Bailey, Hopkins, & Wilson, 2010; Brunetta & Baglione, 2013). Some of the key concepts drawn from complex systems theory by the movement are the notion of resilience, a term first formulated in ecological systems theory (Holling, 1973), which is related to the capacity for self-organisation and creative innovation. The notion of resilience promoted by Hopkins (2008) for the Transition Town movement is related to systems ecology, rather than the more dominant notion of engineering resilience which considers resilience as springing back after a shock or resistance to disturbances to an earlier state of equilibrium (Harrison, 2013). Ecological concepts of resilience are focussed on the interactions between different elements and multi-dimensional levels of systems. The emphasis is on resilience in the Transition Town movement by managing change not just by simply reacting to external shocks but by adapting, innovating and transforming life into "new more desirable configurations" (Folke, 2006, p. 259). Hopkins (2008, p. 134) promoted that "life with dramatically lower energy consumption is inevitable and it's better to plan for than to be taken by surprise". The notion of transitioning proclaims that experimentation with new systems of provision that cannot only withstand shocks such as peak oil, but develop beneficial connections within localised systems is necessary for all localities to be resilient and to avoid predictable vulnerabilities.

It is a key assumption of the Transition Town movement that local communities currently lack the resilience needed to deal with the adaption to climate change and that pre-emptive action needs to be taken to enable communities to deal with the changes to their food systems, transport and energy systems as oil becomes scarcer and the planet warms (Cretney et al., 2016). It is the relationship between the various elements that make up the industrial food system and the aim of re-localising food production informed by permaculture that are considered to enable new emergent possibilities that are not the properties of the parts of the system per se (see Hopkins, 2008). For example, transitioners planting berries and fruit trees (edible streetscapes) on the nature strip for school students to harvest while walking to and from school reflects a means to connect with school children about locally grown food and to offer free healthy food options, further implied in this project are also ideas about sharing and caring for others that show ways of being that are not based on market exchange and profits.

Social work identifies itself as a profession that works at these intersections between systems (micro, mezzo and macro) promoting interactions between various people, groups and institutions, by conceptually using ecological systems theory (Connolly & Harms, 2015). There is a recognition of the complexity of these interrelationships and that these connections can be potentially beneficial (Zapf, 2009). In joining with the Transition Town movement, social workers can explore the multi-dimensional social systems aspects to the ecological notion of resilience, self-organisation and tighter feedback loops (because they are local and the results of actions are more directly apprehended), including increasing accountability for human actions. Some specific skills social workers can bring to the Transition Town movement are the capacity to undertake social impact assessments, social planning, community development processes and an understanding of urban governance.

These skills are applicable for thinking through, researching and connecting various community members to design their own change processes (Dominelli, 2012). As there are at times core tensions around what "exactly constitutes the Transition Town model in any given place and how this effects progressive change" (Cretney et al., 2016, p. 85), social workers by drawing on the work of Paulo Freire (2000), can promote and encourage local communities to collectively investigate their conditions and explore ways of making changes to promote carbon emission reductions. In complex systems theory there are no simple answers on how to effect change. The capacity for reflexivity around these processes and also the use of social inquiry skills in collaboration with Transition Town groups may be another contribution social workers can make.

From a biopolitical perspective the development of local Transition Town initiatives can be thought about as the creation of loose networks between community members and others that aim to deal with contingency and non-linear evolutionary properties of complex systems, such as those predicted to occur with climate change and peak oil. Resilience within this mode of biopolitics is considered a preparatory measure that aims to manage risks, such as lack of food, loss of energy supplies and possible violent clashes between people seeking access to low levels of resources and to respond to such threats with complex adaptive systems that maintain species life. Transition Town initiatives from this perspective can be regarded as being part of new securitising strategies that responsibilise individuals to face the risks of climate change and peak oil and an uncertain future. In this sense, being part of new or (re)newing networks and engaging in self-governance is to build a form of localised contingent security against negative climate change impacts. The notion of networks and human securitising strategies highlights the potential for the Transition Town movement to focus narrowly on self-protection, local networks and neoliberal strategies for survival. To analyse the intersections of life and politics with neoliberal strategies and entrepreneurial practices can call on social workers to further investigate the power relations among these networks, the knowledge practices and the modes of subjectivation promoted to deal with these changes (Lemke, 2011).

Deep ecological social work

Ecological social work, specifically the deep ecology strand (Besthorn, 2012; Coates, 2003) can arguably be identified as taking a naturalism perspective on biopolitics, according to Lemke (2011). In naturalism, life is the basis of politics and the state is considered a living whole, like an organism, and politics is understood to be in reference to life and in this frame biology becomes the only legitimate description of reality (Morar & Koopman, 2012). For instance, the current reliance on biological explanations of life processes as the basis for political decision-making has meant that the biological scientists had to prove global warming is occurring beyond any doubt. The Transition Town movement incorporates and advocates a deep ecology understanding of the cosmos, which does not separate humans and nature. Many deep ecologists, such as Joanna Macy, Arne Naess and John Seed are drawn on by the Transition Town movement to promote a change in the way community members relate to themselves and nature, to develop an ecological identity, an ecological self.

Deep ecological social workers argue for an ecological consciousness towards the planet by reconsidering the natural environment as finite, taking a holistic view of the human–nature relationship and including a key spiritual component that regards the universe in some sense as sacred (Coates, 2003; Zapf, 2009). For instance, Coates (2003) describes the Universe as an unfolding story in which human beings are a late arrival in the history of planet Earth. This story of the unfolding universe serves as the rationale for living human life in an ecologically conscious way and ecological biology is presented as offering values for living life that inhere objectively in nature. For Coates (2003), an ecological paradigm means recognition of: the interdependence between all (human and non-human species, nature and society), the self-organising capacities of systems and people, as individuating (including the capacity for self-realisation and the unique potential of each person, plant and species to flourish), for developing communality (self is in relationship to the whole) within a constantly changing and increasing complex Earth system (Coates, 2003, pp. 70–73). Conceptualising the connection between people and the trans-organic life of populations is associated in ecological social work with the idea of deep ecology, where ecology takes as its centre evolutionary histories of species and interactions with the planet as an ever-evolving ecological system (Coates, 2003).

Further, there is an assumption in the deep ecology paradigm that the environmental crisis equals a spiritual crisis (Coates, 2003, p. 87) and that "ecological destructiveness [of the planet and its biosphere] is [therefore] a failure of self-development" (Coates, 2003, p. 94). There are resonances of this kind of thinking, as Lemke (2011) indicated in the way that some religious groups incorporated biopolitics in the 1960s and 1970s by positing an organic understanding of reality and an interpretation of "man as a biospiritual unity whose life is set within cosmic nature, as well as within human history" (Cauthern, 1971, cited in Lemke, 2011, p. 25). This idea of humankind as located within cosmic nature resonates also with many holistic notions related to stewardship of the land that is evident in Australian Aboriginal cultures and Aotearoa New Zealand Māori traditional culture. These perspectives offer a "world view that integrates landscape, community, spirit and self. Life is a process of finding and expressing one's place in the cosmos, in the natural world to which we all belong" (Zapf, 2009, p. 181). The sacred, human beings belonging to the cosmos and daily life are not separated and the relationship to the land or *Mother Earth* is honoured.

The main method of self-realisation used in deep ecology is identification. "By recognising the intrinsic worth of other living beings, one recognises the solidarity of all life forms" (Keller, 2008, p. 207) and an expansionary sense of the self. If there are no boundaries and all boundaries between living beings are recognised as illusionary then harming Nature or any sentient beings is harming ourselves. To believe one is part of the rainforest means to protect it, this framing of the self is considered a spiritual change and one that has some similar ideas in Tibetan Buddhism and Transition Network training draws on for instance Joanna Macy's (2005) work, which promotes such a connection. The Norwegian philosopher Arne Naess, who is credited with deep ecological thinking developed an eight-point platform for political action and indicates Buddhism, secular philosophy and Christian principles as informing his approach (Besthorn, 2012; Keller, 2008). The link between a kind of cosmology and guardianship or stewardship of the planet Earth informs the kind of subjectivity that may be promoted within the Transition Town Movement's inner transition groups.

To transition and to become a transitioner a term used by Trainer (2010) to describe members of Transition Town initiatives is understood as a "really big process" (Marion, 2012, n.p.). Sophy Banks, one of the founders of the Transition Network in Totnes states:

> Transition is the first thing that I came across that said our problem is not about carbon, our problem is not about energy, it's not about inequality, our problem is a whole worldview that creates a system of thought that creates outer systems and inner systems that are about separation and division and competition and so on. So for me, it was the first thing that said we have to put the whole system back together. We can't problem solve issue-by-issue, we need to reimagine the whole thing and then just start building it. And my experience is that as soon as you do that, the whole way that you're thinking shifts (Banks, 2016, cited in Fabian, 2016).

Usually, the focus in social work is more on psychological inner changes, whereas within the deep ecology frame transitioning is connected to a holistic ecological systems perspective that explores the place of people in the cosmos and within an unfolding story of the universe or as Zapf (2009, p. 179) puts it "people as place". There are tensions for some community members in some Transition Town Initiatives that relate to the focus on this kind of inner change and the perceived urgency and preference to do things and make practical changes in the world. The different styles and preferences of various transition initiative members often relate to this question of the relationship between nature and politics, with some seeking a new relationship with nature and community, while some are seeking to make political or practical changes collectively in the world now (Cretney et al., 2016).

Before exploring the notions of inner transition further, the biopolitical perspective on the naturalism evident in the deep ecology framework and offered as a way forward in addressing climate change and peak oil can be reconsidered in numerous ways. Here, I will limit myself to referring to Lemke's critique of naturalism. Lemke (2011) argues that this naturalism and the ecological form of biopolitics were overtaken by the development of bioscientific discoveries and technological innovations. The way that biotechnologies are applied blurs the distinction and intrinsic value of nature, technical solutions as well as the social and political processes. Ecological consciousness struggles to deal with these complexities, the blurring of the natural, societal and technological processes adding to the many challenges faced by humanity. The increasing capacity of human beings to manipulate the natural foundations of life blurs the distinction between the natural and artificial. According to Lemke (2011) this politicises the very concept of nature. A biopolitical lens makes this blurring a problematic aspect of the intersection between life and politics. Social workers can engage with these developments in biotechnologies and the implications for communities alongside the Transition Town movement members to aim to tease out the meaning of the obscuring of the natural, societal and technological in an effort to deal with these complexities. As Lemke (2011, p. 31), indicates:

> the meaning of biopolitics lies in its ability to make visible the always contingent, always precarious difference between politics and life, culture and nature, between the realm of the intangible and unquestioned, on the one hand, and the sphere of moral and legal action on the other.

This biopolitical lens highlights that ecological consciousness is something that is no longer self-evident and has itself become problematic. The increasingly complex interactions between humans and nature and technology have brought and bring further and new challenges in dealing with climate change and peak oil.

Inner transitioning

In 2006 along with the Transition Town movement the notion of inner transition as a process began and attracted people to the movement that could assist with group facilitation, deepening self-knowledge and connection with nature, creating ceremonies and strengthening compassion, trust and acceptance (Fabian, 2016). The Transition Network offered assistance and training for new initiatives to develop processes for this inner transition. Each Transition Town initiative was encouraged to include a heart and soul group as part of its process, these groups are now called inner transition groups. A survey conducted by Sophy Banks (Transition Network) and Juliana Schneider (a student at Schumacher College) in 2012 indicated the diverse ways in which transition initiatives addressed and engaged with inner transition. Some read books together like the Macy Mondays (Joanna Macy) in London, some hosted events and promoted connection with nature. Macy

(2005) a deep ecologist, activist, a systems theorist informed by Buddhism believes that healing the world and healing your heart and soul go hand in hand. The purpose of heart and soul groups was understood by surveyed members in several countries to build personal resilience (and deal with the perineal issue of burnout in voluntary community work), strengthening connection to nature, psychological and personal growth and also strengthening community resilience (Transition Network, 2016b).

From a biopolitical perspective, the subjectivation or as it is also sometimes called subjectification process through which one becomes a subject (Davies, 2006) is influenced by an on-going reflexivity required in negotiating power relations in society. Foucault maintained that modern power relations are productive in forming the subject, in that sense power is not something we are opposed to in making ourselves, but rather power relations form the condition of our existence. This does not mean that people are predetermined and inevitably shaped by their conditions; it simply means that agency is conditioned and that it requires reflexivity to critically investigate these conditions of our making within these power relations and practices.

Carbon intensive practices are not "something invented by the individual [her or] himself. They are models that he [she] finds in his [her] culture and are proposed, suggested, imposed by him [her] culture, his [her] society, his [her] social group" (Foucault, 1997, p. 291). Take for example the use of plane travel, there is a range of practices that promotes individuals to fly to various destinations for leisure, adventure, work as well as family and friendship connections. For instance, one of the strategies developed by the Edinburgh Transition Town initiative, in order to demonstrate to the Scottish Government that they were saving carbon from being emitted, was to ask people to pledge not to use planes to fly to various other destinations for a year. These pledges were then counted and reported to government as savings on carbon emissions and proof of moving towards a low carbon future (Aiken, 2016). Aiken was critical of the way the transition movement could be co-opted into taking such measurements to acquit themselves of drawing funding from the state by needing to meet such instrumentalist targets. This *conduct of conduct* carried out at a distance or arm's length from the state informs economic thinking that currently pervades all aspects of life, including securing life in the face of the risks associated with climate change.

Conclusion

In using a biopolitical lens, Foucault is not focussed on finding the biological determinants of politics, but rather is emphasising the importance of historical political practices through which life emerges as the centre of political strategies. Conceptualisation that facilitate political practices within the Transition Town movement are very diverse and in this article, I have focussed only on two theories, complex systems theory and deep ecology, that aim to promote an ecological consciousness that does not separate human being from nature and relies on the laws of nature to inform individual and collective living. The emphasis on the self-organising capacities of systems and people, including the capacity for self-realisation, resilience and the fulfilment of the unique potential of each person, that also allows each plant and species to flourish, is part of only one element in the movement for developing communality. These evolutionary and ecologically conceptions of life informed by permaculture and therapeutic practices are being used by the movement to reshape, reform and develop a renewed consciousness about people's relation to Nature. As Lemke (2011, p. 31) suggests, it may be important to use a biopolitical lens informed by Foucault to also continually make visible the way that there is always a precarious and contingent "difference between politics and life, culture and nature". When these distinctions are blurred through increasing uses of biotechnology and a (re)newed ecological consciousness these conceptions of our situation may affect the way we govern ourselves, others and the politics of living. Perhaps a biopolitical lens can assist social workers to continually make these differences visible and knowable and maybe one of our roles in contemporary social movements is to be able to explore and explain how historically situated practices have shaped our understanding of the interaction between life and politics. A biopolitical lens may allow us to engage in societal change processes with an eye to these complexities.

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Companion animals and disasters:
The role of human services organisations

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ABSTRACT

INTRODUCTION: Companion animals have often been treated as an afterthought, or ignored, by those involved in planning for and responding to disasters. This omission in planning for the needs of companion animals has been predicated upon a failure to recognise the emotional bond between many people and their companion animals. This has resulted in significant costs for humans and animals in many disasters. This article serves to raise issues regarding the responsibilities of human service organisations (HSOs) for animal-inclusive disaster risk reduction (DRR).

METHOD: This article develops a conceptual base for the consideration of the inclusion of animals in disaster planning and response within human services organisations. By first establishing the legitimacy of the human–animal bond and the requirement for human services organisations to develop their disaster planning, an exploration of the literature explores the rationale for the inclusion of companion animals within DRR.

FINDINGS AND IMPLICATIONS: A clearly demonstrated relationship between DRR and the presence of companion animals is evidenced within the literature. Delays in evacuation due to the lack of facilities for companion animals, the loss and grief experienced by those forced to abandon their animals, and the particular vulnerabilities of those living in isolation or in homeless situations attest to the importance of animal-inclusive planning. Those living with animals may be more inclined to commit to DRR if the needs of their animals are included in planning. A mandate for organisational and professional responsibility for the inclusion of companion animals is established.

CONCLUSION: For effective DRR, human services organisations have a professional and ethical imperative to include companion animals in their disaster planning and response.

KEYWORDS: animals, disasters, social work, human services, social work education

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The relationship between people and companion animals in the disaster context

In the past, there has been a clear philosophical and practical demarcation between services geared towards the needs of humans and those addressing the needs of animals. Human service organisations (HSOs), the term we are using to inclusively describe organisations employing both social workers and other related disciplines) have historically seen the needs of animals as tangential to the work which they do (Ryan, 2011) and, as a result, have often overlooked the central role that animals play in many people's lives. The limited literature that exists indicates that human services have tended to exclude animals from consideration (Ryan, 2011; Walker, Aimers, & Perry, 2015), and that there has been little specific training for social workers about the significance of animals in people's lives (Risley-Curtiss, 2010).

The idea that the needs of animals and humans are distinct has also shaped emergency management and disaster response, which has been based upon the assumption that human life is of paramount importance and that the plight of animals is of secondary concern (Irvine, 2006; Potts & Gadenne, 2014). As a result, the needs of companion animals have often been poorly catered for, both in planning for and response to disasters (Austing, 2013). Responsibility for companion animals has often been poorly defined or relegated to animal-focused charities (Wittnich & Belanger, 2008). Where animals have been taken into account, they have generally been viewed as risks which need to be managed, with little regard given to the psychosocial role they play in many people's lives.

In recent years, however, an understanding has developed that the welfare of companion animals is something which must be taken into account when planning for, and responding to, disasters (Appleby & Stokes, 2008). This recognition stems from increasing public concern for the wellbeing of companion animals and recognition that there are significant social costs in failing to plan for the wellbeing of animals during disasters (Glassey, 2010), and that adequate planning for the needs of companion animals can significantly lessen the human and economic impact of disasters (Austing, 2013). Recent significant disasters – such as Hurricane Katrina in New Orleans in 2005 and the Canterbury earthquakes in Aotearoa New Zealand in 2010–11 – have contributed to a reframing of the role that companion animals play within human lives, and have provided the imperative for animal-informed planning in disaster risk reduction (DRR).

There have also been broader societal changes in the understanding of the relationship between humans and animals (Ryan, 2011). Use of the noun phrase *companion animal*, the term that we use within this article, denotes a perceptual shift in the relationship, from animals-as-chattels, to pets, and now to the status of companion. This is not a completed transition in human thinking about animals: the status of farmed animals, not the purview of this article, is perhaps less clear and remains framed within a focus on economic production and animal welfare rather than, as we argue here, a relationship within an ecological context.

Although there is increasing recognition of the need to bring an awareness of companion animals into the work done by human services (Hall et al., 2004; Walker et al., 2015), we believe that there is more that HSOs could be doing to include the needs of animals when planning for disaster response and recovery. In this article, we explain why we believe that this is important and the potential benefits of such animal-inclusive planning. This article will look briefly at the importance of disaster response planning and why HSOs need to engage in it. We will then consider two levels on which HSOs can achieve animal inclusivity: first, we will discuss how practitioners working with those affected by disaster could include a greater focus on animals in their work and why it may be beneficial to better understand the relationship between companion animals and their carers. We will then consider what HSOs can do at an organisational level to plan for, and respond to, disasters in an animal-inclusive manner.

Human service organisations and disaster response planning

Disaster response planning is a growing field which emphasises the need for rigorous preparation in order to minimise the impact of disasters. HSOs have a crucial role to play in building community resilience, aiding in the immediate response to disasters and the longer-term work of rebuilding communities. Despite this important role, HSOs have often been absent when disaster response planning is taking place and as a result often respond alongside official efforts rather than being effectively integrated with them (van Heugten, 2014). The Christchurch earthquakes of 2010 and

2011 provided a timely reminder of the need for HSOs in Aotearoa New Zealand to engage in pro-active disaster response planning (van Heugten, 2014).

Within human services, this planning will involve developing contingency plans in order to ensure continuity of service after a disaster has occurred. Practically, this could involve making sure information for staff and clients is up to date and backed up off-site and that appropriate supplies are available when needed (van Heugten, 2014). Externally, disaster response planning will involve working with other organisations and officials in order to ensure that disaster response efforts are co-ordinated and effectively meet peoples' needs (van Heugten, 2014).

Table-top exercises provide one means for HSOs to think about how their organisation might respond to a disaster scenario. These conceptual exercises involve one or more organisations working through a predetermined scenario in order to understand how a disaster could unfold, the role that each organisation would play and to identify the shortcomings in existing plans (Savoia et al., 2009). The complexity and realism of such exercises can range from simple discussions to multi-day role plays.

Animals as part of the family: how society's understanding of companion animals is changing

It is clear that many people have a high degree of attachment to the companion animals that they care for (Sable, 2013) and that these animals, viewed as family members, form an integral part of their lives (Walsh, 2009a). This central role that animals play in many people's lives is reflected by findings in a recent Aotearoa New Zealand survey which found that most people thought of animals as part of the family (Glassey, 2010). For many individuals and families, companion animals provide a constant source of comfort and affection (Coombs, Eberlein, Mantata, Turnhout, & Smith, 2015) and may come to be integral parts of their lives, providing routine, stability and emotional richness for those with whom they live (Trigg, Thompson, Smith, & Bennett, 2016). Companion animals can play an especially significant role in the lives of children and may be a significant source of emotional support (Melson, 2003), especially when other sources are unavailable (DeGue, 2011). An understanding that animals are part of the family is increasingly being advocated for human service workers in order to more accurately reflect the ecologically embedded role and function of companion animals in many people's lives (Walsh, 2009b): this therefore has major implications for when the lives of humans and animals are disrupted by disaster.

Companion animals and disasters: lives at risk

In order to understand how human services can better support people in a disaster context, it is worth understanding the way companion animals affect how humans respond to disasters. For many people, the idea of leaving their companion animals behind during a disaster is unthinkable and there is a strong correlation, for example, between having companion animals and failure to evacuate in accordance with disaster warnings (Heath, Kass, Beck, & Glickman, 2001; Hunt, Bogue, &Rohrbaugh, 2012). The presence of companion animals during a disaster often leads to people staying in dangerous situations or attempting to evacuate with them, even if this places people and animals at increased risk (Hesterberg, Huertas, & Appleby, 2012). Tragically, there are many examples where people have died attempting to save their companion animals (Thompson, 2013). Where evacuation is possible, there is a risk that the evacuee will become stranded, or have reduced independence, with the added burden of caring for an animal in unfamiliar and potentially unsuitable environments (Ellis, 2007).

Where animals are not evacuated in a disaster, members of the public will often enter disaster zones illegally in order to feed or rescue animals (Edmonds & Cutter, 2008; Irvine, 2006). Having to evacuate without companion animals can be a traumatic experience for many (Awadi, Hunt, & Johnson, 2008), especially if adequate pre-planning is not in place. Finding temporary accommodation which is companion animal friendly can be difficult in a post-disaster context, and this may force some people to make difficult decisions such as separation from, or even abandonment of, companion animals. This was the fate for many owners of companion animals after the Christchurch quakes, with consequent negative effects for both humans and animals (Potts & Gadenne, 2014). Owners may also choose to live in substandard accommodation if suitable animal-friendly housing options are not available.

It is an unfortunate reality that animals are often victims of disaster, even with the best planning and preparations in place. The death of a companion animal can be a traumatic experience in a person's life, resulting in strong feelings of grief and loss (Awadi et al., 2008; King & Werner, 2011). The loss of a companion animal during a disaster may come on top of family separation and/or other significant trauma (Zottarelli, 2010), and is associated with experiencing significant distress (Lowe, Rhodes, Zwiebach, & Chan, 2009), and a higher likelihood of psychological problems, such as depression and stress-related disorders (Awadi et al., 2008).

The death of a companion animal may mean that an individual loses a significant source of support, further complicating their recovery from a disaster (Evans & Gray, 2012). Even if an animal has not died, there may be significant feelings of loss or guilt if an animal has had to be left behind or given up due to circumstances resulting from a disaster (Potts & Gadenne, 2014). Given the widespread speciesism in society, there is a risk that those who have lost a companion animal may not have their feelings of grief validated or acknowledged by those around them (Morley & Fook, 2005), resulting in a lack of required support (Donohue, 2005). Adding to this, those with poor support networks, such as isolated older people or the homeless, are likely to be disproportionately affected by the loss of a companion animal, in comparison to those with more extensive support systems.

What this means for human service workers who are in a disaster context

We suggest that understanding the importance of people's relationships with companion animals should guide the work of human service workers who are responding to disasters. Organisations should make sure that workers responding to disasters are aware of the how an understanding of the human–animal bond should inform the work they do. For example, during the assessment phase, human service workers could include companion animals when using tools such as eco-maps or genograms, thus gaining an understanding of the relationship between client and animal (Sable, 2013; Walsh, 2009a). Asking about companion animals may provide a means of building rapport (Evans & Perez-y-Perez, 2013) and can elicit important information about relationships and family functioning (Walsh, 2009b). If human service workers are not aware of the need to ask such questions, it is likely that significant information may be missed.

Despite the risks and vulnerabilities associated with the bond between humans and animals at the time of disasters, it is imperative that human service workers recognise that, due to the strength of attachment relationships, companion animals can also be a source of support during and after disasters, increasing resiliency and aiding in recovery from grief and losses. Companion animals can provide a range of physiological and psychological benefits to individuals (Wells, 2009) and can encourage people to prepare for disasters as well as assist people in their recovery from disaster (Thompson et al., 2014). For some people, companion animals provided a valuable means of managing stress following the Canterbury earthquakes (Coombs et al., 2015; Potts & Gadenne, 2014). With this knowledge base for human service practice, we now turn to the organisational responsibilities of HSOs for the inclusion of companion animals within disaster planning.

The role of organisations in animal-inclusive disaster planning

In recognising the human–animal bond as a fundamental attachment relationship, requiring inclusion in both assessment and loss and grief support, we have delineated some fundamental practice requirements for those working within HSOs. These best practice implications therefore provide a mandate for organisations to structure disaster response according to animal-inclusive principles. In this section, we consider animal-inclusive disaster response both within and beyond the HSO. Within organisations, the importance of companion animals to service users suggests the need for proactive planning in regard to the organisational response to service users and their animals, including recognition of the need for animal-friendly accommodation and transport, and the particular needs of vulnerable populations. Beyond the organisational boundary, the imperative emerges for organisations to locate themselves within networks, policy and legislation for disaster risk and response.

Animal-inclusive planning in organisations

Organisational-level commitment to animal-inclusive practice in disaster response is essential. As a result of failures to plan in advance, ad hoc responses to meet the needs of animals have been a recurring feature in disasters (Heath & Linnabary, 2015) and there has been a tendency for individual HSOs to fail to incorporate, or to ignore, the human–animal bond in their planning and operations. There are a range of practical barriers that, in ignoring this bond, may prevent evacuation with companion animals, such as difficulty finding pet-friendly accommodation and inability to transport animals (Heath et al., 2001; Hunt et al., 2012).

When planning to meet emergency accommodation needs post-disaster, HSOs should take into account the benefits of allowing owners to stay with their companion animals (Coombs et al., 2015). Emergency shelters are often ill equipped to take companion animals and evacuees are likely to face difficulties finding accommodation such as rental housing that is willing to accept companion animals (Evans & Perez-y-Perez, 2013). Recognising this, HSOs may be able to proactively identify pet-friendly accommodation for evacuees and those requiring re-housing following a disaster, and to ensure that HSO workers and service users are aware of their existence (Heath & Linnabary, 2015; Hunt et al., 2012). HSOs may also be able to work with animal welfare organisations such as the Society for Prevention of Cruelty to Animals (SPCA) and animal-fostering groups to make sure that emergency shelters for animals are available and accessible to evacuees (Morley & Fook, 2005). Ideally, emergency shelter for companion animals will be provided alongside welfare centres of evacuees as is recommended by the Ministry of Civil Defence and Emergency Management (2010); however, this does not always occur in Aotearoa New Zealand (Evans & Perez-y-Perez, 2013) and is currently being developed within the SPCA National Plan (personal communication from SPCA, May 24, 2016).

Disasters do not impact on all segments of the population equally and it has been found that vulnerable populations are more likely to experience the loss of a companion animal than other sections of the population (Zottarelli, 2010). HSOs should be aware of the fact that vulnerable populations such as older people, or those living with disabilities, may face particular challenges when it comes to evacuating with, or caring for, animals after a disaster. There is some evidence to suggest that, for individuals with poor support networks, strong attachment to companion animals is co-associated with the experience of greater levels of stress and depression (Antonacopoulos & Pychyl, 2010). These findings could indicate that those who rely on a companion animal as a key support may require additional assistance from human services. Related to this are findings that those with poor support networks are also affected more by pet loss than those with strong support networks (Lowe et al., 2009). These findings highlight the importance of understanding the role of companion animals in the lives of the vulnerable.

HSOs have an ethical mandate to work proactively with vulnerable populations to ensure that they have the ability to evacuate safely with their animals. This might include ensuring that they have appropriate animal carriers or that animals are micro-chipped in case of separation from their humans (Palika, 2006). Proactive networking could assist with an animal-inclusive identification of the nature of assistance that neighbours and their animals may require. HSOs should also consider developing registers of vulnerable people who may be required to evacuate with their companion animals, for example, those using seeing-eye or assistance dogs (Mills, 2015). This type of information, which could be easily obtained prior to a disaster, could prove vital to those responding to a disaster.

Of particular interest is research showing that addressing the needs of companion animals can provide a means to connect to populations which may typically be difficult to reach (Thompson et al., 2014). For example, companion animals may play a significant role in the lives of the homeless, who may welcome services which provide support or assistance with their companion animals. In this way, HSOs may be able to use an increased awareness of the human–animal bond to build rapport with these vulnerable population groups.

When considering vulnerable groups which may need assistance following a disaster, vulnerable animals themselves should also be taken into account. As with humans, older animals or those with health problems may require specialised care or assistance. For some carers of companion animals, this can be a significant burden which HSOs may be able to lessen by encouraging advance planning.

Pro-active planning such as table-top exercises and inclusion of animal welfare items within assessment checklists, can potentially assist organisations to conduct animal-inclusive interventions within a disaster context. Advance planning by service users, assisted by those working in HSOs, can assist those living with companion animals to establish awareness of emergency shelters for pets. Pre-existing provision for emergency animal shelters, such as the memorandum of understanding signed between Women's Refuge and the SPCA in May 2013, has proved to be only as good as local and regional services have been able to develop and sustain. So, while national-level agreements signify a move towards animal-inclusive policy, organisational-level commitment is required for effective practice.

Working with other organisations

Beyond the individual organisation, the welfare of companion animals alongside their humans becomes a vital issue for organisational cooperation, policy and legislation. Past failures to meet the needs of animals in disasters reflect a tendency to exclude animals in legislation relating to disaster planning and response (White, 2012). The widely publicised plight of companion animals following Hurricane Katrina was a turning point internationally when it came to recognition of the needs of companion animals in disasters (Wan, 2006). Widespread acceptance that there were major failings in planning for companion animals during Hurricane Katrina lead to a new law being passed in the United States:

the Pets Evacuation and Transportation Standards Act (PETS) (Mike, Mike, & Lee, 2011). This new legislation required the Federal Emergency Management Agency (FEMA) to ensure that local and state disaster management plans take into account the needs of pets and service animals (Mike et al., 2011).

Aotearoa New Zealand has seen similar developments in national planning for animals in disasters, with the Ministry for Primary Industries now taking a national co-ordinating role. This is a substantial move forward as the disaster management framework in the Civil Defence Emergency Management Act had previously resulted in considerable regional variance in the planning for affected animals (Glassey, 2010).

There are some practical options that human services organisations can take to assist in systems-level planning for disasters in an animal-inclusive manner. Disasters, while affecting whole communities, share some impact characteristics with other crises and extreme stressors, such as in the case of domestic violence. As acknowledged previously, however, memoranda of understanding (such as the SPCA–Refuge agreement) and the ongoing work towards developing SPCA and Civil Defence and Emergency Management compatibility are only as effective as the ability of local agencies to implement these agreements. HSOs are operationally central to implementing such accords across traditional agency boundaries. DRR strategies emphasise preparatory planning for disasters. The effectiveness of the Christchurch hospital social work response in the Canterbury earthquake, for instance, was in part attributed to the prior training completed alongside civil defence organisations (Corin, 2011) and planning such as table-top exercises are widely used within DRR (see, for example, https://www.fema.gov/emergency-planning-exercises). At an agency level, proactive disaster planning can be adapted to be animal-inclusive, in relation to attachment relationships, identification of vulnerable populations and practical needs for pet-friendly accommodation and transport.

In order to more effectively meet the needs of clients, HSOs should invest in developing connections with organisations and agencies concerned with the welfare of animals well before disasters strike (Heath & Linnabary, 2015). For example, relationships could be built with vets in order to ensure that those who have suffered the loss of an animal receive appropriate referral information. This could serve the dual role of identifying those who need support and better educating veterinarians about the traumatic effects of pet loss (Donohue, 2005). There also needs to be further networking in order to ensure that the practical needs of clients regarding their companion animals will be met during disasters.

As well as helping people meet practical needs, HSOs have the ability to advocate for the needs of animals, supporting policy changes or initiatives which will help keep animals and their owners together during disasters (Sable, 2013). They also have a broader role in promoting an understanding of the importance of animals in many people's lives, a role that we now argue should be promoted within social work education.

Conclusion

Companion animals play an important role in the lives of many New Zealanders and it is important that human service workers and organisations have an understanding of this. In order to respond effectively during and following disasters, HSOs need to engage in considerable planning and preparation. Analysis of recent disasters has shown the extent to which companion animals affect people's wellbeing and the decisions that they make. Given this knowledge base, we believe that any planning done by HSOs must include an understanding of the human–animal bond and how HSOs can support the maintenance of this bond. In order to assist HSOs to do this, we have identified a range of practical steps that could be taken to ensure that responses to disasters are animal-inclusive.

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ORIGINAL ARTICLE

MIXED METHODS RESEARCH

Reducing frequent visits to emergency departments

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ABSTRACT

BACKGROUND: The Health and Wellbeing Connection (HWC) pilot study was undertaken by Richmond Services in partnership with Pegasus Health, Partnership Health and the Canterbury District Health Board.

OBJECTIVE: To explore whether a brief intervention offered to frequent attenders to hospital emergency department (ED) was successful in reducing inappropriate attendance.

METHODS: Administration of the Kessler Depression and Anxiety (K10) scale; the World Health Organization Quality of Life Measure (WHOQOL-BREF); extracted de-identified rates of attendance at an ED of a general hospital and general practice, and follow up telephone interviews with study participants were used.

RESULTS: By the end of the project, a total of 53 participants had completed the programme. On average, these participants reduced their attendance at the ED significantly while demonstrating no change in their attendance rates at general practice. Additionally, they reported a decrease in psychological distress and a positive increase in their quality of life.

CONCLUSIONS: Although the number of participants in this study does not allow for robust analysis of efficacy of the program offered, it does indicate that there is merit in continuing to develop brief intervention case management models to support behaviour change programmes in hospital EDs.

KEYWORDS: frequent attenders, emergency department attendance, brief intervention

This study sits within a growing concentration of research aimed at identifying people who frequently attended the Christchurch Hospital Emergency Department (ED) in order to trial a specific intervention programme to assist them to better manage their health-seeking behaviour. Undertaking this study holds relevance for all ED funders and clinicians, and for those delivering primary health and community support services to people who are deemed to have limited health literacy or insight into managing their health needs and their relationship with health service providers. Despite a small sample size, the key findings do indicate that further study of this population of ED attenders is warranted.

It is a commonly held view that frequent inappropriate use of EDs has a significant impact on the health spend in most Western countries (Adams, 2013). The emergence of this population, who frequently utilise emergency medical service provision is not recent. As evidenced across the literature, the evolution of health provision in New Zealand, similar to that of other first world countries, has created a number of features that support the ongoing health-seeking behaviour of this population. However, this does not translate to a ready supply of solutions within the literature addressing the burden on front-line health services attributed to this population.

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With such strength of anecdotal evidence pointing towards frequent attenders of EDs being a burden on health care, it would be natural to assume that much thought and research had been applied to analysing emergency health care provision and building a profile of the frequent attender population which could assist in reducing their inappropriate health-seeking behaviour. However, it would seem that those who have embarked upon research and service development have had limited success (Richardson, 2011). The published studies that have aimed to redirect people to more appropriate health care services have reported issues with recruitment leading to a lack of breadth or depth in their research. Additionally, many of the available studies focus on thematically analysing or reviewing the existing international literature (Backman, Blomqvist, Lagerlund, Carlsson-Holm, & Adami, 2008; Bieler et al., 2012; Byrne et al., 2003; Dent, Phillips, Chenhall, & McGregor, 2003; Hunt, Weber, Showstack, Colby, & Callaham, 2006; Phillips, Brophy, Weiland, Chenhall, & Dent, 2006).

A variety of methods have been employed in attempts to address the health-seeking behaviours of this cluster of ED attendees in many hospitals throughout Western countries, operating varying models of health care delivery: private or state-mandated insurance, national health provision, or a combination of these. Therefore, researchers have considered whether the financial implications of primary health care could be a driver of frequent ED attendance (Fuda & Immekus, 2006; Hunt et al., 2006; Jones & Thornton, 2013; LaCalle & Rabin, 2010; Mandelberg, Kuhn, & Kohn, 2000; Morriss et al., 2012; Nelson et al., 2011; Shippee, Shippee, Hess, & Beebe, 2014; Shumway, Boccellari, Brien, & Okin, 2008; Thornton, Fogarty, Jones, Ragaban, & Simpson, 2014; Weber, Showstack, Hunt, Colby, & Callaham, 2005).

Additionally, the profile of the *frequent attender* has been debated across the literature. McHale et al. (2013) present an older, disadvantaged male from a non-white ethnic background, while Michelen, Martinez, Lee and Wheeler (2006) describe disproportionate use of EDs for non-acute reasons by low income, marginalised cultural groups within the urban environment of New York City. Other researchers (Kirby, Dennis, Jayasinghe, & Harris, 2011) found no significant difference in terms of gender, culture or socio-economic status (Aigner et al., 2006). One feature that is agreed upon across the literature is that such patients overuse health care services (Gili et al., 2011). Measurement of that *overuse* within the ED context varies from as little as four visits per year (Kirby et al., 2011; Michelen et al., 2006) to more than a dozen (Gili et al., 2011).

Christchurch Hospital's ED experience of frequent attenders supports the profile of a population of people who genuinely believe they are unwell and in need of urgent medical attention (Bieler et al., 2012; McHale et al., 2013; Morriss et al., 2012; Rea et al., 2010; Wooden, Air, Schrader, Wieland, & Goldney, 2009). This group are often seen by front-line staff as inappropriate attenders of ED services who could be better served by attending community agencies and primary health services (Richardson, 2011).

According to Morriss et al. (2012), across primary care as a whole the top 3% of frequent attenders utilise 15% of all appointments. Similar findings have been reported in Switzerland by Bieler et al. (2012), and the Mt Sinai Medical Center, New York in the US where figures as high as 28% of all attendances to their ED being attributed to their frequent attenders, who make up less than 8% of the presenting population (LaCalle & Rabin, 2010). Kennedy & Ardagh (2004), in their study of frequent attenders at Christchurch Hospital's ED, suggest that locally frequent attenders made up only 2% of the presenting population.

A descriptive retrospective cohort study commenced in 1997 formed the basis for examining the population of frequent attenders at Christchurch Hospital (Kennedy & Ardagh, 2004). These authors aimed to explore the idea that frequency of attendance was increasing in that hospital's Accident and ED (Helliwell, Hider, & Ardagh, 2001). What they discovered, however, was that the population of patients who frequently attend is constantly changing rather than increasing in volume over time (Kennedy & Ardagh, 2004).

The Health and Wellbeing Connection pilot study

The study reported here aimed to further explore some aspects of the success of the Health and Wellbeing Connection (HWC) pilot programme that was offered to the general adult population who frequently attended the Christchurch Hospital ED.

The overall aim of the HWC project was to strengthen primary care service providers to work with people with mild to moderate mental health needs while trialling a potential intervention service (Andrews, 2014). This programme was offered to all adults who were identified by the Christchurch Hospital's ED staff as frequent users with unmet psychosocial needs. Attendance of the pilot service was expected to result in a reduction of inappropriate ED presentations and improve overall health and wellbeing.

The first objective of the programme was to reach the target audience. The indicators of success for this objective were set as (a) psychological distress and (b) income inequality, determined by welfare benefit status. The second objective of the programme was to reduce ED attendances in a way that was attributable to the HWC programme. The third objective was to leave people better off; by meeting their immediate needs, assisting service users to better navigate health systems and assisting them to meet their goals to improve their quality of life (Andrews, 2014). The indicators of success for this objective were (a) a reduction in psychological distress, (b) improved wellbeing and (c) increased self-management.

The programme was delivered as a 12-week programme of intervention and education. This aligned with Richmond's intentional practice framework, as the programme was delivered on a 12-week course of assessment, goal setting, partnered goal attainment, review and evaluation. Using Rapp and Goscha's strengths model (2011) as its foundation, intentional practice guides practitioners and clients through a structured programme of assessment, goal setting and supported action, framed by the key practice pillars of engagement and regular evaluation. This model, along with a commitment to providing client-centred, evidence-informed, outcomes-focussed practice was being used by Richmond at the time of this programme across the majority of their community support work services.

For the 36 participants who attended the full programme of support, there was flexibility in service frequency and length of service that was established between the HWC co-ordinator and participant. This process ensured that intervention could be tailored to the needs of the individual, and sessions could be delivered at more or less frequent intervals as the participant became more confident and skilled in navigating their health journey. Initial sessions could be scheduled every two or three days, reducing over time as the participant became more skilled at leading the process and engaged in positive and enjoyable activities relating to their goals.

Method

Mixed methods were used to evaluate the HWC programme. De-identified quantitative data was extracted from the client information systems of the ED and general practitioners involved. Levels of psychological distress were determined using scores on the Kessler 10 Depression and Anxiety Scale (K10), commonly used as a screening and outcome measurement tool recognisable within the general practice setting. In application, participants were asked to rate their frequency of certain psychological experiences, using a five-point Likert scale (Andrews & Slade, 2001). The World Health Organization Quality of Life Measure

(WHOQOL-BREF), used under license from Auckland University of Technology, was administered to ascertain participants' quality of life using a series of 26 questions, covering five facets of quality of life.

On completion of the programme, qualitative data were collected using semi-structured questionnaires during telephone interviews with the participants and general practitioners. These interviews were conducted by an evaluator external to the programme; this evaluator was employed by Richmond, was tasked with undertaking all programme evaluation, and anonymising any data required for this study. Participants were asked to rate specific aspects of the programme and to provide oral feedback about what they valued most about the service; the impact it has had on them and any suggestions for improvement. In addition, general practitioners were asked if their expectations of the pilot were met, any key barriers and enablers experienced; what they valued most, and how the programme impacted on their service.

Data analysis was undertaken in several ways: thematic coding and analysis of the data collected in the telephone interviews (*n* = 17), a review of participant and service documentation, and thematic coding and analysis of general practitioner interviews (*n* = 9). Pegasus and the Christchurch Hospital ED provided financial data regarding the number of visits participants made, with attributed costs for each ED and GPs visit.

The design for the fieldwork for this study was built on the evaluation undertaken of the HWC programme. In order to adhere to the ethical and organisational requirements, all data utilised in this secondary analysis was anonymised by way of a numeric identifier.

Results

The characteristics of the sample consisted of 105 participants. Recruitment of the target group was achieved, as was success in each of the three objective areas. Of the participants, 84% were experiencing psychological distress (*n* = 37) and eight out of ten participants were receiving a benefit (*n* = 57). Additionally, attendance at ED was reduced by 50%. Thirteen of the 17 participants interviewed report the change was due to programme they attended. In terms of the third objective, participants were able to demonstrate that they were better off in terms of wellbeing, there was a measurable decrease in psychological distress and increase in quality of life and a reported improvement by participants in their ability to self-manage their health journey (Andrews, 2014).

Attendance rates prior to referral to the programme had a mean score of 7.48 visits in the previous 12 months across the two groups, with participants averaging just under seven visits (6.98, SD = 5.390) while the control group were averaging one more visit each (7.98, SD = 6.918). By the conclusion of the programme and at the point of Richmond's evaluation, which took place up to six months after intervention ceased for some participants, there was a considerable reduction in the mean number of presentations. The difference between the two groups had also widened, with participants presenting an average of 4.47 times compared to the control group with 6.67 times in the previous 12 months.

Despite a 50% reduction in ED attendance, some participants did not demonstrate any change in their attendance rates. This was a key finding, which aligned with the literature around the subset of participants for whom circumstances such as chronic pain, lack of access to specific services such as detox or rehabilitation, or persistent homelessness makes case management less effective (Skinner, Carter, & Haxton, 2009).

Discussion

The participants in this study clearly met the definition of *frequent attender* as defined by other researchers (Althaus et al., 2013; Bieler et al., 2012; Byrne et al., 2003; Hunt et al., 2006; Locker, Baston, Mason, & Nicholl, 2007;

Markham & Graudins, 2011; Richardson, 2011). While meeting the criteria for this definition, the participants did not consider that they visited the ED too frequently nor had they considered that others might perceive them as doing so. However, as the participants progressed through the programme they were able to recognise that there were different options available for them to meet their health needs in the future.

The use of a client-centred goal setting approach appeared to encourage behaviour change in relation to participants making inappropriate or non-acute ED presentations to Christchurch's ED. While many participants may not have recognised this apparent effect on their behaviour, they were eager to work towards goals that mattered to them. Following the programme, they were able to reflect on how achieving those goals had offered widespread benefits, such as being too busy with new activities to worry about their health.

The participants did respond positively to developing the skills required to navigate health systems and demonstrated an ongoing ability to use these skills both within the health system and in more generalised ways. They were also able to appreciate extrinsic as well as intrinsic rewards. Simple activities such as meeting the co-ordinator at the local library for a session led to new knowledge about how to access free services and resources they had not known about previously.

The recruitment of two long-standing and highly successful staff members of Richmond's front-line staff group to the co-ordinator positions was a significant strength of this study. These two staff members were motivated individuals with a solid grasp of the practice framework delivered by Richmond and a desire to work alongside a group of people who were often marginalised and discriminated against, to empower and support them to achieve the goals that really mattered to them (Andrews, 2014). Participants attributed their success to the work that they had achieved in partnership with their co-ordinators.

Ethics process

Retrospective ethics approval was sought for the study from the University of Otago's Ethics Committee, who deemed that ethical approval for this study was not required as only unidentified data would be used, thereby meeting the Health Information Privacy Code Rule 11 (2) (c) (ii) (Health Information Privacy Code, 1994).

Limitations of study

A significant limitation of our study was the inability to access some data towards the end of the study due to the change of personnel in each of the organisations. Being able to ensure that organisational commitment to the sharing of data is more robust may be challenging for researchers, but it is worthy of consideration in terms of the drawing up of a memorandum of understanding should a dual research/business analysis process to facilitate in the future.

Further analysis of the specific participants and the control group of this study relating to their ongoing relationship with the ED would offer further insight into whether the learnings gained through a case management approach such as this, which teaches independence in health system navigation, can be sustained, or whether a reduction in attendance is actually just a natural ebb and flow (Skinner et al., 2009) as some literature suggests.

For this study, and for the HWC project another limitation was the low numbers of participants who were willing to participate in the programme, which was coupled with the reluctance of ED staff to complete any extra paperwork to refer potential participants to the programme. Developing a more robust and comprehensive recruitment strategy prior to launching future programmes would allow for the potential of a larger sample size and more people to benefit from participation in the programme (Andrews, 2014).

Alongside this was the lack of IT connectivity or infrastructure to allow real-time identification of participants, electronic referral to the programme from ED or sharing of case records between the HWC and the ED clinicians. This limitation was also a contributing factor in recruitment (George, Cole, & Andrews, 2013).

Consideration should also be given to other programmes being developed, trialled or delivered within the ED environment for similar populations when developing a programme such as this. Where competing programmes exist, there is a risk of limiting the potential participant population or tainting the results should participants inadvertently participate in more than one programme.

Conclusion

Emergency departments are chaotic, noisy and adrenaline fuelled places. They attract a staff group who love a fast paced, anything can happen workplace. They also attract a group of the community, who visit regularly for reasons that do not seem, to the staff at least, to fit the nature of ED business.

This group, though small in number, make up a significant proportion of the visits recorded in each 24-hour period. Study participants, described as *frequent flyers* or *worried well*, are defined as those who visit the ED when their needs could be met in general practice, and who visit the ED more than four times each year.

Understanding how people shape their view of who is responsible for their health is a crucial to any process of health-related behaviour change. For some people, their view of health is concrete: Their GP is responsible for keeping them well and healthy. For others, the entire responsibility for their health depends on the situation, albeit at work, sport, home or in public spaces and it is also dependent on the context of age or life stage. Although the small sample size in this study does not allow for robust analysis of efficacy of an intervention it does indicate that there is merit in continuing to develop brief intervention case management models to support behaviour change programmes in EDs.

Future studies need to consider a component of analysis for each participant before any co-ordination or intervention could be proposed, as participants need to be able to acknowledge and understand their own view of health and their responsibility in order to set goals to improve their own health and wellbeing.

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Critical and creative research methods in social work

Lia Bryant (Ed), 2015
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I was pleased to be able to review this particular book for this special issue of *Aotearoa New Zealand Social Work* with its theme of innovation and creativity. The brief for authors contributing to the special issue included creative methods in social work research and this book will resource those readers wanting to pursue creative and critical research approaches. There is an argument to be made that much social work research treads the fairly well worn paths of surveys, interviews and focus groups. So, a book promising to inspire new ideas is welcome.

Lia Bryant, as the editor of *Critical and creative research methods in social work* has assembled an excellent group of contributions in this edited collection. This is not a typical research methods book, although it absolutely deserves a place on the shelf of research methods teachers and supervisors of postgraduate research.

Bryant sets out to shift our research imagination as we attempt to answer complex questions via social work research. In the introduction, Bryant writes of the need for a "layering of approaches" using verbal accounts, texts and images as researchers have become "increasingly ill at ease with using interviews and focus groups as linear singular methods to analyse the complexity of people's lives" (p. 1). In this collection, Bryant curates some refreshing and exciting alternatives to traditional qualitative methods.

In the introductory chapter, Bryant challenges us as researchers to think hard about who we are in our research activities, exploring concepts of voice, positioning and reflexivity. I would recommend this chapter as a good starting point for critical social work researchers thinking about their design and how to ensure their research is anti-oppressive. Ensuring participant voice is central to qualitative work but the writing is inevitably in our author's voice as in the act of writing our perspectives and biases filter what we choose to include. Bryant notes the way "an academic argument is constructed and the selection of quotations ....are a representation of the vision and voice of the author" (p. 9).

Space does not allow an examination of all the chapters in this collection. All are worthwhile and I have chosen to focus on just three chapters to assist readers to gain a sense of what Bryant's collection offers.

Fatin Shabbar's fascinating discussion of her use of storytelling as a research method starts with an exploration of her postcolonial feminist standpoint. Storytelling does not impose the structure of traditional interviews which tend to pursue pre-determined topics and those contributing have greater control. Participants "set their boundaries, they select what to talk about and what to leave out, what is important and what is not" (p. 31). Shabbar describes a fascinating study exploring Iraqi women's experiences of war and militarisation. The stories told were very powerful and in the telling the women relocated themselves "within their stories, creating a new space and language" (p. 34). Reading this chapter, I was reminded of how powerful qualitative research can be to inform practice and to enrich our understanding of the experiences of those whose lives may have been so different to our own.

Mona Livholts' chapter presents a critical research approach of importance to social work via developing a deep understanding of how news media shape explanations of social problems. Livholts studied the media discourse concerning a serial sexual predator in Sweden. Her detailed and painful exploration of the way the story of rape was told in mass media led to an understanding that there were distinct discourses. Rapes perpetrated by men of non-Swedish ethnicity were explained primarily by culture. The crimes of Swedish men, in contrast, were attributed to alcohol and/or mental illness. Such observations have also been made about other incidences of violence, where quasi-religious/political motives are ascribed to mass killings by men of colour while in the case of white perpetrators significant effort is made to find psychosocial explanations for acts we struggle to comprehend.

Livholts' work is summarised in this excellent chapter which contains illuminating examples of media analysis in which accompanying photos are seen as integral to the way news stories are framed. The chapter finishes with some collages of picture and text, curated by Livholts to demonstrate this framing. This is an important chapter for anyone exploring media representation of social problems which could be usefully applied to child welfare in Aotearoa New Zealand.

Fiona Buchanan's work draws on feminist use of creative arts-based research methods to explore sensitive phenomena. Having used clay work in therapy with survivors of trauma, Buchanan notes that in expression through the medium of clay, clients have been able to make meaning of experiences and understand the strengths with which they face adversity. "Clay effectively embodies and makes solid an interpretation of memories held in emotions.... The process is empowering as nothing is predetermined, both form and texture are in control of the maker" (pp. 192–193). Buchanan's chapter describes the employment of clay work as an expressive arts-based research method, exploring the experiences of women making a relationship with their babies while living in domestic violence. This is a rich account of a research process that is creative, respectful and empowering.

I would like to recommend this excellent edited collection to those who teach research methods and supervise student research. It is an inspiring collection and will be of interest to social workers who seek to use arts-based methods in practice, education and research. The promise of the book to inspire creative and critical research strategies is fulfilled. It does indeed open the research mind to new possibilities for an enriched understanding the social worlds we and our communities inhabit.

Reviewed by **Liz Beddoe** University of Auckland

Practice research partnerships in social work: Making a difference

Christa Fouché
Policy Press, Bristol, 2015
ISBN 978-1-4473-1401-1, pp.208, paperback, NZD73.00

I was pleased to have the opportunity to review *Practice Research Partnerships in Social Work* as I have had an abiding interest in and engagement with practice research and wanted to see how some of the 'messiness' these types of creative and collaborative endeavours would be written about. I was not disappointed. Christa Fouché has put together a text that is aimed at social workers to use in their organisations to conduct practice research. The sub-title for the text 'Making a difference' is a theme throughout all of the nine chapters. Fouché ably articulates how practice research can make a positive difference on many levels. This includes: with the clients social workers serve; with the organisations social workers practice in; at a policy and legislative level; in communities and neighbourhoods, and for the profession as a whole.

The text is divided into three equal parts with the three chapters in Part One focusing on the relationship between practice and research. Designing practice research is covered in three further chapters in Part Two. Part Three considers nurturing networks for the purpose of conducting practice research. I was somewhat surprised to read a statement right at the beginning of the book that Part One "would not be of great interest to emerging practice researchers" (xii). While I am an experienced researcher myself, I did try out some of the excellent reflective questions raised in the first three chapters with a group of people who are emerging practice researchers and we all found them to be searching and professionally challenging to consider. An example, from Chapter One is 'How do you know what you do is at the very least doing no harm, but at best making a difference?' (2015, p4). How important is that question for all of us to consider in our work, not just every now and then, but often? While this book is designed for people at the beginning of developing knowledge and skill in practice research Fouché treats her readers with respect and poses complex and gritty questions like the one above throughout. I thought the sets of reflective questions alone (33 in total) made buying the book worthwhile. These questions could be considered as part of everyday practitioner supervision.

In the first set of three chapters Fouché presents her arguments about why practice research is so very important for social workers to undertake. She draws on plenty of sources noting social work practitioners have traditionally not been amendable to engaging with research to guide practice, or producing their own research. In these chapters Fouché draws attention to the relational aspect of research and writes convincingly about how as practitioners social workers know how to 'do' relationship work, with this knowledge and skill being critical for success in practice research.

In the three chapters that make up Part Two of the book, Fouché writes about the research process as including five overlapping phases: *framing* the research questions; *designing* the method for conducting the research; *collecting the data*; *analysing the data* and *reporting* the data'. These chapters provide a clear overview of essentials that practitioner researchers need to consider during each phase, and for the life of the project. Part Two includes a series of Tables that summarise key points such as methods for data collection and considerations for project management. Fouché is overt about the research process being iterative but at the same time having its own internal logic by following through the phases. In using this writing style she answered my initial question of how would a writer deal with the messiness of practice research. It is clear from the examples of projects that Fouché cites that she has had in-depth involvement with many practice research initiatives. I had a slight disappointment that certain projects she wrote about as examples in the text did not contain references to where I could find out more about them. Even so the knowledge gained from involvement in so many grassroots projects has been so well articulated in this book.

Part Three of the text is about dissemination of the research results, making and keeping research connections, and mentoring during research. Fouché quite rightly notes that dissemination of findings, even when they are problematic is both an ethical activity as well as a knowledge producing endeavour. She eloquently makes the point that when there are unexpected or disappointing findings from research these are just as valuable to the professional community as affirming results. This is an important take home message for readers and researchers.

The narrative in this book is invitational, encouraging readers to consider the application of practice research in their own workplace setting. The writing style is engaging, asking the reader to consider how different research initiatives might work in the readers own organisation. I used highlighters and sticky notes throughout to draw attention to what I considered to be important ideas, and when I finished reading I realised that the whole text was one very big important idea. This book could very easily be used by a group of colleagues in an organisation or across organisations to work their way through a practice research project. I encourage social workers to have a go at developing their own project and to use this book as a guide. There is plenty of professional learning to be had both in the reading and the doing of practice research, under the able guidance of Christa Fouché.

Reviewed by **Jane Maidment** University of Canterbury

Social work for sociologists: Theory and practice

Kate van Heugten and Anita Gibbs (Eds), 2015
Palgrave Macmillan, New York, NY, USA.
ISBN 978-1-137-39296-1, pp. 193, Hardcover, NZD125.00

The title of this excellent book intrigued me: "Social work for sociologists", rather than "sociology for social work". Good texts on the contribution of sociology are offered by several authors (see for example Dunk-West and Verity (2014) and Cree's second edition (Cree, 2010). The different direction of the contribution of ideas, from social work to sociology, suggested in the title of Kate van Heugten and Anita Gibbs' book was creative and offered an opportunity to see how social work authors would engage in such a challenging assignment.

As an enthusiastic sociological social worker, I was very happy to have the opportunity to read this book and see how it met its aim which according to the editors is to introduce students and practitioners of sociology to "some important concepts from social work, concepts of which these readers may be unaware, to their detriment" (p. 1). In the introduction, van Heugten and Gibbs spend some time outlining the conflict that can come between social workers and sociologists with the former being stereotyped as value laden ideologues and the latter as impractical and dry.

Here, I must declare my biases. I can't imagine how one could be a social worker without applying a sociological lens. Social workers with no wish or ability to look beyond the individuals they work with may well be missing a significant professional faculty. To ignore the social, economic, gender and cultural dimensions which structure much of the world in which we live and practice seems to risk blinkered practice and a potentially toxic individualisation of the people with whom we work. And in Aotearoa New Zealand currently that is a significant risk for social work as it faces challenges from social policies that are dominated by neoliberal discourses of surveillance and manipulation of *vulnerable* citizens (Hyslop, 2016). Only constant critical analysis can prevent us from capture by the blame and shame brigades who are shaping welfare reform.

Conversely, I can't imagine a sociology that doesn't engage in at least thinking about potential solutions to the social problems it explicates or the societal implications of its theorising. While I appreciate a good theory, what lifts theory up into the loftier realms of practice is the recognition that the framework delivers insights that help us do our work. For me, Bourdieu's oft quoted observation that social work "is shot through with the contradictions of the State" (1999, p. 194) delivers a powerful punch when accompanied by his analysis of his conversations with the street level worker who manages the tensions and uncertainties of a marginal occupation. We could be depressed by his analysis or we can grasp it and use it to be strategic and pragmatic.

So, the brief the editors set themselves was admirable and challenging. The book is divided into two sections. The first includes three chapters written by the editors to set the context, the historical roots of social work and sociology as linked disciplines, an exploration of key frameworks and a chapter describing the values, ethics and skills of social work practice. The second section comprises six chapters which illustrate the application of social work concepts in various fields.

Social work and sociology have been linked closely for over a century; and in the first chapter, van Heugten and Gibbs provide an overview of this history. The two disciplines have often been co-located in academic departments and this coexistence has not always been comfortable. Social work is frequently seen as the messier and less intellectual discipline. Gender has played a big part in this and from the 1930s to the present day women's achievements may be side-lined in the "department" as women are more visible in the teaching and research of practice than in theoretical scholarship. Van Heugten and Gibbs describe the undervaluing of the scholarship of brilliant women sociologists at the University of Chicago whose activism challenged the narrow gaze of the men. This chapter is a useful overview of these complex interdisciplinary relationships.

What is surprising in a book where all the authors except one have lived in Aotearoa New Zealand is the absence of an in-depth account of the local relationships between sociology and social work. This gap has been recently been filled by Harington's (2016) rich account of the intertwined history of the two disciplines.

The second chapter provides a discussion of the frameworks which underpin social work. Gibbs and van Heugten here define frameworks as encompassing "theory, perspectives, knowledge, values, ethics and critical concepts" (p. 28). The chapter focusses on the praxis of knowledge and action, using a case study to illustrate their approach. The discussion of critical reflection, for example, explains how the sociological concept of reflexivity combined in practice with the pedagogical idea of reflection-in-action in which both theory and practice can change as each informs the other. Narrative, strengths-based, empowerment and anti-oppressive approaches, and indigenous frameworks are also explored, at each point returning to the case study to demonstrate the praxis. Educators will find this chapter useful for students in integrated theory and practice courses.

Chapter 3 examines the interplay of ethics and values of social work and explores the skills required to embody these in practice. The case study again provided a useful illustrative device. These three chapters taken together create a good foregrounding for the chapters which follow. Each chapter ends with a set of reflective questions. An interesting question posed to sociology readers is about use of self: "to what extent and how is the idea of 'the use of self' relevant to sociologists in their place of study or employment?"

The second section of the book included six chapters which illustrate the application of social work frameworks to practice. While all the content is interesting, the chapters by Keddell and Stanley about risk in work with children and families, Eketone and Walker on bicultural practice, and Tolich on a sociological research internship stood out for me.

Emily Keddell and Tony Stanley have provided a chapter that offers an excellent overview of the contrasting orientations of child welfare and child protection within societies obsessed with the measurement of risk. With reference to highly relevant work on the risk society by scholars such as Beck, Rose and others they explore how risk saturated approaches to practice with children can demonise parents, render invisible the impacts of structural inequalities and intensify the individualisation of social problems that is so prevalent under neoliberalism. These features are contrasted with the social work frameworks that, rather than focus on deficit thinking, instead focus on safety and the acknowledgment and nurturing of strengths. They argue that the humanistic approach to families builds partnerships in contrast to the risk averse forensic approaches promoted in actuarial models, so visible in the narrow tools of predictive risk modelling (for further discussion, see Keddell, 2015; de Haan & Connolly, 2014).

Anaru Eketone and Shayne Walker call for bicultural practice that extends beyond mere tokenism. This chapter commences with a very useful section that looks to define biculturalism and explores the relationships and practices relevant to both sociology and social work. The second part of this excellent chapter addresses the practice(s) of biculturalism. Refreshingly, Eketone and Walker call for an ally model of working together for sociologists and social services workers: "becoming an ally is a form of critical consciousness raising ... that has a transformative outcome" (pp. 115–116). This is an excellent chapter to add to readings in social work courses.

In Chapter 9, Martin Tolich describes the experience of a sociology course in which students in an undergraduate degree experience a work-based learning experience in and internship in organisations. The relevance of that reflective question about use-of-self in Chapter 3 is clearly illustrated in the accounts of student emotions as they encountered relationship issues, anxieties, teamwork dynamics and other challenges well understood by social work students on their first placement.

I enjoyed reading this book very much and will draw on its contents in my own teaching and research. Its value is found in the way the editors and authors bring together insights from social work and sociology and the space created for readers to think about applications. No book of this kind can cover everything but I did feel there was a place for a chapter on community development as nowhere do the ideas and principles of social work and an engaged public sociology coalesce as clearly. Perhaps an idea for the second edition. That gap aside, I would recommend this book for libraries and for personal use by sociological social workers without hesitation.

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Challenges in professional supervision: Current themes and models for practice

Liz Beddoe and Allyson Davys, 2016
Jessica Kingsley Publishers, London, UK
ISBN 978-1-84905-4652, pp. 248, paperback, NZD50.00

This latest text by Beddoe and Davys is designed to be read either as a companion to their previous work *Best practice in professional supervision: A guide for the helping professions* (Davys & Beddoe, 2010) or as a stand-alone book. It is presented in two parts, the first part explores contemporary ideas and debates in professional supervision, and the second part examines supervision modes, models and skills. Beddoe and Davys state that their aim with this book is to explore the most recent work on supervision, rather than focussing on classical literature on the subject. The result is a very useful text which is likely to appeal to supervisors and practitioners across the helping professions.

Although I found the introduction quite academic and wondered if this would off-putting to some readers, the body of the book is very readable, and several chapters contain tables, questions or vignettes which assist with understanding and make application of ideas accessible. Considering supervision through the lenses of personal survival, professional development and quality assurance is a helpful framework, and invites readers to consider the foci of their supervision approach.

The text is aimed at supervisors across professional groups, and incorporates cross-professional material which is an interesting reading as well as widens the appeal of the book to a range of helping professionals. The book provides comprehensive coverage, presenting material useful for supervisors and academics. I was pleased to see the inclusion of chapters on group supervision, supervision of managers and on courageous conversations. The scope of the material used made me feel up-to-date on many current issues and approaches, as it is based on contemporary research and literature while acknowledging classic contributions.

That said, I was surprised at the omission of indigenous models – there is a chapter on culture, gender and belief in part one of the book which addresses culture from an ethnic and wider cultural perspective and indigenous models are mentioned, but not included in part two of the book. Similarly, I thought there could have been greater exploration of spirituality in supervision (given the literature on this topic), extending readers' understanding that this can include safe space and engagement, not only rituals and beliefs. In contrast, at times the comprehensive nature of the book felt overwhelming and the scope broad, and I was unsure if some of the material (such as that on the journey of a new manager) was too wide and not supervision-specific enough. Despite this question of breadth, I acknowledge that it is important to understand such information as a supervisor and it is useful in supervision practice.

Beddoe and Davys convey the importance of supervisors being supervision trained rather than falling into the role through professional maturation. They emphasise the importance of reflective supervision for the professional development of the supervisee, and the ultimate benefit of the client. They are cognisant of the tensions experienced by both practitioners and supervisors, and aim to reduce these through reflective and reflexive practice encouraged in supervision. Their application of their *Reflective Learning Model* in group supervision is one such example of this, and in doing so it is easy to see how their model is applicable in many supervision settings.

The authors have presented an excellent book with much to offer a range of supervisors, in a variety of professions across the globe. It is a book that I imagine many supervisors will frequently consult.

Beddoe and Davys note that their preferred definition of supervision emphasises "critical reflection and learning which, in turn, leads to transformational practice" (p. 160). This definition encapsulates their hopes for supervision practice and which are promoted by the content of this book – that is, critical reflection, learning and transformational practice.

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