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General Information

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Editorial:

Sharon McCarthy
Anne Sibbel

With the holidays fast approaching and the year winding to a close, the Editorial team would like to welcome you to the second and final issue of *The Australian Community Psychologist* for 2014. Perhaps fitting, this final issue for 2014 also sadly brings to a conclusion the long standing contribution of Lauren Breen as Editor of the Journal. Since taking up the post in 2008, Lauren has overseen the production of 11 issues of ACP, including 7 special issues/sections and during her very capable stewardship, has effectively maintained the highest of standards, ensuring both the quality of the content as well as the professionalism of the process.

While numerous authors have benefited from Lauren's experience as Editor, there have been none more so than the many students whom Lauren has so generously supported, mentored and guided through the publication process (see Ali & Sonn, 2009; Beavington, 2011; Darlaston-Jones, 2011; Jackson & Kim, 2009; Kirk, 2009; Mackellar, 2009; Marlow, 2009; Mander & Fieldhouse, 2009; Munroe & Pooley, 2009; Owen, 2011; Pember, 2009; Qualyle & Sonn, 2009; Sifandos, 2011), helping them to fine tune their contributions for the Journal. So, it is with much gratitude as we step in as the new Co-Editors of the Journal, that we extend our appreciation to Lauren for her continued work to make ACP a flagship for Community Psychology knowledge in Australia. We wish her all the very best with her new appointment as Associate Editor for *Australian Psychologist* and would particularly like to acknowledge and thank her for undertaking the majority of the management of the current issue prior to the formal handover at the very tail end of the process.

Finally, we would also like to take this opportunity to congratulate Lauren on recently being awarded joint recipient, with Dr Sasha Stumpers, of the 2013 Robin Winkler Award for her project *Establishing a sustainable road trauma support service in Western Australia: A community-based*

research partnership for change. Honouring the pioneering work of the late Robin Winkler (1945-1988) the award recognises excellence in a project in the field of Community Psychology and both recipients' projects were deemed to have reflected extensive community engagement, real-world applications, as well as the dissemination of the findings both within and beyond the academy. In particular Lauren's project was acknowledged as one that "exemplified the aims of the award and indeed the legacy of Robin Winkler in terms of detail, scholarship, and outcomes" (personal communication, selection committee, 2014).

We would also like to formally acknowledge Dr Sasha Stumpers as the other joint recipient of the Robin Winkler award. Sasha, who sadly passed away in September 2012 following submission and later conferral of her PhD, was posthumously recognised for her outstanding doctoral research project, *An exploration of the experience and social construction of ageing: Perspectives from older adults in a healthy ageing program and those from Western Australian and Welsh communities*.

Sasha's work and engagement with the field of psychology and ageing was deemed as going "beyond the level that is normally expected of a doctoral student" (personal communication, selection committee, 2014) and bestowal of the award was seen as a way of ensuring the research was appropriately recognised. In particular, and as part of this achievement, in 2009 during her PhD candidature Sasha secured one of 25 places to attend an Emerging Researcher in Ageing (ERA) Masterclass held at the University of QLD, as well as becoming the recipient of an ERA initiative and ARC/NHMRC Research Network in Ageing Well grant to the value of \$9,200. The grant provided Sasha with the opportunity to participate in a six week International Exchange program at Swansea University (Wales, UK) where she was not only able to collect international data for her doctoral project but was also accepted to present at the 2009 Annual British Society for

Gerontology conference in Cardiff. Sasha's passing is a great loss to the field of Community Psychology in Australia, particularly the close knit community in Western Australia and she is very sadly missed. To honour Sasha's life and commitment to the field a special section will be included in the first issue of 2015 to showcase her outstanding work and achievements.

In this final general issue for 2014 we bring together six papers, five from around Australia, one internationally, as well as one book review. The first paper by Nigar Kawaja and Philip Lathopolous, examines the practices and strategies that practitioners found helpful when working with CALD clients in Australia. The authors identified that having sound clinical skills and self awareness were more important to culturally competent therapeutic relationships than the need for extensive cultural knowledge prior to initial contact. The second paper by Lester Watson and Rachel Fox, takes a look at the experiences of young people acting as primary carers for family members living with physical or mental health problems. Challenging many of the assumptions underpinning the dominant 'negative' paradigm associated with this often voiceless group, the authors identified that most were positive about their roles, their family relationships, and their futures. While they faced many challenges, the negative public discourse associated with disability and illness and the problematic constructions of the 'normal' young person and carer unnecessarily added to these difficulties.

In the following paper, Daria Trzepacz, Bernard Guerin and Jared Thomas provide an interesting examination of the connection between a positive attachment to country by a South Australian Indigenous community and the benefits associated for both the treatment and prevention of both physical and mental health issues. Next Carl Walker, Paul Hanna, Liz Cunningham and Peter Ambrose contribute to the critical community psychology conversation about the recent changes made to the United Kingdom (UK) mainstream credit industry that has seen an

increasing number of people locked in to revolving debt. Contextualised within a series of social, political, and economic transformations, Walker suggests that the industry has developed the use of affective relations as central to the management of these individuals.

Paper five by Kaine Grigg and Lenore Manderson reports on the validation of a newly created instrument that aims to measure racism with a view to reducing its impact in Australian primary schools. In the final paper, Rachel Brand, Jennifer Loh and Andrew Guilfoyle explore the experiences of young female African refugees during the transitional phases of resettlement and acculturation in Western Australia. Finding that while these young women indicated some unique challenges due to age and gender, many of them remained resilient as a result of a number of protective factors. Finally, Majid Hussain provides a review of Paul Thomas' book *Youth, multiculturalism and community cohesion*

We hope that you enjoy the papers presented in this issue and we look forward to receiving submissions in the coming year.

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A Qualitative study of mental health practices with Culturally and Linguistically Diverse (CALD) Clients

Nigar G. Khawaja
Philip Lathopolous

Practitioners are expected to be culturally competent in order to offer appropriate counselling to culturally and linguistically diverse (CALD) clients in Australia. However, not much is known about their practices and therapeutic experiences with CALD clients. Using a qualitative approach, 15 mental health professionals from different disciplines were interviewed about the counselling process as well as their practice with CALD clients. Participants who had worked with CALD clients in a range of settings were invited to participate. Themes identified by the thematic analysis highlighted the importance of awareness and skills over knowledge, suggesting that respect and rapport could compensate for a lack of cultural knowledge. Further, practitioners reported that knowing where to find cultural information as it was required was more important than being expected to know this cultural knowledge. The findings supported concepts from existing models of multicultural competence and identified concrete practices associated with these constructs, thereby narrowing the gap between the theory and practice of cultural competence.

Australian society is culturally diverse with more than 200 language groups settled in this country (Australian Bureau of Statistics, 2013). After taking into account Aboriginal and Torres Strait Islander peoples, a quarter of the population is from culturally and linguistically diverse (CALD) backgrounds (National Medical Health and Medical Research Council, 2005). CALD clients generally access mental health services at lower rates and experience poorer clinical outcomes compared to mainstream clients (Akutsu & Chu, 2006; Bhugra & Arya, 2005; Steel et al., 2006). Poor communication, language differences, stigma, lack of appropriate information, prejudice towards minorities, culturally insensitive services, and cultural differences with practitioners have been identified as barriers to service access, and as factors which impact upon clinical outcomes amongst CALD populations (Spanierman, Poteat, Wang, & Oh, 2008; Stolk, Minas, & Klimidis, 2008). The mental health and well-being of CALD individuals is a national health priority in Australia and health policies consider culturally sensitive and appropriate services by culturally competent clinicians vital for ethnic clients (Mental Health in Multicultural Australia, 2012). In spite of the endorsement of multicultural counselling

competency, there is limited information about how this is incorporated by the Australian clinicians into their practice. It is therefore important to examine the process issues and the competencies that work with CALD clients. *Multicultural Counselling Competency*

Multicultural counselling is the therapeutic interaction between a client and a practitioner, who are from different ethnic or cultural backgrounds (Hernandez, Nesman, Mowery, Acevedo-Polakovich, Callejas, 2009). Several models of Multicultural Counselling Competency (MCC) have been proposed during the last three decades (Constantine & Kwong-Liem, 2003; Mollen, Riddley, & Hill, 2003). The one that is the most researched is Sue and colleagues' (Sue, Zane, Nagayama Hall, & Berger, 1982) tri-component model of MCC. The model's three components were identified as *awareness*, *knowledge*, and *skills* (Yan & Wong, 2005). *Awareness* involves the practitioner being aware of their own culture, attitudes, beliefs, and values, possible multiple 'world views' inherent in the therapeutic dyad, power differentials, personal biases and racial attitudes, and the effect of these on the therapeutic process. *Knowledge* encompasses the practitioner's knowledge of the CALD client's culture (including social norms and culturally specific disorders), worldview, and expectations of counselling; whilst *skills*

denotes the practitioner's ability to practice effective cross-cultural intervention strategies. These competencies were welcomed as positive developments in the field of counselling and psychology and formed the bases for training programs and accreditation processes (for a review, see Worthington, Soth-McNett, & Moreno, 2007). However, they have also been severely criticised (e.g., Collins & Arthur, 2005; Thomas & Weinrach, 2004).

Researchers and practitioners, through theoretical papers, have debated the components of Sue and colleagues' model of MCC. The notion that practitioners can actively use self-awareness to achieve a state of cultural neutrality is questioned (Yan & Wong, 2005). Self-reflection is considered difficult unless the practitioner is disadvantaged or disabled in some way (Collins & Arthur, 2007). Awareness of racial biases and privileges of the majority can trigger defensive reactions (Spanierman, Poteat, Beer, & Armstrong, 2006). Additional criticism is levelled at the inherent assumption that clients are passively encapsulated within their cultural mores. Another debate centres around the importance of and reliance on culture specific knowledge versus taking an individualistic approach with a CALD client (Scott & Borodovsky, 1990; Stuart, 2004). However, others reject the unrealistic belief that practitioners should be experts in the mores of all cultures they will encounter (Dyche & Zayas, 2001; Tsang, Bogo, & George, 2003). Thomas and Weinrach (2004) argue that reliance on such information leaves the practitioner vulnerable to perpetuating stereotypes. Further, controversy remains around the conceptualisation of MCC as a set of skills consisting of theoretical models and intervention strategies for specific cultural groups (Weinrach & Thomas, 2004). This would imply that therapy is a unidimensional exchange from practitioner to client (Stolle, Hutz & Sommers-Flanagan, 2005; Yan & Wong, 2005). Further, it would be impossible to develop assessments and interventions for each specific cultural group (Collins & Arthur, 2010).

Even though more comprehensive

models have also been developed (Alladin, 2009; Marsella & Pederson, 2004), Sue and colleagues' model was a good starting point for reflection among the practitioners as it has remained relatively stable over the years (Worthington, et al., 2007). The mental health professions have now adopted culturally competent practice as an ethical responsibility (Kirmayer, 2012). Researchers and practitioners have continued to examine what constitutes cultural competence and the most effective approaches when dealing with CALD clients (Collins & Arthur, 2010).

Multicultural Competent Best Practice

MCC is a paradigmatic shift or philosophical stance, whereby practitioners become aware of personal values, background, biases and their impact on clients, rather than striving to meet a benchmark of skills criteria (Adams, 2010; Bingham, Porche-Burke, James, Sue, & Vasquez, 2002). Practitioners undergo an ongoing process of understanding themselves as a racial and cultural person, while attempting to adopt a non-racial identity and ethno-cultural empathy to work with a client (Spanierman et al., 2008). Stuart (2005) and Sue et al. (2009) described practitioners' responses to diversity as the appreciation of differences amongst clients (within group differences); the awareness of culturally mediated identity; and the perspectives that MCC is an ongoing process, rather than a discrete set of attainable skills. Scott and Borodovsky (1990) elaborated on the concept of knowledge and stated that practitioners require some knowledge of the client in order to demonstrate accurate empathy. Even though it is not possible to know about each and every culture and tradition, practitioners can overcome this hurdle by recognising that CALD clients are part of cultural groups, which are subjectively significant to them and can be further explored (Stolle et al., 2005). Arrendondo and Perez (2006) assert that cultural competence is most effective when it incorporates service provision that is subjectively meaningful to the client, rather than what is perceived to be objectively meaningful (as inferred by group membership). Further, Caldwell et al. (2008) reiterate the commonly held stance that humans can all identify with each other in the

common ground of diversity. Thus, competent practice should incorporate many of the cultural competencies, regardless of the cultural similarities or differences between the client and practitioner.

Bingham et al. (2002) stated that there is no one theory, approach, or set of skills that can account for all phenomena of human behaviour. An effective working alliance and relationship are considered vital for multicultural counselling (Collins & Arthur, 2010). A relationship which is based on an agreement on goals, mutual trust, and respect is effective in facilitating change (Collins & Arthur, 2010). Stuart (2005) stresses the importance of respect, as respect can compensate for the lack of cultural knowledge. Collins and Arthur (2010) emphasise the significance of strategies that practitioners can use to critically analyse the assumptions and rationales of various models of assessment and intervention to determine their relevance and effectiveness with each client. Further, Caldwell et al. (2008) and Salvin, Rainer, McCreary, and Gowda (1991) state that practitioners must be flexible and willing to incorporate modified approaches in order to be effective. Bingham et al. (2002) assert that multicultural approaches need to include factors extending beyond race, such as gender, socio-economic status, disability, and sexual orientation, as all of these factors contribute to cultural experiences held by both practitioners and clients.

Several authors have argued for a socio-anthropological approach to work with CALD clients, incorporating the use of 'explanatory models' (Bhui & Bhugra, 2002; Kleinman & Benson, 2006). Kleinman and Benson (2006) conceptualised explanatory models as a mini-ethnographic approach for qualitatively exploring clients' multilayered perspectives on their illnesses (including illness narratives and social, taboo, and spiritual contributing factors), and breaking down the unidirectional nature of traditional mental health practice. Some evidence suggests that this approach comprises culturally competent practice, with increased client satisfaction in cases where clients felt practitioners shared their model of understanding illness and treatment (Callan &

Littlewood, 1998).

Caldwell and colleagues (Caldwell et al., 2008) qualitative study outlined the following factors as key elements of effective MCC: Being able to draw on similarities among people, focussing on the client culture without factoring in one's own cultural identity, acknowledging the cultural differences, offering services aligned with the cultural competence model supported by the literature, seeking resources, such as interpreters, consultants available for CALD clients, using skills that foster empathy and understanding, and finally self-integration in the form of awareness of one's own biases limits, client's world view, and culturally appropriate interventions. Neville, Spanierman and Doan (2006) emphasised addressing issues of culture, race, and inequalities to avoid premature termination of therapy and low level of service utilisation. Further, Mollen (2011) emphasised the role of training to enhance cultural competence of the practitioners and research to evaluate and refine the model.

Gaps in the Literature

Even though the MCC is internationally recognised, the multicultural counselling literature is lacking in some areas and is peppered with contradictions (Weinrach & Thomas, 2004). Previous research has predominantly concentrated on theory building, whilst only a minority of studies focussed on the counselling process, practicalities of practice, and actual behaviours and skills used by practitioners with a view to build competencies within the profession (Arrendondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005). This deficit arguably results in many practitioners relying on 'expert opinion' to guide practice in the absence of empirical support (Tsang et al., 2003). Further, a reliance on self-report measures in the MCC literature has been problematic, as findings are based on participants' self-perceived skills, abilities, and practices and there has been no control for participants' biases and a lack of awareness of their skills deficits (Howitt, 2013). Therefore, it is important to prioritise studies exploring process issues and techniques currently found to enhance (or detract) from service provision to CALD populations (Hernandez et al., 2009; Sue

et al., 2009). These strategies should also be relevant and generalisable to the profession, and inform current practices (Truong, Paradies, & Priest, 2014). Finally, it is important to note that there is a scarcity of research on MCC in Australia (Khawaja, Gomez, & Turner, 2008; Lee & Khawaja, 2012). Although MCC is considered an essential component of practice, there is a reliance on models and literature emerging from North America and Europe. Little is currently known about practitioners' current practice in Australia.

The Present Study

The present study recruited multi-disciplinary mental health practitioners in Australia to explore their practices and therapeutic experiences with CALD clients. Semi-structured interviews were used to collect data from mental health service providers. A qualitative approach was employed to allow participants to introduce concepts which they felt were salient or valuable to work with CALD clients. Further, this approach was used to identify themes of the practical skills, strategies, and behaviours that were being used by practitioners, practices they found to be helpful or unhelpful, and how these aspects reflect key concepts espoused within the literature.

Method

Participants

Participants were 15 mental health professionals (seven males, eight females) from the Brisbane (Queensland, Australia) metropolitan area. Participants' ages ranged from 26 to 67 years ($M = 45.6$, $SD = 12.7$). Professional experience ranged from 1 to 30 years ($M = 12.4$, $SD = 10.7$). Whilst 53.3% of the sample ($n = 8$) identified themselves as Anglo Saxon, 46.6% ($n = 7$) identified themselves as coming from a CALD background.

The sample was representative of the mental health service provider sector, including registered clinical psychologists ($n = 7$), counselling psychologists ($n = 2$), general psychologists ($n = 2$), social workers ($n = 2$), counsellor ($n = 1$) and psychiatrist ($n = 1$). All participants had experience with

CALD clients; some practiced specifically within the target group, whilst others had engaged with CALD clients in the context of a more general practice.

Materials

Brief demographics form. An 11-item form was used to collect information regarding age, experience, education, professional context, and approximate ethnicity of participants' client base (i.e., the percentage of mainstream vs. CALD clients).

Interview. A semi-structured interview with one open-ended non-directive question and several prompts was used. The key question was, "Tell me about your experiences with culturally and linguistically diverse (CALD) clients?". Prompts, which were used when required or applicable, were, "Tell me about your experience engaging the client", "Tell me about your experience with developing rapport", "Tell me about your experience with gathering information/data", "Tell me about your experience with communication", "Tell me about your experience with contracting the client for ongoing therapy/committing to therapy", "Tell me about your therapeutic approaches", and "Tell me about your experience with determining a diagnosis". The preceding prompts were followed by, "What do you feel was helpful and what do you feel was less helpful?" as required. Also, participants were asked, "What were the general outcomes?" or, "What were the reasons of these outcomes?" as relevant.

Procedure

Mental health professionals were notified of the study at professional conferences, and via telephone calls and emails to clinics and organisations. Snowball recruitment, where initial participants nominate potential participants from their social network (Salganik & Heckathorn, 2004) was also employed. Prospective participants contacted the researchers via email and an interview time was arranged at their mutual convenience. Participants were provided with a copy of the brief demographics questionnaire (to be completed prior to the interview) and a copy of the interview schedule for their perusal. Participants were given the opportunity to ask

any questions prior to the interview, either via email or in person on the day of the interview.

Upon arriving at the nominated venue (in the majority of cases, this was the participant's workplace), the participant gave their completed questionnaire to the interviewer and the tape recorder was set up and recording began. Interviews ran for approximately 45–60 minutes. Prompts were kept to a minimum and used only in instances of providing starting points for participants, or as an invitation for them to expand on points they had introduced to the interview.

Participant recruitment for the study ceased once participants failed to introduce new topics, and the information provided became redundant. All interviews were conducted by the second author, who was a second year Master of Clinical Psychology student.

Data Analysis

Interviews were transcribed and analysed by the second author in consultation with the first author, a Clinical Psychologist with an ethnic background and extensive experience in working with CALD clients. Qualitative data analysis software (NVivo 9.0, 2010), was used to facilitate data analysis by searching for combinations or patterns of wording and identifying themes in the transcripts. Transcripts were read and re-read in order to get a global sense of the participants' accounts and experiences (Howitt, 2013). Repetitive patterns and ideas were noted. "Key words" were used to code these ideas as "sub-themes". Links among key words were recognised and they were grouped together to identify emerging main themes within and across participant interviews. Thus, these overarching themes represented specific ideas and were labelled meaningfully using "terms or phrases". The salience of the themes was determined by examining the overall time spent discussing each and every theme. Subsequently, the amount of time spent on the themes within and across the interviews was used as a criterion to prioritise themes.

Once the themes were finalised, a researcher who was unfamiliar with the study was allocated a randomly selected 10% of the transcripts in order to establish inter-rater

reliability. Key words and phrases that captured sub-themes and overarching themes were discussed and described to the second rater. This rater then analysed the data, which was compared with the original coding. Further analysis was conducted by calculating the percentage of agreements between raters. The calculation suggested a significant level of agreement (80%) (Howitt, 2013). Data from the demographics questionnaire were entered into SPSS for a descriptive analysis of the sample.

Findings

Themes that emerged from the data analysis and interpretation are organised in line with the therapeutic process. The initial section comprised of data pertaining to steps taken *prior to contact* with clients. Subsequent sections contain information pertinent to initial *contact* with clients, followed by data relevant to *interventions* employed with clients.

Experiences with and interpretations of outcomes follows these sections, including factors which affect adherence and outcomes.

Prior to Contact

Themes emerging during discussions around service provision to CALD clients suggested the necessity of taking several steps prior to therapeutic contact. Collecting *cultural knowledge* was one of the salient sub-themes discussed by all participants in their preparation for work with CALD clients. Participants described several positive and negative effects of developing a relevant base of cultural knowledge prior to engaging clients. *Positive effects of cultural knowledge* included: Gaining an understanding of courtesy rules and protocols for addressing the family; informing about interventions; and helping to differentiate individual traits and cultural factors from pathology. Cultural knowledge also aided in building rapport. One participant reported:

Sometimes if people realise that you do... have some knowledge about their background and culture... they know you're interested in the area so you have a genuine sort of interest in providing support and assistance (female, Social Worker).

When queried as to whether one personally retains cultural knowledge,

participants stated the impracticalities of knowing all cultures, purporting that it was more important to know where to get this information as it is required. Numerous *sources* of multicultural information were identified by participants, including: Bi-cultural workers, colleagues' experiences, community leaders (who can also illuminate acculturation issues), clinical consultation services, multicultural affairs groups (who have compiled a directory of various cultural groups), books, the internet, and State's Transcultural Mental Health Services. Clients and their families were also cited as a rich source of information, especially if practitioners adopted a 'not-knowing' stance.

Some participants reported negative aspects of incorporating cultural knowledge, including the risk of stereotyping and an erosion of practitioners' self-efficacy due to unrealistic expectations of assimilating vast amounts of knowledge. One participant stated:

You can end simply feeling that you're never good enough, to work with people ... I think one can become preoccupied with what we don't know about a particular culture (male, Counsellor).

When discussing the impact of culture on the therapeutic space, seven participants stated that whilst they were aware of the client's ethnicity (*cultural awareness*) this was not the focus of therapy. However, these participants stated that if an impasse is reached, client's ethnicity could be a interfering therapy and such situation requires an exploration.

Contact

This theme included sub-themes which emerged during discussion around the therapeutic process, once therapeutic *contact* was reached. When engaging clients it was reportedly important to *reserve assumptions* despite having cultural knowledge and to adopt a *curious approach*, which extends to curiosity about the client's perceptions of the therapeutic process. *Respect* and *genuineness* were highly endorsed by participants, and cited to be more important than cultural knowledge. One participant said:

I think most people that I know who are from a different cultural background don't have a problem with

professionals as long as they are treating them with respect... it doesn't matter if they know greetings or what the cultural processes are, because most people from a CALD background can adapt to the mainstream culture (male, Psychiatrist).

Participants stated it was important to *establish roles* early in the relationship in order to avoid confusion regarding goals, aims, and reasons for therapy. It was considered important to clarify confidentiality early, and to reinforce continuously. However, other boundaries were best kept flexible as long as they were complimented with regular supervision to ensure that the therapist offered best practice. As one participant commented:

There comes a time where you have to say "look I'm a psychologist, this is how we work, I can go so far", and be flexible, "but some things I can't do" (male, Psychologist).

Rapport emerged as a salient theme for effective therapeutic contact with CALD clients. Participants stated that rapport was aided by *self-disclosure*, and discussing culture-bound symbolic words (*specific terminology*). Spending the opening minutes engaging in *problem-free talk*, such as discussing interests, family, or culture, helped by engaging clients around meaningful and safe topics, and also offered therapeutically important information. Bi-cultural workers reportedly built rapport around shared language and cultural factors, whilst four participants felt redirecting clients to other services or taking an advocacy role helped demonstrating a preliminary willingness to help.

While discussing the topic, participants mentioned several *barriers* to rapport building. The client's tendency to expect the practitioner to be an authoritarian expert with knowledge to solve problems compromised a collaborative approach and clients' willingness to challenge therapists. Further, client's inability to accommodate mental illness in their world view also hindered the rapport building. One participant felt it was

important to offer an expert opinion, as a failure to do this may damage rapport due to paternalistic native approaches. It was therefore important to find a balance between this approach and Western training of guided discovery. Moreover, one participant stated that authority is based on accuracy, therefore it is important to continuously check with clients that you are on-track as failure to do so could result in premature termination (as clients will not challenge therapists).

Interpersonal communication emerged as a salient feature in contact with clients, and was strongly linked to building rapport. Ineffective interactions could result in frustration leading to impatience and acquiescence on the part of the practitioner. According to participants, communication difficulties could also lead to increased anxiety in the therapist. One participant stated:

It wasn't so much the issues that they had that worried me; it was the communication and stuff that I really noticed about those clients (female, Clinical Psychologist).

Participants reported that in cases of mild communication difficulties, basic reflective listening skills were effective when complimented by simplified language and avoidance of jargon or colloquialisms. It was important to be aware of varying *levels of language ability*, as some clients had good superficial English, however this remained rooted in cultural idioms.

In cases of severe communication difficulties, several participants considered *interpreters* as a means of enhancing service provision. However other participants considered interpreters unhelpful due to a general lack of mental health training, doubtful reliability, and triangulating effects on the therapeutic relationship.

Interventions

When asked about their experiences in providing therapy to CALD clients, participants discussed several therapeutic processes and experiences with assessment, diagnosis, and incorporation of intervention strategies. Salient themes emerging from discussions around the *therapeutic process* were conceptualised as a range of techniques and approaches that one

would use with all clients in the interest of providing the best therapy possible. These included having *self-awareness* of one's own values, training, preferences (including preferences for certain clients), and paradigms. These techniques also included checking the client's values and theory of how change will occur, and *creating a safe space* for the client.

Participants felt therapy was essentially the same process with mainstream and CALD clients, yet service provision with CALD clients was a slower and lengthier process (*slowing it down*) due to: The time taken to build rapport, communication difficulties, and extra time during the history-taking phase to explore culture and its meaning and impact on clients. In efforts to engage clients in the therapeutic process, six participants stated they would make a blatant *statement of ignorance*. Participants stated that one of the benefits of adopting this technique included its ability to offer permission to clients to challenge the therapist.

In discussions around assessment, two participants stated that it was helpful to ask clients for their *explanatory models*, or how they conceptualised the problem and its solution. This was deemed to be effective as exchanging models increased clients' involvement in dialogue, and informed treatment. Furthermore, when conducting assessments, it was important to explore the client's level of acculturation. Participants highlighted the importance of checking the connection to the country of origin, the amount of time spent in Australia, and acculturative effects on family, especially in cases of trauma, as its impact could damage one's ability to adapt. A male psychologist advocated for the use of the cultural formulation in the DSM-IV-TR (the classification system used at the time of data collection) as a structured process to gather this information. Two participants felt it was appropriate to ask clients directly, or their families (with the client's consent); however, if hidden motives were suspected, it was important to validate information with other professional sources.

Some assessors adopted Western

approaches to assessment, with slight alterations to accommodate for cultural factors. One practitioner illustrated this point by stating that he has expanded the biopsychosocial model by accommodating spirituality and culture. Another practitioner adjusted standard questions in order to make them more culturally relevant. According to him:

Such questions as “you feel the radio has special significance for you?” ... but within a different culture, it may be much closer to the notion of “do you hear people speaking to you who are not present?” (male, Clinical Psychologist).

Reliability was an issue with CALD clients as participants felt they were less able to identify and accurately gauge non-verbal cues and expressions, therefore increasing the propensity for misdiagnosing clients due to impaired second language abilities (i.e., regression to the first language during times of stress). In order to control for this, participants from some services involved bi-cultural workers, either via video-conferencing or joint assessments, to facilitate a *cultural assessment* using cultural protocols. This strategy assisted clients and helped them to feel safe engaging in the process, even in cases where the clients themselves did not know a lot about cultural processes.

Participants stated that it was also important that therapists are flexible with their approach and are able to tolerate ambiguity to avoid *mislabelling* culturally appropriate experiences. This is of particular importance as participants reported that such mislabelling in the past has contributed towards a mistrust of psychiatry (and mainstream health services generally) amongst ethnic communities. One participant indicated:

Sometimes, this is not with all mainstream professionals... because they think “this is from a different culture it’s hard to interpret” they see a sign of something, they put people in boxes and they concentrate on “this is what they have” you know (female, social worker).

Therapeutic Style

Therapeutic style emerged as a salient theme in discussions around interventions and therapeutic processes with CALD clients. Three participants identified narrative, constructionist and solution focussed approaches as successful vehicles for treatment with CALD clients. These approaches were reportedly suited to CALD clients due to their ‘not-knowing’ stance, the use of reframing to avoid blaming, and the client centred approach which was not overly structured or interpretive.

One participant stated that family therapy was an effective and culturally appropriate style of therapy. Use of the family as the treatment team was seen to accommodate the need to keep mental health problems within the family (due to stigma), and prevented possible erosion of the family system caused by individualistic interventions, which could be counterproductive. Furthermore, the use of ceremonies in some family therapy approaches was felt to emulate the approach of some traditional healers, who operate on the assumption that individuals are seen within the context of their family, and those who seek help are wanting to be told what to do, and are then willing to do it.

Mixed results were reported from participants who had employed psychodynamic, non-directive, and cognitive behavioural approaches. Cognitive behavioural techniques employed included: Psychoeducation, problem solving, identifying cognitive distortions, time-management techniques, and use of the white board to externalise culture and the acculturative process. Psychoeducation was widely nominated as an effective intervention, especially for exploring variation between Western culture’s management of mental health issues, versus how this might be managed in the client’s country of origin.

Flexibility of approach and ‘going the extra distance’ was also found to be effective, as was the collaborative exploration of what was helping and what was unhelpful, which could lead to the incorporation of client suggested interventions contributing to

positive clinical outcomes. One participant said:

So it's not so much buying into "people believe in spirit possession" or whatever it might be, you know, it's not about right or wrong, or you know values, belief systems all the rest of it. It's about clinical outcomes (male, Psychologist).

Experiences with and Interpretations of Outcomes

Participants highlighted the importance of the *therapeutic relationship* for *facilitating adherence*, and cited this as being more important to outcomes than having cultural knowledge. One participant stated:

The first thing... is the trust, and the alliance, with the person. I have to believe in that person, and they have to trust me. And that is part of the healing process (female, Counselling Psychologist).

Communication again emerged as a salient feature with five participants stating that the more limited the communication, the more difficult it was to build rapport (*reliance on communication*). This was partially attributed to the therapist feeling more comfortable and less anxious if communication was not impeded, as some participants felt that repeatedly asking questions to check understanding could re-create experiences of interrogation for survivors of trauma.

When discussing experiences around *assessing outcomes*, one therapist reported they would ask the client themselves at the end of each session if the client felt it was worthwhile or beneficial. Another participant stated that whilst it is possible that drop-out could be assessed as being indicative of a negative outcome, they conceptualised CALD clients as looking for expert opinion and guidance to solve problems within one or two sessions, and were not necessarily after long-term therapy. Therefore, drop-out could alternatively be interpreted as the feeling that the client no longer needed the services of a therapist. One participant pointed out:

So, probably I wouldn't call it adherence because that has the idea that if they stop seeing you they're not

adhering whereas probably the future expectation is you might be an expert, I want your advice and there's no point seeing you again. So I think it has to be treated in that way (male, Clinical Psychologist).

Discussion

This qualitative study explored the practices and experiences of practitioners offering services to CALD clients in Australia. The findings identified strategies that participants found helpful, in conjunction with issues to be aware of, when working with CALD clients. They also identified concrete practices, useful to deal with the biases and other disadvantages minorities sometimes encounter in Australia. Overall, the strategies were consistent with the concepts within the literature.

The thematic analysis indicated that *skills* and *self-awareness* were more important to cultural competence than cultural *knowledge*. Thus, the present study found it more important to approach CALD clients with respect, to build good rapport, and to use sound clinical skills (i.e., curiosity, reflective listening, and exploration of values) than it was to know about cultural mores. Similarly, the therapeutic relationship and working alliance have been considered vital by previous researchers (Collins & Arthur, 2010; Kirmayer, 2012). Further, these findings supported Stuart's (2005) views that awareness and skills were the key factors of culturally competent practice. Stuart's findings suggested that a lack of cultural knowledge could be compensated for by rapport and being respectful. This finding arguably echoes sentiments reiterated by Arrendondo et al. (2005), which implied that one may engage all people universally via respect, due to shared differences.

Whilst the present study found knowledge around cultural factors to be important for informing assessment and therapeutic processes, it was not as important to have this knowledge prior to contact, as this could be gained from the client themselves (with sufficient rapport and communication). Comparative with

suggestions by Scott and Borodovsky (1990), the present study found that some knowledge could inform rapport building; however, this also increased the risk of stereotyping (Thomas & Wenrach, 2004). Therefore, it was more important to slow down the therapeutic process and spend more time building the therapeutic relationship. This latter finding was analogous to Caldwell et al. (2008) findings, emphasising the importance of slowing down the process and attending to the client as a source of information rather than risking stereotyping.

The current study found that rapport building was enhanced by self-disclosure and providing a period of problem-free talk prior to the discussion of presenting issues. Flexible boundaries are important in general with all clients, but they are even more important when working with CALD clients, who may bring a range of practical issues that are not part of a practitioner's role. Subsequently, acting outside of a traditional therapeutic role (e.g., advocacy or referral to services for practical issues) is what the practitioner may find themselves doing. These findings are consistent with Caldwell et al.'s (2008) sentiments that cross-cultural work requires modified practice in order to be effective. Finally, it was considered more important and realistic to be aware of where to obtain relevant knowledge when it was required, rather than practitioners carrying this knowledge with them. This finding supported the view of several researchers who proposed an unrealistic expectation that practitioner must be versed in the cultural mores of all clients that they will encounter (Dyche & Zayas, 2001; Tsang et al., 2003).

Stolk et al.'s (2008) findings that communication was a salient issue with CALD service provision was further supported by this study. The present study found that communication difficulties could impair rapport due to effects on therapists' anxiety and difficulties imparting concepts. Therefore, it was important to be aware of clinical services which could be incorporated to enhance service provision with CALD clients. Interpreters were considered valuable tools by some participants in the face of communication difficulties; however, their incorporation into therapy carried several caveats. Referral to, or

incorporation of, cultural consultants was considered a preferable addition to therapy with a view to facilitating communication and culturally relevant assessment and diagnosis. As such, these findings are comparable to those of Caldwell et al (2008), who reported the importance of incorporating cultural consultants as a key step towards effective practice with CALD populations.

CALD clients could be part of various cultural groups and subgroups. Therefore, it is important to explore their perceptions and relationship with their own culture. This is consistent with previous findings, (Arrendondo & Perez, 2006; Stolle et al., 2005), which considers it important to gain an understanding of the subjective meaning of the culture for the client. The present findings were also similar to concepts espoused by Bingham et al. (2002), highlighting the importance of incorporating factors beyond ethnicity, such as gender, socio-economic status, and sexuality.

Participants in the present study reported mixed experiences with specific therapeutic approaches with CALD clients. Family therapy was reportedly effective due to a culturally appropriate incorporation of the family, as were constructivist approaches (i.e., narrative therapy and solution focussed therapy) due to their inter-subjective and curious stance. This finding supported Stuart's (2005) view that self-awareness was important due to the impact of therapists' values on their interpretation of events. However, participants deemed this an important trait for therapy with any client, and not specifically for those from a CALD background. Psychoeducation was also reportedly an important intervention, possibly due to a bridging effect between competing paradigms of treatment (held by the therapist and client). Ultimately, current findings suggest that it is important to critically examine the modalities in order to select the interventions or techniques that best match with the client's needs (Collins & Arthur, 2010). Additionally, these findings support Stuart's (2004) and Scott and Borodovsky's (1990) advocacy for individualistic models of cross-cultural service provision, rather than

LaFromboise and Foster's (1992) cultural literacy model.

Findings from this study indicated that CALD clients would take active measures to adapt to Western methodologies, and to be understood by service providers (e.g., actively attuning to or being aware of the therapist's confusion). Therefore, the current findings supported previous criticisms of models which regard clients as passive agents, incapable of operating outside the constraints of their culture's influence (Yan & Wong, 2005).

This study also supported Neville et al. (2006) view that practitioners do not currently employ *specific* cross-cultural techniques, and instead utilise mainstream therapeutic practices. Participants in the current study detailed techniques used to aid engagement which were analogous to the explanatory model as described by Kleinman and Benson (2006). Employment of these techniques was additionally reported to inform treatment, however, once again, these techniques were not exclusively used with clients from CALD backgrounds.

This study found limited support for some researchers' recommendations of addressing culture explicitly and early in the therapeutic process (Sue et al., 1982). Rather, the present findings suggest that practitioners were more likely to be mindful of cultural factors to be raised in the event of an impasse, or discuss cultural phenomena as part of problem-free talk and rapport building (including their own experiences with the client's culture). Therefore, the current study presented a picture of practitioners holding an awareness of clients' culture as an extra salient factor in therapy. This finding challenges Stolle et al.'s (2005) sentiments that it is insufficient to approach cross-cultural work as Western practice with an additional awareness of the client's culture, due to the implicit failure to make the paradigmatic shift to multicultural practice.

This study did find some support for researchers who stated that cross-cultural service provision involved a paradigmatic shift in the mind of the therapist (Adams, 2010; Bingham et al., 2002). However, the findings presented suggest that the shift is geared more

towards the way practitioners view service provision, and interpretation of outcomes and adherence, rather than becoming aware of their own cultural values and their values' impact on therapy.

The results from this study suggested that CALD clients were reportedly just as likely to actively engage in therapy as mainstream clients, however, outcomes needed to be considered within the constraints of culturally dictated factors. In some cases, clients were after short-term expert advice to gain assistance to rectify a situation, rather than seeking long-term therapeutic contact; in such cases, it is important to not consider a termination of therapy as a failure (i.e., clients have received what they needed). This finding reinforces the view that cross-cultural work requires a paradigmatic shift.

Limitations and Future Directions

A caveat of this study is the possibility of sampling bias due to the voluntary nature of recruitment. Only a minority of participants discussed negative experiences with CALD clients, indicating the possibility that participants may have responded in a socially desirable style. It is possible that participants may have been intentionally or unintentionally presenting their abilities and experiences in a more positive light than was merited. It is also possible that participants were not subjectively aware of their own limitations as multicultural practitioners. Moreover, there were no objective measures to gauge the effectiveness of the approaches discussed.

Future studies would benefit from a mixed method approach, where the qualitative approach is complimented by objective measures of therapist efficacy. Additionally, future research should examine CALD clients' perspectives on what is important and effective in multicultural counselling.

Conclusion

Whilst the current study is not free of limitations, it is the first of its kind to explore mental health practices with CALD clients. The findings contribute to the literature by identifying tangible practices reflecting key concepts of cultural competence, thereby

narrowing the void between theory and practice. Future research directions in the field of cross-cultural service provision are also highlighted.

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An examination of the experiences of young people who care for a family member experiencing physical or mental health problems in Australia

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A substantial and increasing number of children and young people provide primary care to family members experiencing physical and mental health problems. Much past research on young carers has been dominated by a focus on negative outcomes and based on adult-centred interpretations and agendas. This paper describes qualitative research which aimed to give young carers a voice to tell their own stories about their experiences in order to develop a more complex and young person centred account. The research involved in-depth semi structured interviews with six young people from Australia who identify as primary carers. Although the young carers described significant difficulties, the findings of this study challenge the dominant 'negative' paradigm of young carer research. Most of the young people were positive about their experience, which they reported stems from a strong sense of family connectedness and reciprocal support provided by parents. Significantly, additional difficulties emerged, imposed on young carers through the impact of problematic social constructions of 'normal' young person, carer, and disability, which are manifested in negative attitudes and treatment of young carers and their families.

Over recent decades, governments in Australia have progressively withdrawn from providing care facilities for people with physical and mental health problems, with care now increasingly provided in the home. This change was initially driven by the paradigm-breaking Richmond report, commissioned by the NSW Government, which advocated a refocus on community care (Richmond, 1983). While there is no reliable historical information on numbers of carers, it is estimated that since this process of de-institutionalisation began, there has been a very substantial increase in both adults and young people providing care in the home (House of Representatives, 2009).

Young carers may provide care for a parent or sibling who has physical or mental illness, a disability, or has a substance abuse problem. Carers Australia (2002) estimates that there are more than 18,800 young people providing primary care in Australia, and 388,800 young people providing supporting care. Even these significant numbers are reported to be an underestimation, as many young people do not identify as carers or are 'hidden' due to factors such as privacy, shame, or cultural influences where family concerns are kept within the confines of the family

(Aldridge & Becker, 1994; Banks et al., 2002).

The number of young people caring is likely to increase in coming decades. The trend by governments worldwide as well as in Australia to withdraw social support, together with changes in family and demographics is likely to have a significant impact. Australia, like many Western countries, is experiencing increases in life expectancy and in the size of older populations (ABS, 2004), and parents having children at an older age (Laws, Li, & Sullivan, 2010). Research also suggests a move towards more complex family structures (single parents; blended families) and reduced roles of extended family, which will have an effect on the part children play in supporting immediate family members (ABS, 2003; Lackey & Gates, 2001).

Current Body of Research

The experiences and well-being of young carers is thus an issue of increasing importance and in recent decades, as the term 'young carer' has emerged, research has simultaneously increased. While not dismissing valuable contributions of existing research into young carers, overall it can be characterised as overwhelmingly UK-based,

predisposed to negative outcomes, and overly reliant on reports by parents and other adults. What is striking about the body of existing research is the relative absence of qualitative research that engages young carers.

Early UK research largely focused on negative effects of caring and comparing young carers with an idealised 'normal childhood' free from family disability or serious illness. Caring is thus portrayed almost wholly as negative, most particularly by Aldridge and Becker, the most prominent and prolific researchers in the field (e.g., Aldridge & Becker, 1993, 1994). The negative impacts reported include restricted opportunities for social activities, sport, and leisure (Thomas et al., 2003), poor educational outcomes (Aldridge & Becker, 1993; Cree, 2003; Warren, 2007), and mental health difficulties such as depression, anger, anxiety, and emotional exhaustion (Aldridge & Becker, 1993; Thomas et al., 2003).

There is also a body of research focusing on the phenomenon of 'parentification' of young carers and damaged transition to adulthood (Earley & Cushway, 2002). Parentification generally refers to a functional or emotional role reversal between parent and child wherein the parent surrenders their role as a parent and transfers that responsibility to their child. It is characterised by Chase (1999) as having a destructive and life-long affect on the child. Such studies raise questions about the extent to which reports on the negative aspects of caring are grounded in problematic constructions of children and young people. Young carers present a challenge to the traditional way in which children and young people are positioned as requiring, and being subject to, adult protection. The concern about the impact on these young people of assuming responsibilities usually considered to be 'adult' sets the tone for research implicitly based on a social action agenda to protect young carers. Questionnaires and surveys comprising lists of adverse affects on young carers, such as friendships, school, appearance, and bullying can be argued to be superficial but also reflect very limited assumptions of what young people 'should' be experiencing (e.g. Cree, 2003). Problematic assumptions

involve a 'known' and 'normal' level of age appropriate domestic chores and caring, departure from which results in social, physical, or psychological problems for young carers (Olsen, 1996).

Emotive titles like "Punishing children for caring..." (Aldridge & Becker, 1993) position young carers as exploited victims. Newman (2002) notes that research which identifies positive outcomes for young people in a caring situation is uncommon, despite accounts that caring can enhance relationships with cared for parents, develop life skills and promote independence and maturity (Banks et al., 2001; Thomas et al., 2003). Newman (2002) further argues that this focus on portraying negative outcomes causes parents to feel demeaned, disempowered, and guilty. The focus on negative aspects has been extended in recent research to quantitative studies of the mental health of young people living in families with disabilities (e.g. Mayberry, Reupert, Goodyear, Ritchie & Brann, 2009). The conclusion that young people should find caring situations difficult and stressful is expected but research focuses on coping problems and children's mental health which serves to individualise and pathologise young carers and mask the contexts of a stressful environment and a lack of services. Finally, much research on the experiences of young carers fails to include young carers at all.

Parents' accounts of children's caring experiences (Aldridge & Becker, 1994), recollections by adults of their experiences as young carers (Lackey & Gates, 2001; Shifren & Kachorek, 2003), and the perspectives of professionals from health and social care sectors of young carers (Gray, Robinson, & Seddon, 2008; McClure, 2001) are all researched widely. While these are no doubt important accounts, they suggest young carers are not able to articulate their own experience.

Clearly there will be negative aspects to caring for at least some young carers, but the dominant 'negative' paradigm has been problematic in generating a narrow range of research that has not properly explored the experience of young carers. It is significant

that Aldridge (2008), one of the most prolific of the early researchers, argues that it is time to move away from the simplistic portrayal of young carers as exploited victims.

Giving Young People a Voice through Qualitative Research

Walker, Crawford, and Taylor (2008) have noted the importance of young people having a voice in processes that affect them, both from a children's rights standpoint and to improve policy making. Cogently argued by Grover (2004), 'authentic' research gives power and voice to children to provide insight into their subjective world – to allow them to be 'subject' in the research rather than just 'object'.

Given the limitations in the body of research described above, it is not surprising that agreement has emerged that what is missing is deeper insight that can be gained through qualitative research that engages with the experience of young carers (Aldridge, 2006; Doran, Drever & Whitehead, 2003; Earley, Cushway & Cassidy, 2007; Gray et al., 2008). While qualitative methods and in-depth examinations are not the only step needed to give power to young people in research, they are an important step. The need for such qualitative research in the Australian context is compelling. Australian research to date has been limited, comprising mostly of Government-sponsored reports with a policy-making agenda focussed on services (Carers Australia, 2002; FaHCSIA, 2009; Moore & McArthur, 2007).

Description of the Research

The present study employed a qualitative approach to examine the beliefs and perceptions of young carers in Australia about their experiences of providing care to family members. The research question was framed as: "How do young people perceive their experience of providing care to family members with physical and mental health problems".

Methodology

As discussed, much past research has been dominated by adult-centred perspectives, interpretations and agendas, which carries with it the implication that children and teenagers

are not capable of 'knowing' or describing their experiences. This research epistemologically assumes that young carers have the capability to reflect on and articulate their own experiences. Moreover, this standpoint acknowledges that they are the experts of their subjective experiences. It assumes that authentic research must empower and give a voice to young carers. While the research aimed to provide space for young carers to communicate their experiences, it was not able to involve them throughout the research process. On the one hand more extensive collaboration with young people is desirable (Fox, 2013). On the other hand it was felt for this study that deeper involvement might have been too intrusive in the already busy lives of the young carers.

Methodologically this study includes the assumption that the young carers' subjective accounts are socially constructed, informed by the subjectivity of the researcher, and the situated discursive context the young people live within (Banister, Burman, Parker, Taylor & Tindall, 1994; Willig, 2001). This approach is concerned with how people make sense of their world and experience events in their lives (Willig, 2001).

Method

The definition of 'young carer' adopted for this research is that generally used in the literature: A person under the age of 18 years who provides substantial care and support to another family member, assuming a level of responsibility usually associated with an adult (Banks et al., 2002; Newman, 2002).

Young carers were invited to take part in the study through a government funded centre which provides respite and related support services to both adult and young carers. Six young carers responded and telephone discussions were conducted in the first instance with the young person or their parent/guardian to outline the research project and interview process. An information sheet was provided to enable informed consent and consent contracts were signed by researcher, young carer and an adult parent/guardian (where carers were under the age of 16).

The carers ranged in age from 14 to 17 years and comprised three girls and three boys. They were from a diverse range of caring situations and geographically spread over 300 kilometres. Each participant was asked to nominate a location and time for the interview to minimise inconvenience to them and provide an environment for the interview where they feel most comfortable: All chose their own home.

Interviews were semi-structured, using an interview guide to facilitate discussion. Questions were open-ended and neutral and sought to encourage the young people to talk freely and, as far as possible, allow them to direct the conversation and talk about the matters that were important and meaningful to them.

Data Analysis

Interview transcripts were analysed drawing upon Interpretive Phenomenological Analysis (IPA), following the procedures for IPA set down in Smith and Osborn (2003). IPA was chosen because it is an approach developed specifically to explore idiographic subjective experiences and how participants make sense of their worlds (Smith & Osborn, 2003). Appropriately for the young carers, as noted by Smith, Flowers and Larkin (2009, p. 206), IPA provides “insights into the lives of people whose voices might not otherwise have been heard, or whose experiences were ignored, or else constructed quite differently”.

The Young People Interviewed

Brief profiles of the six young people participating in this research, including details of their caring situations, are provided below: **Rebecca** is 17 years old and cares for her elderly grandmother who, in addition to being frail, has a serious heart condition and can only be left alone for short periods. Rebecca runs the household, including all domestic chores, managing accounts, medical matters and transport. Rebecca became responsible for caring for her grandmother at age 15 years. **Carly** is 15 years old and is a carer for her younger brother. Her brother was diagnosed with Asperger’s Syndrome and Oppositional Defiance Disorder. Carly is involved with household chores, cooking and cleaning, and administration of medication.

David is 14 years old and cares for his mother who has cerebral palsy and his father who has physical disabilities and aphasia. He has been fully involved in providing care to his parents since he was 10 years old. His caring role includes cooking, cleaning, managing medication for his parents and, at times, assisting with dressing and toileting.

Ben is 15 years old and cares for his elderly and frail grandmother who is in ill health. Ben was raised by his grandparents and when his grandfather died just over three years ago, he largely began his caring responsibilities. His caring involves housework, cooking, taking his grandmother to medical appointments, and most particularly being at home with her because of her frailty.

Kate is 15 years old and cares to varying degrees for her father, mother, and three year old sibling. Her father is badly debilitated by cancer and a heart condition. Her mother has a chronic back condition sustained in an accident. Kate is involved with cooking, cleaning, and generally running the house, tending to her sibling, administering medication for her parents, and, at times, showering and toileting.

Travis is 16 years old and is the primary carer for his mother and secondary carer for his two younger brothers. One brother has a number of severe congenital conditions and his other brother has autism. Travis’ mother has multiple sclerosis. Travis’ caring role includes cooking, preparing lunches, cleaning, washing, bathing, dressing, and administration of medication. He has been a carer since he was eight years old.

Findings

The six young participants encompass a diversity of caring situations in terms of the family member or members being cared for and the type and severity of their illness or disability. Accordingly, the participants have a wide range of caring tasks and levels of responsibility which generate many common but some diverse experiences. The young people did give an account of the difficulties involved in caring, and these are described in the theme *It is hard: Stressors described by*

young carers. The second theme describes in detail some of the positives the young people reported on in the theme *I love what I'm doing: Finding meaning in being a carer*, which builds upon largely overlooked areas of young carer's lives. Finally, the tensions between the social constructions of 'child' and 'adult' which mediate the experiences of these young carers are explored in the theme *The shifting positions of a young carer*.

"It is Hard": Stressors Described by Young Carers

A dominant and very explicit outcome that the young people reported on is that they face many difficulties in caring for family members. This area is well reported in existing research and may not be surprising, but is important for two reasons. Firstly the particular stressors reported by these young carers provide context and background against which further insights can be interpreted. Secondly the young carers detailed a wide range of stressors from both within the family and from outside it which build upon the often reported more superficial areas of increased chores and less time for homework and social activity.

Stressors from 'within' the family. The young carers described stressors that arose within the family which are an unavoidable consequence of family illness and disability. Most significant was an overwhelming level of responsibility that these young people feel for the wellbeing of their families. This was associated with ongoing vigilance, worry about the present, and anticipatory worry for the future. David described caring being relentless, inescapable, and needing ongoing vigilance:

It's on an ongoing basis. I wake up in the morning, I am helping, I go to school and when I come home, and I immediately start helping again. All my weekends I am helping [...] it's almost like being on guard, it's a constant watch (David).

For those young people who are the sole carer and only other family member in the household, the sense of responsibility is extended to needing to be present at all times. For these carers, there is concern about 'going

out', demonstrated in Ben's account:

I feel that I can't go anywhere [...] and I feel like if I go anywhere too long, like, maybe she may have fallen over and that one minute too late, she might have done something, or if I was there a minute earlier (Ben).

These insights expand ideas of particular activities which might increase for young carers, to a more complex sense of responsibility and vigilance. Additionally however, most of the young carers conveyed that their main difficulty is not the tasks and responsibilities of caring as such: While clearly very onerous, they were downplayed and largely dismissed as an issue. The worst aspect of their situation was most often seen in terms of the distress involved in witnessing the suffering and treatment of family members with illnesses and disabilities. In Kate's interview, she portrays 'witnessing' family members struggle with their illnesses as being the hardest thing:

You know, probably seeing what they are going through, that's probably the hardest thing [...] other than that, nothing else really is difficult or bothers me (Kate).

Stressors from 'outside' the family.

While difficult issues to face, the illnesses and disabilities themselves were not the only source of difficulties conveyed by the young people: Rather these difficulties were often compounded by factors outside the family. In the following extract Travis describes the most negative aspect of being a carer as extending beyond his family:

The worst parts of a carer is going to Sydney hospital, witnessing what your eight year old brother has to go through, witnessing doctors in front of you saying *this kid's profoundly DUMB, he's behind his peers*. And then, on top of that, witnessing treatment of him, in schools and that, people treating my brother like he was a moronic idiot [...] and that's one thing that gets under me, and really hurts me (Travis).

Here, Travis focuses on the treatment his

brother receives from others, and the negative assumptions others make, which he suggests is more frustrating and hurtful than the conditions from which his brother is suffering.

Difficulties with school were described as a major stressor for all six young people themselves. This results from caring duties limiting time available for school work, disruptions to attendance, distractions caused by a difficult home environment, or difficulties in concentrating at school because of concerns for the cared for person at home. Again this is not an unexpected outcome and schooling has been the focus of much research on young carers (e.g., Cree, 2003; Warren, 2007). However, the young people elaborated additional difficulties experienced by a number of them through negative attitudes of schools to caring. In her account Rebecca speaks of being verbally abused by a teacher about a caring-related issue:

I have to have my phone on if something happens, in case she [grandmother] needs me to ring her or an emergency happens. And [the teacher] will just go ballistic at me and tells me my phone must be off. And I say I am a carer and I need my phone on and they just say they don't care (Rebecca).

Rebecca's experience, while potentially a unique one, highlights that while some disruption to schooling is an unavoidable aspect of caring, negative attitudes to caring in the school community can constitute an unnecessary additional stressor.

A sense that young carers are unrecognised and unappreciated emerged, through examples in school like the extract above, but additionally from experiences with other service providers. While only Travis and Rebecca have significant dealings with service providers and agencies (as there were adults in the other households who could undertake this role), both had similar experiences. From their perspective, a significant and unnecessary hindrance to being a carer is that they have no status, either as (adult) decision maker or as carer. The extract below reveals Travis' frustration:

I had a problem, Mum was in hospital and so on and so forth, and I was trying to pay bills and stuff, and one of the companies said no, you need the authorised person to be her. I've gone 'the authorised person is in a hospital bed, sick, unable to talk'. I said 'what the fuck am I supposed to do then' and the guy just looked at me and gone 'sorry I can't do that' (Travis).

David and Rebecca additionally conveyed a very heartfelt perception of a manifest lack of support from 'society'. This is poignantly captured in an extract from David's interview:

In today's society, when you are in trouble, you ask for help. And it's very annoying and frustrating, and it gets me down that when Mum and Dad need help, I am the help. There's no other help [...] and in the last holidays we all had a meltdown, and the one time we needed assistance, no-one could help, there was no-one there to do anything. We just sort-of had to pick ourselves up, you know and drag ourselves out of the mud (David).

David goes further in the following extract to argue that this lack of support as total indifference by the community to young carers:

Nobody seems to care. I really don't think at the moment that it would make a difference if, to the general community, if we were dead or alive, because they just don't care. They don't understand at all (David).

Rebecca perceives a negative attitude to carers more generally in her rural community: "they've [rural people] got this weird conception that, the way they think is different to city people, so we get, so we get a bit of stigma around caring too" (Rebecca).

While there are largely unavoidable stressors experienced by young carers that relate to family circumstances, the significant finding of this theme is that many other stressors are imposed on these young carers from outside the family which should be

largely avoidable. The difficulties faced by young carers and their families are compounded by, or may originate from, negative attitudes and stigmatisation, bad treatment of family members, lack of status with schools and service providers, and lack of support.

“I Love What I’m Doing”: Finding Meaning in Being a Carer

The struggle to understand. Finding meaning in a situation impacts crucially on how that situation is experienced. The young people interviewed all conveyed being acutely conscious that their caring situations had been imposed upon them with no choice and little control over what is a significant part of their lives. There are many references to caring being ‘thrown’ or ‘thrust’ upon them, not it should be noted, with negative reference to cared for family members themselves, but to the difficulties which have occurred.

Rebecca describes being forced into a caring role after being abandoned by other family members: “[my mother has] just moved out, and gone, my family don’t have much to do with me, so I feel quite isolated” (Rebecca). For Ben too there is anger and a sense of abandonment about why he is alone caring for his grandmother following the death of his grandfather: “no, it’s [the anger] sort of how the family has treated the situation. How they have just deserted me and Mum” (Ben).

For Travis, Kate and David who care for multiple family members with severe illness and disability, there is an underlying struggle to understand why these things happened to them and their family. The following comment from Travis suggests he finds the struggle for meaning both difficult and ongoing, not least of all because he feels ill-equipped for the situation in which he finds himself:

I have had my meltdowns. Yeah, I have said plenty of times, ‘why the hell did this get picked into my family. Why the hell did my life get thrown on the frigging head and why the hell did I get picked to deal with this’. Because I’m not the strongest person in the world (Travis).

David similarly struggles to understand his situation and his parents’ disabilities. In his

interview David explicitly discusses his anger about ‘why’:

I tend to get quite angry at times. Just the situation I’m in and I suppose a bit of anger, that, why did it have to happen to me, why did it have to happen to them [parents] (David).

Appraisal and family connectedness.

Despite this struggle to come to terms with these situations, it was made very clear that all the young carers wanted to help their families. This included appraisals that they are repaying family, that there is a special relationship with siblings, or that their family is special.

In the following account Rebecca portrays her pleasure at being able to care for and repay her grandmother:

You know, I am happy to do, it’s a wonderful thing to do, being a carer, it really is. It’s good, it’s rewarding, I love it. I wouldn’t change it. My grandmother she raised me, she has a big influence on my growing up, so, for me to be able to care for her now feels like I am able to give back to her what she gave to me (Rebecca).

Ben suggests the additional benefit of enhancing a relationship:

I LOVE what I’m doing, I love looking after my Mum. I love the fact that I am repaying her. The good thing is that we’ve grown a lot closer (Ben).

For Travis, caring is appraised positively in terms of his special relationship with his brothers for whom he provides care. It is clear from the following passage that he derives great meaning from his brothers’ future awareness:

I am pretty happy that I’ve been here every step of the way. I know what my brothers have been through and I can relate to my brothers. And I know when they get older they will realise how much I’ve been there for them and they will realise how much I’ve done for them, and that’s the thing (Travis).

In the following extract, there is a strong sense that Kate sees her family as special – different from, but better than, ‘normal’

families:

Family comes first to me, it always has and always will. We love our family for who it is, but the best thing about it is, you know, it has made us stronger. We aren't like other families that don't respect each other, because they don't have that relationship with their parents, and that's where I'm lucky, I have that relationship where I can talk to them about anything, whereas these girls and boys, they don't (Kate).

For Kate, there is a sense that her view of the family is pivotal in her perception of her experience. She appears to see her caring situation, and indeed her life generally, through the prism of her relationship with her family which she values greatly.

The young people appear to view their caring responsibilities from a perspective strongly embedded in family connectedness. They reveal a view of family relationships that goes well beyond the portrayal of caring in terms of domestic chores and constraints on schooling and leisure activities, and reflects complex experiences that contradict the portrayal of young carers as exploited children. This connectedness to the family was also seen in the previous theme where the young carers described the negative experiences of their cared for family members as being more important than any chores and difficult activities they might face. These aspects of caring highlight a further issue with much young carer research, which positions young carers discretely from family and individualises their experience into negative activities. The young people in this study communicated a connectedness to family that suggested that the negative aspects of caring are compensated for by close family relationships.

Reciprocal family support. While not always explicitly articulated, a powerful factor for the young people in feeling good about caring appeared to be the reciprocal support they received from within the family. All of the young carers spoke proudly of receiving reciprocal support from parents which ranged from the practical to the more symbolic. The

following account from Kate gives an example of the emotional, social and, within limits, the physical support provided by parents and, importantly, how that support is very positively perceived by their children:

The thing is we all pitch in with each other, so it's a team effort, that's what we always say to each other, it's a team effort to do everything. Dad still goes down to the shop and buys some groceries just to make him feel normal, and things like that, and Mum likes to do some things, like she will cook sometimes, but they are only able to do little things. It's like what you give is what you get in return, that has always been like, our kind of motto thing (Kate).

Such reciprocal support and behaviours may be significant in acting as mediating factors against any disruption to the parent-child relationship arising from the caring situation. In the following extract it is clear that David is very conscious of, and fiercely supportive of, his parents' efforts to 'be parents':

Even though I care for my parents I still see them as busting their guts every day to do the best they can. I might cook the dinner, sometimes up to six days a week but they still do those things that parents do, they still do do them whenever they can (David).

These accounts contradict pathologising assumptions that disabled or ill parents provide inadequate parenting and further emphasises the collective family above discrete individuals. The experiences of these young people suggest that their parents and guardians often continue to provide emotional, social and other forms of support, heightening the sense of reciprocity of providing and receiving care, and enhancing the sense of family connectedness.

Finding benefit. An important aspect of the participants giving positive meaning to being a carer appeared to be the perceived benefits that emerge. Many of the young carers drew on a construction of 'normal' age-related development through childhood and teenage years against which they reported

themselves as having an advanced level of maturity. All six of the young carers conveyed that their experience has accelerated their maturity and made them more responsible, competent and, in one case, more employable.

Rebecca's account suggests that she sees caring as a life-changing experience and implies in the following passage that it might have saved her from bad life choices as a 'normal' teenager:

I was a normal teenager, and I was a bit run off the rails, a little bit, you know, caring really has given me responsibilities, it has made me grow up overnight, you know people say that when they have babies they feel like they have grown up overnight, and it is kind of the same thing, you become a carer, and you feel like, you know, you are put in an adult role, and you grow up and start to realise what's important in life. I have changed a lot (Rebecca).

Rebecca's belief that caring has set her apart from her peers is reiterated by Kate, and in her interview she takes a pejorative view of the 'normal' teenager whom she sees as trivial and immature:

Everyone tells me that I am so mature for my age. Half my age group are already, you know, they're out drinking and getting pissed at parties every weekend, while I am at home getting tutoring or spending time with Mum and Dad. I am definitely different to the girls mature-wise and I'd look at things completely different to what they would (Kate).

Implicit in some of these comments is a view that young carers are more competent than a 'normal' teenager and doing something their peers 'couldn't handle'. Further to the benefits of caring, for some of the young carers a positive outcome was an increase in ambition, motivation and drive for the future. Kate identifies caring as a key driving force to do well:

I have pretty much always been a carer since I can remember, and I honestly don't think I would rather have it any other way. Because that's

made me the person I am, it has made me want to reach the goals I want and get to my full potential (Kate).

Rebecca has a similar perception and in the following passage attributes having the responsibility of her grandmother's care as the motivation to focus on her future:

I think it [the future] looks good for me, I am happy with the way I'm going in the future. It's a big thing being a carer, umm, it has benefited me in the way that it has made me really think about my life and my future. It drives me to finish my studies and to go places with my, you know, to get good results in exams. So it's really helped me, and the future, it looks good (Rebecca).

The portrayal of caring as impairing the future of young people is not how these young carers described their experience. Indeed, caring appears to have enhanced their view of the future. The sense of their position as young people who are not 'normal', but rather 'extraordinary', emerged as an important sub-theme. However, it also began to conflict somewhat and raise tensions in their accounts, between a desire to be 'normal', a desire to be 'extraordinary', and the occasionally negative descriptions of young people they viewed as 'normal'.

The Shifting Positions of a Young Carer

The ways in which socially constructed positions seemed to emerge for the young people in this study are both complex and conflicted and can be argued to have a significant impact on how they experience caring. This section considers the implications of the social constructions of 'child' and 'adult' which seemed often to mediate these young carer's experiences. Tensions appeared to be created by being positioned on the one hand as a child or 'normal teenager' who is assumed to be incapable, and on the other a carer with 'adult' responsibilities who is required to be supremely capable.

Just a kid. The term 'kid' was used by the young carers themselves several times. David for example, at times described

himself as a 'kid', and spoke of wanting to enjoy his childhood. He drew on this construction, with assumptions of incapability to demonstrate his bewilderment at getting little support from services: "one kid on my own with two disabled parents" (David). Ben recounted, and did not disagree with, the construction of him as a child by his grandmother when describing the difficulties he faces in caring: "I do [get overwhelmed] cause like she [grandmother] says I am still only a kid, still 15" (Ben).

The social construction of being 'just a kid' was sometimes employed to describe the stresses and difficulties of caring. In the following extract Travis asks for understanding that young carers are 'just kids', and hence expectations of them are too high:

And just basically people just need to open their eyes and realise that they need, like, they are kids, and not all the time will they be perfect, not all the time will they make the right decisions. They will make mistakes, like a lot of people and a lot of services don't realise that (Travis).

These accounts contrast with the earlier descriptions of greater maturity and competence and seem to involve a diminished sense of selves, both with the term itself of 'kid', and with terms like 'only', 'not perfect' and 'make mistakes'. These social constructions around the 'child' as incapable emerge in tension with other descriptions and cause potential dilemmas. The young carers often described a desire to be independent and respected autonomously, but what emerges at times, as in Travis' account above, was a role of 'child' as vulnerable and less capable which might be required in order to access services.

At the same time, the social construction of 'kid', child or teenager seemed to offer something productive for the young carers, most notably as an option to 'opt out' of caring. In the following extract Travis constructs quite a stark polarisation between being responsible and being a teenager, but infers usefulness for him when operating between these roles:

Well there is a switch in my brain. I'm pretty sure a little man controls that,

and, when I become like a responsible person and when I just lose my brain and I turn into a teenager (Travis).

The construct of teenager as lesser than adult, promoted culturally, emerges here in a quite stark form: As teenager without thought. In David's account this separation divided into self at home and at school. In his interview he talks about there being 'two Davids' – David the carer and David the 'regular kid':

I can get on that school bus in the morning and, the David that lives here can, it's almost as if he can stay here [...] I take this David to school and this David does, thought processes, all he does is his maths or his English (David).

This notion of leading separate lives, particularly between school and home was described by a number of the young people, and raises questions about schooling and the space in education for young people who do not fit into the 'normal' teenager role. Actively separating their selves seemed to be one way that some of the young carers managed the conflict between the societal construct of a teenager and that of a young carer associated with disability. While there are fundamental issues to be explored in the acceptance into school community of very different young individuals, this account additionally suggested a possibility for 'time out' which school can offer. With the exception of Kate, the other young people described keeping their caring role and home situation quite private from school and many friends and, in the case of Travis, actively seeking to keep it secret. This is suggested in the following extract from Travis where despite feeling conflicted about such choices, he does not wish to be treated in ways he perceives as negative:

I hide my fam- what goes on at home, I basically, umm, I know it's not the greatest thing to do but, I basically don't tell anybody what goes on at home, because basically I don't want to hear that whole I'm sorry to hear that Travis, I'll give you special treatment Travis, I'm sorry about that

I HATE that type of treatment
(Travis).

Here there is suggestion that playing the 'normal teenager' role at school offers Travis a resistance to the position he views as negative which might be imposed by being labelled a young carer. The complex and contradictory manner in which this conflict is negotiated is shown by how Travis positions himself as a teenager and as a young carer. He describes teenagers as having "no brain" while striving to be seen as one, but conceals his role as a young carer while maintaining an idealised construction of them as being almost perfect and superhuman. Travis' diverse positions are starkly illustrated by the juxtaposition of the following two extracts:

They [young carers] aren't just normal people, but they are extraordinary people doing remarkable jobs. And these extraordinary jobs turn them into extraordinary people. People enter the group as kids and leave as adults. Not by choice, but what is thrust upon them, and it's these words that I've lived by (Travis).

I just think I'm an everyday kid really
(Travis).

These contradictions reflect the power of the negative construction of a young carer and the powerful appeal of the construction of 'normal' teenager that operates culturally. These conflicting roles available to these young people potentially create difficulty for them *in addition* to their challenging experiences as carers. Travis desires to be positioned both as an extraordinary carer and as a 'normal' teenager, depending on the context: The former in terms of his self-image and feeling good about being a carer, the latter in terms of the abstract concept of not missing out on his teenager years.

A final aspect of the social constructions available to the young carers is a positive one: The way in which 'carer' and its assumptions of adult responsibility, give the young people some emancipatory space to transcend and resist the dominant position of teenager as incapable. Carly comments in her interview

that she is "totally different" from her peers because of her caring-related chores, albeit while reproducing the assumption that there is a known and 'normal' level of domestic tasks for teenagers:

I see my friends, they all have siblings who are normal, I guess you could say, and they don't have the stresses of trying to look after, the housework, the cooking and cleaning, the administering medication, they don't do that, and then there is me. Like I am totally different (Carly).

This resonates with Travis' extract where he positions young carers as 'extraordinary', and the section earlier describing the ways the young people are 'finding benefit'. Even when the competing roles of child and carer meet to make things difficult for the young people, they describe resistance and a refusal to conform to other's expectations. At times for example, Travis refuses to accept being positioned as a child with no status in the 'adult' world and he responds with bold acts of resistance. This includes confrontations with service providers who expect an adult to interact with:

I was trying to put in an application form for Mum [and the guy said] 'we need her signature' so [I said] give me the paper and turn your back around, and he was like 'what are you going to do', and I've gone 'it's my mother's signature'. Like if a person treats you like an idiot, just be up front and tell them where to go.
(Travis)

The problematic nature of these very different constructions appeared to result in competing tension young carers feel between caring and the proscribed life of a 'normal' teenager. While the young carers in this study are fiercely committed to their family, they are nonetheless conscious of, and react to, a duty to themselves and their development as a 'normal' teenager. Significantly, the assumption that young people should have few responsibilities potentially *adds* to their difficulties rather than reducing them. While these competing positions of child and of carer may create conflict, the young people

offer an account of the ways they resist these positions, and the ways they find to make them work for their own means.

Discussion

The aim of this study was to develop a more in depth account of caring with young people which methodologically allowed them to voice their experiences. Semi-structured interviews with the young people, in their homes went some way towards achieving this, but further collaborative methodologies need to be employed to explore more meaningfully and are discussed below.

With all research there is a potential selection bias between those people who choose to participate and those who do not. Young carers who volunteered to be interviewed may have very different experiences to those who did not. It is reasonable to surmise that those who chose to take part in this research felt more confident in talking to an adult and perhaps more positive about their experience as a carer. The recruitment of participants through a respite centre also means that they had been assigned the label of 'young carer'. As discussed in the literature review (Banks et al., 2002) a large number of young people who are caring are not in contact with any agencies. These young people may well not consider themselves 'young carers' and may not be exposed to constructions of loss and difference – and nor do they presumably have access to support outside of the family unit. Hence the experiences of these young people may be markedly different and would warrant further research.

Researcher constructing the research

In a study involving an adult researcher and young participants, there is a potential concern about the extent to which the young people feel able to openly discuss their experiences. Holding the interviews in the homes of the young carers was one way this research aimed to enable the young people to be more in control. It also appeared that the young people felt somewhat empowered by their experiences being recognised, conveyed for example by Ben: "like I love what you're doing, you're trying to get people to

understand what we're doing".

The most significant impact that the researcher had on the research was an emotional reaction to the young people and their families' situations. Apart from the difficulties that these young people experience as carers, the circumstances of many of the families engendered great admiration and respect in the researcher for the manner in which these young carers and their families conduct themselves and meet their challenges.

This emotional connection to the young people and their families subjectively impacted upon the research process. This was drawn upon as a basis for analysis by both focusing in on the most surprising and emotionally eliciting aspects of the interviews and asking questions of the researcher's reactions as important subjective responses. Rather than being problematic for the analysis, this paper argues that the evoking of an emotional response by the data has potential to produce a better understanding of what it means to be a young carer (Grover, 2004).

Implications of Findings

The young carers who took part in this study did describe day to day difficulties such as household chores and managing homework which resonates with current literature (Aldridge & Becker, 1993; Cree, 2003). However they also reported on the more nuanced and complex difficulties of maintaining a strong sense of responsibility requiring vigilance and presence. These deeper stressors were described in greater depth and detail than the more superficial activities. In addition to these stressors however, the young people reported on difficulties which came from outside their family unit. The young people placed far greater emphasis on the negative impact of their loved ones experiencing physical or mental difficulties and disability. As well as the illness itself, the social constructions of disability and illness and therefore the treatment of their family by others, including services, were reported as being particularly problematic for the young carers and their families. The negative impacts of social

context are largely overlooked in previous research, and include the treatment of both the cared for family members and the treatment by outsiders and services such as education of the young carer.

While all of these difficulties were reported as being substantial, the young people were all keen to downplay and dismiss them. They gave far richer and more passionate descriptions of the benefits they perceived in being a young carer. These primarily included the levels of responsibility which they had reported as being difficult at times, and suggests some aspects of caring which can be framed as negative are not principally so.

The support from family and the increased cohesion of family relationships were also described in detail as positive outcomes of caring. The carers reported extensively on reciprocation and being part of a family effort which was very important to them feeling positive about their experiences. This challenges two aspects of existing research. The pathologising implication in some research literature of disabled and ill parents providing inadequate or selfish parenting (see Thomas et al., 2003) is questioned as is polarised assumptions that cared for parents become unable to parent and that young carers undergo parentification. For these young carers, having parents who require assistance from their children does not diminish the parental love, care, and guidance being provided. While there may well be a blending and shifting of roles, the young people voiced and took seriously the parenting support their families were able to provide. Secondly, this theme accords with the longstanding criticism made by Olsen (1996) that much of the research individualises the young carer as a discrete entity from family and studies them in isolation. The young people in this study conveyed the ways in which they were part of a whole that was blended and complex and which they valued greatly.

A significant outcome therefore of this study is that it highlights the nuanced nature of young carer's experiences, as being neither wholly positive nor negative, but rather complex. The young people identified and

articulated issues and difficulties in their lives, but still described the totality of their world and maintained an optimistic and enhanced view of their future. The view that caring endangers the future of young people, as discussed in the literature (e.g., Chase, 1999) is certainly not how these young people reported on their situation.

These blending of roles and the different responsibilities the young people took on in their families was described as being something they valued, but it did appear to raise tensions in the way they then experienced social constructions of 'child' and 'adult' which were at times useful and at other times difficult to manage, particularly in their dealings with others and with services. The social construction of 'child', as being incapable with assumed low levels of responsibility was at times useful for the young carers as a way to relinquish their selves at home. However, social expectations which the young carers were unable to fit into at other times became problematic and frustrating for them, particularly when dealing with services and needing to perform roles which might be assumed to be more 'adult'. Paradoxically, assumptions that these young carers should be doing less and should be afforded more 'normal' teenage lives may themselves be *compounding* the difficulties they face.

This research was able to promote young Australians voices in the research by undertaking in depth interviews in their homes. It has raised several issues which are worth exploring further. Methodologically, a more extensive collaborative, participatory approach which flexibly engages young people in research would allow for deeper and more sophisticated insight. This study has also raised various issues which would benefit being investigated further. The implications of these young people's negative experiences for service providers should be further examined. The experiences of young Australians, and the different context in which they are living, also merit further examination. Leading on from this initial study, a participatory project with a larger number of young carers, examining issues for

rural young people and from a service perspective is currently underway.

Conclusion

This paper provides a rich insight into the experiences of a small group of young people caring for family members in Australia. The findings challenge a number of assumptions underlying the dominant 'negative' paradigm of young carer research. Young carers do face significant difficulties, but they also report feeling good about caring and are optimistic about their future. Strong feelings of family connectedness are crucial to how they perceive caring, which in turn seems linked to reciprocal support between the young carer and the rest of the family. A significant and problematic finding is the unnecessary additional difficulties faced by young carers that stem from societal constructs of the 'normal' teenager, carers, and disability. This was reflected in stigmatising, negative attitudes and treatment of young carers and their families, and the difficulties they have in negotiating the various 'positions' imposed on them.

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Indigenous Country as a context for mental and physical health: Yarning with the Nukunu Community

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It is often mentioned that Australian Indigenous people¹ have a strong attachment to their Country that leads to better health outcomes, but it is unclear how these are concretely linked. Nukunu leaders and community members aged between 30-60 years (six men, four women), were asked in focus groups and interviews about their attachment to Country. The main themes that emerged suggested that: Their country brings Nukunu an identity and sense of belonging; that it was a place with nurturing qualities; people felt unhappy and unfulfilled away from their land; people returned to country to recover from illness; and activities conducted on country such as natural resource management provided Nukunu with group cohesiveness and empowerment. The implications of findings suggest Nukunu people should return to Country when experiencing any illness, as it has clear benefits to psychosocial wellbeing. Some suggested pathways from being on Country to better physical and mental health are presented. Further research should investigate how Indigenous attachment to Country can be better incorporated into mental health practices.

It has long been reported anecdotally that there are strong and positive relationships between Indigenous people and their Country (Bishop, Vicary, Mitchell, & Pearson, 2012; Dwyer, 2012). This is now reflected in a small number of research studies across diverse disciplines, but there is not a great deal of systematically collected material. Further, much of what is known is collected in a specific context with a specific Aboriginal or Torres Strait Islander group, but the findings are then generalised across all contexts and groups, but other communities are yet to be tested. The aim of this research was to informally talk with one specific group to (a) gain some more concrete ideas of what Country means, and the contexts by which Country is associated with better health outcomes, and (b) gauge the diversity rather than automatically assume generality.

The connections that have been found to Country vary according to the literature searched, and references for these are detailed below. There are many general comments spread through the anthropological literatures, although they tend to be incidental to the focus on social relationships and community organisation. Some psychology studies discuss mental health aspects, and

there are an increasing number of papers on the physical health aspects of being on Country or caring for Country. There are also many statements in the literature regarding the importance of Country to identity. Finally, throughout this paper, we also make reference to what we will refer to as “creative texts” - novels, biographies, poems - that make mention of the importance of Country. While these latter sources are not necessarily systematic in the examination of the concept, they are a useful addition in understanding the specific features of why Country is so important.

Mental Health and Well-Being

There is research linking Country to social well-being and mental health, for example, evidence for the social and mental health benefits of attachment to Country (Bishop et al., 2012; Ganesharajah & Australian Institute of Aboriginal and Torres Strait Islander Studies, 2009; Guerin & Guerin, 2012; Guerin, Guerin, Tedmanson & Clark, 2011), as well as the consequences to mental health of being removed from Country. Vicary and Bishop (2005; also Bishop et al., 2012), for example, found that Indigenous people who spent large amounts of time away from their Country reported experiencing episodes of depression, perhaps

due to a loss of this spiritual link between themselves, their Country and community. Upon becoming ill, Indigenous elders recommended that they return to their Country to make a spiritual reconnection with the land that was believed to improve their health. They suggested that being unable to return to Country to alleviate these feelings resulted in a deterioration of their mental health.

Pretty, Bishop, Fisher and Sonn (2007) suggested that children of the Stolen Generations experienced more mental health problems than those whose parents had not been removed (see also Fromene & Guerin, 2014a, b). They attributed this to the support and belonging provided by traditional community and kinship structures on land, which may be important in forming a secure identity. Clearly, while this is suggestive, it would be difficult to separate out the many effects involved: Being removed from family; being put into alternative living arrangements that could be damaging; and being removed from Country *per se*. Separation from Country is only one aspect of what occurred for those of the Stolen Generation.

Creative texts also suggest that attachment to Country might only become apparent when Indigenous people lose their Country or are away from their land. For instance, in Rose's (2002) research, Indigenous women suggested that their attachment to land is only apparent when their country is threatened or lost. Rose suggested that many people suffer when places of significance on their land are damaged or destroyed, and they compare being away from their Country to heartbreak. This also suggests that those who have lived on Country uninterrupted for many generations might not talk or think as much about attachment to Country because it is embedded in their everyday lives and taken for granted.

Finally, there is also literature which discusses how mental health treatment can incorporate Indigenous conceptions of Country when Indigenous people seek help. Most of these studies suggest that it is important for clinicians to view mental illness in a holistic manner (Guerin &

Guerin, 2014), in which mental health can be understood within the context of Indigenous culture—their community, spirituality, land, and Law (Bishop et al., 2012; O'Brien & Jackson, 2007; Tse, Lloyd, Petchkpvsky, & Manaia, 2005; Vicary & Andrews, 2000, 2001). These studies suggest that to prevent or treat mental illness it is important for Indigenous people to reconnect to their culture, Country and spirituality (Mackean, 2009). For instance, Gabb and McDermott (2007) suggested that clinicians need to be aware of the experiences Indigenous people have had that contribute to their trauma, such as colonisation, dispossession, Stolen Generations, transgenerational trauma, racism and discrimination. They stress the importance of a reconnection with the land, culture and community, which can aid in treatment of mental illness and may help to prevent its occurrence.

Health and Caring for Country

Other research suggests that it is important to fulfil obligations to land in order to maintain physical health (Dwyer, 2012). This might work through many factors such as emotion change, physical exercise on Country, etc. Westerman (2004) suggested that Indigenous people may become ill because they have done something wrong culturally or are being 'paid back' for wrongdoing, which indicates that Indigenous spirituality is linked to the fulfilment of obligations to their family, land and culture. Garnett and Sithole (2007) found that the management of land was an important aspect of traditional owners' identity and health—they spoke of feeling sad at being unable to carry out duties to their land.

A number of studies point to the psychosocial benefits of directly caring for Country or Natural Resource Management (NRM). For example, Burgess, Johnston, Bowman and Whitehead (2005) reviewed biomedical research and suggested that activities such as landscape burning, subsistence hunting, Indigenous ranger programs and cultural practices conducted on Country gave young Indigenous men an opportunity to develop independence. This also provided those participating with an opportunity to develop social cohesion, which contributed to group collective esteem

and efficacy. Kingsley, Townsend, Phillips and Aldous (2009) also found that people participating in these types of activities were able to develop greater respect for themselves because they were surrounded by culture, leading to an improvement in self-esteem.

Other studies on NRM have found direct benefits to psychological health (Ganesharajah & Australian Institute of Aboriginal and Torres Strait Islander Studies, 2009). For example, Burgess et al. (2009) found that participating in activities on country, such as the control of invasive weeds and feral animals, commercial use of wildfire and cultural maintenance activities, appeared to contribute to lower psychological distress, as measured by the Kessler Psychological Distress Scale. Burgess, Berry, Gunthorpe and Bailie (2008), using a questionnaire and multiple regression modelling, found that participation in NRM was significantly correlated with a construct measure of holistic local Indigenous health, *anngurrunga-wanam*, a state of vitality of mind, body and soul.

Other studies recorded the negative consequences (such as greater stress) for ill and dying Indigenous people who were relocated to respite care away from their Country (McGrath, 2007; McGrath, Holewa & Buckley, 2007; McGrath & Patton, 2006; McGrath et al., 2006). The researchers attributed this to the comfort and familiarity that is associated with their families and community when on Country.

Identity

There have also been links made between the land and a sense of identity and belonging for Indigenous people (Bishop et al., 2012; Dwyer, 2012; Garnett & Sithole, 2007). In one study, Ypinazar, Margolis, Haswell-Elkins and Tsey (2007) found strong reported links between Indigenous people and their community, stories, ceremonies, ancestors, sacred sites and tribal areas, with these aspects of culture helping Indigenous people to establish a positive identity. The authors suggested that colonisation, on-going social practices, and Australian Government policies, and the consequent loss of connection to land, have led Indigenous

people to experience a loss of culture and spirituality, which has coincided with a loss of belonging, identity and self-esteem. Morgan, Slade and Morgan (1997) have suggested that this loss of identity has meant Indigenous people have become confused about their identities, which has led to stress-related disorders, antisocial behaviour and self-destructive tendencies.

Some creative texts, such as poetry, anthologies and stories, also discuss the importance of a connection to the land for Indigenous people's identity (Morgan, Mia, & Kwaymullina, 2007, 2008). They suggest that Country allows Indigenous people to experience an identity and sense of belonging, which can help them to improve their self-esteem and provide them with a greater sense of confidence.

The Country is further discussed as a source of nourishment. In Rose's (1996) anthology, she compares Country to a person, who the Indigenous people care for like a family member. This close connection to the Country means that Country is a source of nourishment for the body, mind and heart of Indigenous people, as it provides for their needs. There is also a suggestion that a reciprocal relationship between Country and people exists, in that when Country is unhealthy this impacts on the person, and vice-versa. Rose (2002) suggests that healthy relationships can be changed by damage to Country. The Indigenous person who is aware of this is best able to live according to the Laws of the land and be strong, healthy and happy. However, if the person is at odds with the Law they may become ill (Rose, 2002).

Research Questions

While it is known that an attachment exists between Indigenous Australians and their Country, less is known about the ways in which this occurs, nor the paths through which attachment is strengthened. This is complicated because, as we have seen above, the context of Country has many aspects. The studies outlined also conflate different Indigenous groups who have very different contexts. For the groups of Indigenous people mentioned above, some

have been living on Country for thousands of years, whereas for others, they have been living in urban settings for the last few generations, perhaps with foster care, and are only now rediscovering their Country and Indigeneity. All of the thoughts and aspirations about Country in the various literatures are important, but it can be questioned that their findings are generalisable across all Indigenous groups in Australia.

The aim of the current study was to investigate the attachment to Country for the Nukunu people, whose Country lies north of Adelaide, South Australia. This was conducted with just one group from one Country but the aim was to add to what we know already rather than attempt to provide certainty and generality. This was achieved through talking with key community members about many of the themes discussed above, and any thoughts of their own about attachment to Country. We wished to place this in the specific context of Nukunu and not generalise to other groups. For example, the communities further north in the APY Lands of South Australia have been actively living on their lands for many generations, even after colonisation. Their reports on attachment to Country should be collected and described separately, before any statements regarding general inferences can be made (e. g., Guerin & Guerin, 2010, 2011).

Context: The Nukunu Community, Dreaming and Country

Nukunu Country is about 250 kms north of Adelaide in South Australia, encompassing Crystal Brook, Pt Pirie, Quorn, Wilmington and Pt Augusta, the upper eastern Spencer Gulf and the Flinders Ranges. The Nukunu people have experienced trauma as a direct result of colonisation and the removal of children from their families due to Australian Government policies that were in place up to the 1970s. Like many groups in the region (Andyamathanha, Banggarla, Kokatha, Kaurna, Narangga, Ngadjuri), their Country lay on the route out of Adelaide to the

northern pastoral regions that skirted the Flinders Ranges, so during colonisation they had land taken away, were attacked brutally, and later had children removed from the groups that survived. Stories of massacres are told.

A Nukunu Dreaming story (passed on orally through family and therefore to one of the authors) prophesised the negative effects of colonisation, and taking away Nukunu Country from its people. This is the story of the character Kutnyu and the Dreaming Serpent *Wapma*. Wapma created the Flinders Ranges and a river on the southern border of Nukunu country. He later transformed into a whale and ventured out to sea. Wapma saw Kutnyu trespass, so he swam up the river, changed back into the serpent, swallowed Kutnyu for his crime, and returned to the sea as a whale. Many years later, in this Dreaming story, a Nukunu couple are surprised when they have a child who is completely white. Nukunu believed this child to be Kutnyu, returned after punishment and white from living inside of the Wapma's stomach. To this day Nukunu refer to non-Indigenous people as *kutnyu*. This Dreaming story was created before European colonisation and emphasises that Nukunu country should be respected (Mascall, 2009).

Like many of the surrounding groups, the Nukunu people were taken off their Country, and lived in missions (Point Pearce in particular) and on the outskirts of rural towns, and put under strict behavioural control by governments. For example, those in the Point Pearce Mission were forbidden by law to talk to their relatives living on the outskirts of Port Augusta, and the police would arrest them if found. Of course, many stories are told of how they evaded the police and had family meetings together in Port Augusta under the cover of darkness.

All Nukunu now live a Western way of life and almost all are employed in various locations around South Australia, many in professional jobs. Many live in urban centres built on their Country, in Port Augusta, Port Germein and Port Pirie, but none are living on the land in the bush, as

they once had prior to the arrival of Europeans. So many are living on Country but not living “off the Country” for shelter and food.

In the 1980s some Nukunu traditional lands were returned, and so they are looking at ways to redevelop their community. There are plans to create a Nukunu economy on Country in a culturally and environmentally sensitive way (Mascall, 2009). Although no one wishes to live permanently on their Country in the bush at this stage, Nukunu wish to maintain it for visiting, respite, camping and reviving their cultural practices for their children and future generations.

Linking the research to Nukunu was also opportune because there is very little written about Nukunu by the community or others. For example, they are not mentioned in the widely known South Australian volume of Mattingley and Hampton (1998) and only a few details are written about them in Sutton (1995) and Taplin (1879/1967). Many papers exist in museum storage but most of what is known is only known by Nukunu themselves, orally or in creative form, which is where much of the above is sourced.

As an example, a video called *Nukunu stories of heritage and identity: Six short films* (McKinnon, 2003) discussed the impact of colonisation on Indigenous people. The Nukunu descendants discussed the oral history of how the early European settlers and Australian Government officials made no attempt to understand the language, wishes or concerns of the Nukunu people when it came to the ploughing of land, building of dams and chopping down of trees on their country. They also discussed how the settlers attempted to control Nukunu people by fencing off their land, keeping them off waterholes, and preventing them from kangaroo hunting and going to scared places. This meant they were unable to conduct ceremonies and pay respects to their ancestors, which was a very important aspect to their culture.

At that time the Nukunu people did not voice their disapproval of these activities, as they had no power. Similarly today, the

descendants are “getting on with it”, rather than letting the grief and hurt regarding these historical events dominate their lives.

However, they speak of their ancestors as experiencing their culture and beliefs “crumbling”, and refer to the tremendous mental anguish, depression, and feeling of total hopelessness that their ancestors must have felt when their land was taken from them.

Method

The context for the interviews, therefore, was of an Indigenous Australian group that had been broken up and prevented from living on Country in the bush and carrying out many cultural practices since early colonial times. They had not lived on Country in the bush for years, and most were living in urban centres in relatively good employment. Some of these centres are built on top of their Country, however. They now wished to reinvigorate tradition and culture, re-learn from early accounts, and develop their Country for future generations of Nukunu.

Participants

The Nukunu community is small, and the 17 main adult members were contacted through one of the authors who is a member of the community. Of these, 10 Nukunu leaders and community members over the age of 30 were willing to share what attachment to Country meant to them. All the others were interested but unable to oblige because of work and family commitments. There were four women and six men; five of the participants were based in the Port Augusta area and five were based in the urban Adelaide area. Their ages ranged between 30 and 60 years.

Procedure

With the Nukunu leaders’ approval, participants who were willing to be part of the study were chosen from the community. The researcher followed the cultural consultants’ advice (cf. Bishop, Vicary, Andrews, & Pearson 2006) on all matters. The nature of the project was circulated to all involved and the researchers followed up with a phone call, email or Facebook

enquiry. To aid this, the researcher created a Facebook page titled *The importance of Country for social wellbeing of Nukunu*. This contained information about the project and what participation would involve. The researcher requested to be the Facebook friend of participants who the cultural consultants advised to contact, and then invited them to join this group. The researcher advised participants that they were able to post comments on the page, and that they were able to do this anonymously by sending it to the private email box of one researcher. An information sheet and consent form was also provided to potential participants by email and through a letter.

The researchers travelled to Port Augusta to speak to participants and also had meetings with others in Adelaide. The researchers informally interviewed (“yarning”) a number of Nukunu about their attachment to Country. They also informally yarned with some Nukunu who were not greatly involved in Country about similar ideas, focusing on what it would mean if they *could* be involved in Country more in the future.

The focus groups and interviews were conducted for approximately one hour but some went much longer. No interpreters were required as all participants spoke fluent English (their language is still being revived from colonial suppression). All informal interviewing was done under approved ethical protocols of the University of South Australia but with any provisos requested by Nukunu.

Bishop et al. (2006) suggest the most effective way to carry out research with Indigenous people requires developing a relationship and ‘yarning’ with them. The participants were free to withdraw their consent to participate in the project at any time without prejudice, and they could choose whether to respond to each general question as the interviewer raised it (see below). The general questions were not inherently stress-provoking, indeed it was welcomed. Their answers were recorded in note form since they did not wish for audio-taping as it was considered rude. However,

this was done rigorously with more than one researcher present. This is common in Indigenous research methods.

Due to the nature of the topic, there were no specific set of questions but there were general issues for participants to respond to as well as raising issues of their own. During interviews and focus groups, they were asked about:

- What they think attachment to Country means?
- What it would mean to lose their Country?
- What being on Country means to them?
- What are the different ways that caring for Country affects or changes their life?
- What do they actually do with the Country in the past/present?
- How do they see the redevelopment of their Country affecting them?
- How would they like to interact with the Country in the future?
- How does attachment to Country enhance their social and emotional wellbeing?

Findings

There were several themes that emerged from discussions with Nukunu. These themes were based on the authors’ reading and re-reading of the notes taken and later discussion with Nukunu community members. The main themes suggested that: Country was a source of identity; being on Country provided Nukunu people with an opportunity to be “nourished”; the participants were upset at the loss of Country; the Country was seen as a place where people would be able to recover from illness; and activities such as natural resource management (NRM) brought people a sense of social wellbeing. Within these themes, there were also some subthemes which are highlighted below. We see these themes as over-lapping to make a general story, but we have separated them into theme headings for ease of presentation.

Identity

Connection to community, land and culture. Most Nukunu interviewed reported a strong spiritual connection to Country, which enhanced their identity and sense of belonging. For example, the participants reported experiencing acceptance for who they were on Country, as they were surrounded by their families and the community. Country was also depicted as a part of who they were and a part of their soul, the country and people being viewed as interconnected. One 40 year old male participant claimed he did not own the country, it owned him:

Nukunu people have been removed from Country only by a physical nature not spiritual. For us today the hills, trees, animals and ocean remain a strong and spiritual connection. We as individuals experience different and similar emotions upon our visits. I have heard of a saying “the hills are alive”, as a Nukunu person, I truly understand what is meant by this statement. My connection to land reminds me that I do not own it, it owns me. I have a responsibility to ensure that it is no longer taken for granted and its riches are preserved for future generations.

Self-respect. The participants linked disrespecting country to disrespecting their own self. For example, killing an animal or chopping a tree unnecessarily were both viewed as sacrilege. Country was spoken about as a “blueprint for living”. The attachment of the Nukunu to the land was depicted as holistic, involving physical knowledge of Country, and knowledge of spiritual and cultural beliefs associated with their Country. One participant spoke of the sea, sky, land, water, wind, plants, animals, ceremonies and song and how these are all interconnected and governed by the Dreaming stories and storylines that run along Nukunu Country, with the Dreaming seen as Law. This Law governed how to be a good man/woman and how to look after

Country .

Source of values. The Nukunu spoke of Country as pulling people back to their values and giving them a sense of meaning by which they were able to focus on what life meant to them and discover who they were. They believed that upon losing their Country they would feel disconnected, because they would lose their identities and lose their self. One 31 year old female participant described the experience of being away from Country and losing this foundation, which for her meant losing a sense of who she was, and her identity:

People have built a home (the Country), however they may continue to travel a journey without this foundation. The experiences they have are the bricks, however if the bricks are loose and they are without their foundation (the country) they experience emptiness as they don't have the resilience and strength to keep going.

The Country as a Source of Nourishment

Nurturing. The participants spoke of their Country as being a source of comfort. One participant discussed driving over the hill on the highway and seeing the Flinders Ranges, comparing this to having a “hot bath or putting on a pair of fluffy socks”. They felt the weight lifted off their shoulders; it was a relief to get there. This was again emphasised when participants reported that returning to Country was like walking into open arms, where they felt at ease and safe. One 50 year old female participant spoke of the uplifting feeling she had when on Country:

Country is a powerful place and by being there you absorb this energy. This energy is our ancestors talking to us and teaching us about Country.

Vulnerability pressures. Some Nukunu reported that the Country could be used as a place of respite for people with drug and alcohol problems. The participants associated dislocation from Country and the

resulting loss of culture with anti-social behaviour. They believed that people involved in these behaviours would benefit from learning the knowledge and meaning associated with Country. The Nukunu believed that Country was important in discovering your identity and that forming an identity was a huge struggle for 'lost people' because they have no spiritual connection to their ancestors.

Places on Country with healing and nurturing qualities. Other participants spoke of going to specific places on country to feel at peace. When they needed closure on personal issues or they were troubled, they returned to Country, comparing it to going to church, a psychiatrist or Gallipoli. Some Nukunu spoke of visiting sacred places on Country. They reported feeling familiarity and they felt watched over or looked after here by their ancestors. When faced with problems, these special sites were where they claimed their ancestors spoke to them and gave them advice.

One place was Woma farm and the remains of the church at Baroota Reserve, which was seen as a sanctuary for many Nukunu. Many participants reported Baroota to be a special site where they were together, and could "*talk and be blackfellas without having to answer to anyone*". They claimed Baroota was a place where Nukunu ancestors had a very strong presence and where they enjoyed going due to this strong connection. One participant recalled a dream he had in which he fell into Baroota Creek and the ancestors wanted to talk to him. Others specifically referred to the Great Tree (now destroyed), the salt-lake crossed by the road to Stirling North, the salt-lake near Umeewarra, and the adjacent spring which is now buried, as places of significance.

The Loss of Country

Losing you soul. Many individuals also spoke of what would happen if they lost their Country. They believed taking away their Country compares to taking away their heart and to the rape of their mother. The participants spoke of dying inside, feeling violated and disempowered upon the loss of their land. A 60 year old male participant

claimed:

Losing Country is like losing an arm or a leg, it's a part of you, you have to have it.

Loss of culture. The Nukunu discussed that upon losing their Country, their culture would be lost or would disappear. This included their kinship, status of their clan group, their heritage as a proud race, sites of significance and the Dreamtime, which were a vital aspect of their identity. The loss of these traditional roots means many participants would lose their strength and depth in life, as described by a 40 year old male participant:

Our traditionalistic roots are a great starting point for seeking personal strength and depth to life. The music, dreaming, ancestors, language and land of my native place are food for my soul and have a profound effect on my wellbeing.

Resilience. The participants discussed how previous Australian Government policies were aimed at separating Nukunu people from their Country and culture, but they were proud of the resilience of their people in maintaining this connection, as described:

However this has come at a price, knowing that we have been denied our Aboriginal culture. Our ancestors were unable to practice and pass on their customs, Laws, language, spiritual beliefs and the true meanings of land unreservedly. It is amazing to know how resilient Nukunu generations were and have been considering, the abhorrent policies of yesteryear were designed to remove them from (Country) the Australian landscape, under the premises of colonisation.

Living or travelling away from Country. Most Nukunu reported that it was painful living in the city away from Country. They spoke of feeling unhappy and unfulfilled when away from their land,

whereas at home they spoke of feeling comfortable. Many described going overseas and feeling homesick, as they yearned to return to country. One participant cried as he left their land to go overseas and spoke of wanting to be home while being there.

Some Nukunu who have built a life in urban Adelaide have claimed they would like to return to Country to live and work if this would be possible. One participant liked to take the Country with them, and took rocks and a desert rose from their Country to keep with them in the city, to remind them of their Country when they were unable to visit. A 50 year old female participant explained that she had a feeling that her destiny is to return to Country and become more involved and contribute to the Nukunu community:

You can take away Country, but you can't take away our spiritual connection. The Country is always with me, it has never left me.

Loss of Country through mining and 'development'. The participants spoke of being devastated and sad at being unable to prevent the development of their land by mining companies. They claimed these companies were destroying the ecosystem and environment and putting money and profit before preservation of the country. They compared chopping down trees and destroying sand hills to taking away the stories of the Dreamtime, their ancestors and their heritage. One of the participants spoke of the spirits of their ancestors living in these sacred areas. Further, Nukunu were upset that the marina, weirs and dams were blocking tidal flows and were concerned at the harmful environmental effects that were occurring to an area they valued and with which they felt a strong sense of spiritual connection. The participants spoke fondly of their childhoods when they walked freely in many of these areas to gather food. A 40 year old male participant described his feelings regarding the effects of redevelopments on the ecosystems:

If you take water out of the system it falls apart. If you take my spirituality away I fall apart.

It does not belong here.

The Country's Role in Recovery from Psychological Distress

Many of the points already reported show the sense of well-being associated with being on Country and working with Country. Other, more specific, comments were also made with respect to mental health and Country.

Relation to mental health. The Nukunu spoke of returning to Country when they experienced illness. This was not only for "physical" illnesses but many reported needing to return to Country when they became sad or depressed. Further, when a Nukunu person became ill they were advised to return to Country and make a fire, as this was seen as nurturing and a way for them to heal. Many participants emphasised that the Country was somewhere where they were able to relax and feel less stressed, as described by a male participant:

When burnout or rundown from work life the Country is somewhere where I can recharge my batteries and regather myself and be replenished.

One participant claimed their job was highly stressful and being on Country allowed them to get their thoughts back. They reported feeling normal, and at peace when on Country.

Activities on Country that Brought Greater Social Wellbeing

Healing properties of food. The Nukunu also spoke of activities they completed on Country that were beneficial for their wellbeing. Participants spoke about how bush tucker was not just eaten for its taste, but also for the properties of the food, and that the knowledge surrounding it had a purpose. The participants believed foods would aid in the healing of illness. The foods eaten were emu, yabbies, kangaroo, fish (snapper, yellowtail, whiting, tommy rough), crabs, oysters, razorfish, cockle, squid, sweet potato, yams, quandongs, bush grape, wattle seed, bush celery and red berry. A 40 year old female participant commented that these foods contribute to

positive mental health: “There are certain foods that keep you in check.”

Healing properties of plants. The Nukunu also spoke of the healing properties of plants, such as the Madison plant which was used as medicine or an antibiotic for colds. Three participants were also aware of signals that indicated good and bad times ahead for the Nukunu people. For instance, they discussed how leaf structure and growth, the sky and the appearance of certain animals such as the eagle and the return of whales to the Spencer Gulf (a sign that Nukunu culture is getting stronger) were important to their understanding of what was happening to them and their Country.

Recreational activities conducted on Country benefited mental health. The Nukunu also spoke of activities that they completed on Country that they felt were important for their social and emotional well-being: walking, hunting, fishing, driving through the country, having picnics, camping and sitting by the campfire and sharing stories or listening to birds. One 50 year old male participant expressed his desire to walk on Country:

I like catching up with family in any environment, but most of all I miss the trips to the Flinders Ranges that I used to do so often when I was living and working in Port Augusta. Our busy working schedule makes it hard to do all of those things now, and the Flinders always beckons. I have walked over 400km of the Heyson trail and none of it was in Nukunu Country, so I am eager to see it sometime soon.

Another participant spoke of dancing on the Country for their ancestors. The dancing was intended for the purpose of showing respect, and finding spiritual healing for the loss of an Indigenous person. They reported the dancing gave them the ability to let go of their inhibitions, hang-ups and it made them stronger. It was also a source of identity and belonging. Some Nukunu also spoke of renewing connection with the land today by hunting and

gathering, suggesting this was a way to join their families together. The participants also expressed a desire for Nukunu youth to have an education on Country so that they could better understand their culture. They felt it was important for them to know that in life you need your group to “prop you up”, and make you feel better about yourself.

Natural Resource Management. The Nukunu spoke of healthy environments producing healthy people. They believed that contributing to the environment was important for Nukunu people’s physical and mental health. A 60 year old female participant spoke of “Healing others by healing the land”. This involved having knowledge of Country and the properties of bush tucker, and being resourceful in their own Country. For example, they were taught not to take things for granted (to pillage), not to break/chop trees, and to leave bush tucker for future generations.

The Nukunu expressed a desire to share the resources of the Country but also protect them and keep them safe. They believed that activities which have been planned for the future, such as planting trees, seed gathering, walking tours and building a cultural centre, will help future generations and bring people together, and generate cohesiveness. They felt that these activities would be empowering and give people hope for the future as it would allow them to add another layer to their culture. Many participants expressed their enthusiasm for the activities they were involved in with the Country. For example, a participant who was involved in the clearing of Country enjoyed this activity. However, many felt a heavy sense of obligation to participate, reporting heavy work and family commitments that required them to be off Country.

Discussion

Despite being Westernised and living in urban centres, all Nukunu people in this study reported strong feelings and connections for their Country, and they made a variety of points that give a more concrete understanding of the nature of attachment to Country. It should also be noted that not all

Nukunu agreed with, or reported, all of the points and there was diversity therefore amongst community members. Moreover, when talking about parts of Country, different Nukunu had different key sites they talked about. This re-emphasises the point made at the beginning that we should not assume a common focus for Country even within a strong community. Nevertheless, some relatively common themes emerged.

There are clearly limitations in this research, and any similar research. It is difficult to get large samples or ask rigorous questions or get concrete answers to questions about Country. We acknowledge these limitations but in turn we do not wish what we have found to be seen as any more than what Nukunu told us about the effects of their Country. Within these constraints, we believe we gained a comprehensive picture from the majority of the adult members, but much more remains to be done. We also want these limitations to warn future researchers to be open for events other than those we have found.

There were strong health and mental health outcomes attributed to the various factors related to Country and being on Country. Nukunu attachment to Country is clearly associated with psychosocial benefits. Five main themes emerged from the discussions conducted with the Nukunu people, which give more concrete examples of “attachment to Country” for them. The country was a place that allowed Nukunu to develop an *identity*, where their connection to the community, land and culture meant it was a place of acceptance, allowing them to develop self respect and a set of values that were important to the formation of a secure identity. Their Country was also a *source of nourishment*, upon returning to country the participants felt at ease, experiencing greater comfort and a renewed feeling of energy. The Nukunu felt that the *loss of their Country* would be disempowering, comparing it to heartbreak, as it would lead them to lose their cultural heritage. They claimed to be unhappy and unfulfilled when away from their land. The participants returned to Country to *heal from illness*, in particular, depression. They

reported feeling relaxed and less stressed when there, which aided in the recovery process. The *participation in activities* such as natural resource management allowed Nukunu to generate group cohesiveness and was believed to be an empowering activity for their whole community (Dwyer, 2012; Guerin & Guerin, 2012).

Within each of these themes, there were a plethora of specific activities and concrete consequences related to Country, which was a context for important and varied positive outcomes. Clearly, there are strong reported benefits to health and mental health from being on Country, whether living there or visiting, and these were linked to the roles of family and community when on Country, food and exercise improvements, stress reduction and respite, and the ability to sense identity and engage in cultural practices. The specific contributions of these different aspects are difficult to determine, as many are interconnected. For example, walking on Country will also typically involve being with family and community, exercising, respite from work and Western influences, etc. It would be difficult to separate these in research.

It can also be seen in the discussions reported here that there are many concrete ways that “attachment to Country” can have effects on both physical and mental health. “Attachment to Country” is not a hazy notion just experienced as a vague feeling, as many non-Indigenous people might believe. The results show clear and observable paths through which being on Country can change health. This might be through increased family and community attachments, medicines or healthy foods taken from Country, healthier behaviours when doing things on Country, or the stress-reducing and depression-reducing effects reported by participants when spending time quietly in certain, special locations on Country. All these can be fruitfully explored in future research with Indigenous clients as part of treatments for ill health.

Nukunu also strongly report that visiting or being on Country is vitally important to their reinvigoration of

community and culture. Their context is different to many other Indigenous groups—they are mostly well-employed and living in urban centres, have lost their Country many decades ago in bad circumstances but have had some country returned, they have lost many oral traditions of their cultural practices, and much of the land has been degraded. So the attachment and relationships to Country that have been expressed here are clearly part of this context unique to Nukunu. This becomes especially important when most reported how important it was for young Nukunu to be taken on Country and learn their culture, and was seen by many as a useful antidote to the increasing drug and alcohol lifestyles of those young people.

Combining these themes with the material outlined in the Introduction—both research and creative texts, we suggest Figure 1 as a guide when thinking or researching the effects of Country and treatments for clinical work. When on Country, there is a “hub” of family, spiritual and identity aspects that are usually present—they usually go together and might be difficult to separate in future research. While one can be with family and community when *not* on Country, participants spoke of a special difference when on Country with family. One can also be engaged with spirituality and identity when away from Country and from family and community, but special significance

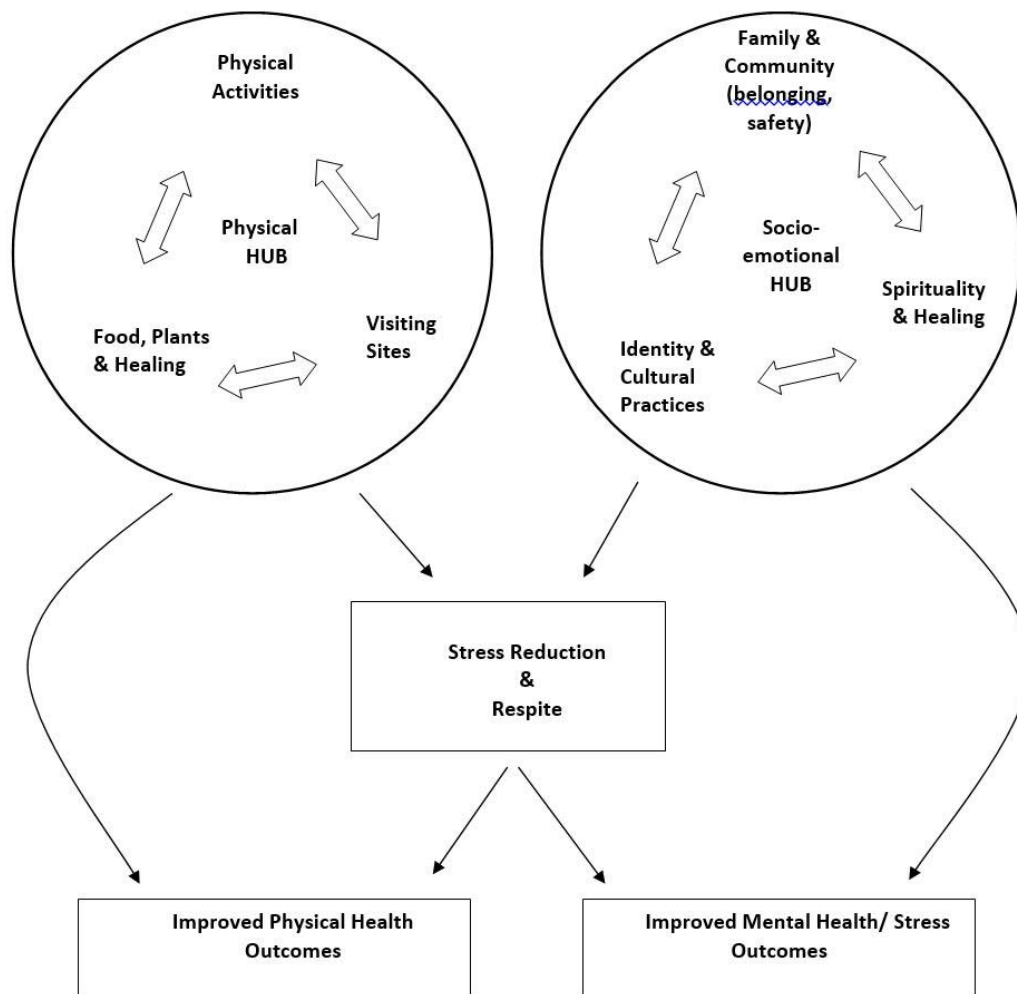


Figure 1: Possible Pathways to Better Health Outcomes from Being on Country

seems to rest on this hub being present simultaneously when on Country. This needs to be further explored in many diverse communities.

There also seems to be a “hub” of physical activity, better eating and nourishment when on Country. Once again, parts can be achieved when *not* on Country but the hub seems significant. Through these two “hubs” participants reported direct physical health (from the physical hub) and mental health (from the family and community hub) benefits.

Some other benefits were less clear and more indirect but we have tentatively linked them, from talking with participants, to general effects of stress-reduction and respite. This means that the separation of the two hubs is not clear and would be difficult to prove in research. It would be especially useful for future research looking more closely at the links from being on Country to better mental health outcomes, and how these might be utilised in mental health treatments in culturally appropriate ways. This Figure is meant only as a guide to help researchers think through the many connections.

Figure 1 is not meant to apply to all Indigenous groups in this country, and the different contexts for the different groups will lead to many variations in how these hubs are formed, if at all, and which components are more or less important. As pointed out above, even within Nukunu there were differences in how these and other items were considered. What is important, we believe, is to treat the context of each group as potentially being importantly different, and to take into consideration that specific context before beginning the investigation. When enough context-specific studies have been undertaken, commonalities and differences across contexts can be explored.

Overall, these results point to the likely strong positive effects of attachment to Country on stress, mental ill health, and poor physical health. This applies not only to treating adults with psychological distress, but also to preventative measures for younger Nukunu. Although it has been previously noted that Indigenous people have an

attachment to Country, this research shows what this means in a more concrete way for the Nukunu people of South Australia.

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Authors' Note

¹ The terms for referring to people are all contentious in different contexts. It is preferable to use specific group names whenever possible so Nukunu has been used in this way throughout. However, when referring to descendants of the original peoples of Australia in general we have used "Indigenous" instead of "Aboriginal" since Nukunu were happy with this and there is no contention-free term. One of the aims of our research is to be more specific and move away from research and statements purporting to be about "all" Indigenous Australians.

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‘A Kind of mental warfare’: An economy of affect in the UK debt collection industry

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Paul Hanna,
Liz Cunningham
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The ‘securitization’ of personal debt has increased the supply of credit and transformed lending patterns to focus on already indebted individuals. This paper draws upon empirical research with a range of stakeholders in the UK mainstream credit industry in the South of England to interrogate the impact that recent changes to the industry have had on the growing number of revolving debtors. It seeks to contribute to the development of a Critical Community Psychology of debt by providing an account of the ways in which subjectivities and distress are impacted by engagements with financial institutions. Our findings suggest that a series of social, political and economic transformations have laid the grounds for the development of an industry where affective relations are central to the management of the conduct of a growing number of people. We discuss these findings in terms of the growing literature which explores the complexity of the intersections between markets and actions, which stem from and are mediated by the body and which posit distress as distributed across a range of sociotechnical apparatuses, sites and markets.

Personal debt has increased steadily in recent years. This increase in personal debt is associated with an increase in problematic personal debt or ‘over-indebtedness’. The Citizens Advice Bureaux in England and Wales dealt with 8,465 new debt problems every working day during the year ending June 2012 (Creditaction, 2012). Recent research by UNITE found that 82% of people reported that their wages could not last the month, with many working people suggesting that the third week of every month is rapidly turning into ‘Wonga Week’, where individuals and families turn to payday lenders to maintain household finances. Overdrafts and personal loans have accounted for the bulk of recent new borrowing (Centre for Responsible Credit, 2012) and while there have been recent reductions in net secured lending by UK banks and building societies, net consumer lending has broadly remained unchanged (Creditaction, 2012). As a result of the 2007 global financial crisis there was a sharp downturn in residential mortgage credit but consumer credit declined only slightly during this time and credit card use continued to increase while non-revolving credit declined slightly (Geisst, 2013). Moreover it appears to be the case that it will continue to rise in the near future

(Walker, Burton, Akhurst, & Degirmencioglu, 2013; Walker, Cunningham, Hanna, & Ambrose, 2012).

Recent work has suggested that the growth in personal debt is a prominent public health issue. A number of authors have highlighted the clear relationship between this growth and stress (Drentea & Lavrakas, 2000), psychological wellbeing (Brown, Taylor, & Price, 2005), mental ill-health (Drentea & Reynolds, 2012, Jenkins et al., 2008, Mind, 2008), deliberate self-harm (Hatcher, 1994) and suicide (Hintikka et al., 1998). Moreover the more debts people had, the more likely they were to endure some form of suffering (Drentea & Lavrakas, 2000; Fitch, Simpson, Collard, & Teasdale, 2007; Jenkins et al 2008).

UK Public policy has configured this issue as one of individual financial capability that can be remedied by improved access to financial education (Department for Business Enterprise & Regulatory Reform, 2007). However recent work has challenged this account of events by highlighting the centrality of such issues as stagnating wages, financial deregulation and changes in the contours of international labour markets to the growth of personal debt (Ben-Galim & Lanning, 2010; Turner, 2008; Walker 2012).

Montgomerie (2007) suggests that Financialisation has been a key driver of recent changes in credit markets. The ‘securitization’ of personal debt has increased the supply of credit and transformed lending patterns to focus on already indebted individuals. Asset Backed Securities (ABSs) are the bundling together of thousands of small loans into a master trust in which investors buy shares and receive interest payments. ABSs have proved to be important in credit markets since they allow the recycling of loan pools through off balance sheet transactions and hence increase the supply of credit.

The growth in asset backed securities has augmented a supply of credit available for consumer lending but has also made profits contingent on a steady stream of revolving debtors. A revolving debt is where the outstanding balance does not have to be paid in full every month by the borrower to the lender. Instead the borrower may be required to make a minimum payment, based on the balance amount. ABSs have brought about a bias among lenders toward targeting and acquiring persistent revolving debtors. This is because the ability to issue an ABS is dependent on the existence of a certain proportion of unpaid balances. Customers who pay their balances promptly every month actually cut into company profits (Geisst, 2013). Indeed O’Loughlin and Szmigin (2006) suggested a recent intensification of marketing activities, often toward vulnerable people. There has been a huge growth in ABSs from \$29.1bn US dollars in 1989 to \$673bn in 2007 and revolving debt accounts for 2/3 of the securitised pools (Geisst, 2013, Montgomerie, 2007). As Geisst (2013) points out, credit card backed ABSs are much more popular in the UK than elsewhere in Europe with 30% of all credit card backed ABSs originating in the UK.

O’Loughlin and Szmigin (2006) state that the issue of *access* to credit has been relatively under-researched in recent years. Indeed Kamleitner, Hoelzl, and Kirchler (2012) suggest that there is a need for research focused on the consumer credit market, specifically research which frames

credit use as a social phenomenon, since there is currently a dearth of research on the dynamic interplays between consumers who need credit and credit granting institutions (Kamleitner et al., 2012). This paper draws upon empirical research to interrogate the impact that recent changes to the UK mainstream credit industry have had on the growing number of revolving debtors. Specifically, by critically engaging with the social relations between debt collector and client, we will provide an account of the affective practices that play a fundamental role in reforming economic subjects.

Affective Economies and Social Distress

This paper eschews the recent trend in the literature on debt and wellbeing that represents mental distress as a failure of biomedical or cognitive apparatuses that reside within the individual. Following Rapley, Moncrieff, and Dillon’s (2011) call for ‘better ways to make sense of the range of human experiences than mental disorders’, distress is herein configured through a social lens where most forms of suffering are understood as the legacies of past and present trauma, social dislocation, social inequality, and different often multiple forms of disadvantage (Tew, 2011). Boyle (2011) notes the considerable evidence that what is happening in people’s lives plays a major role in creating different forms of emotional distress. The contention of this paper is that there is a need to conceive alternative ways to understand distress encounters, that is, the patterns of social activity that contribute to the experiences of misery that are commonly understood as the symptoms of mental ill health.

Miller and Rose (2008) suggest that by exploring the processes of governmentality, we enable an understanding of systems for the production of truth, regimes of authority and practices of subjectification (p, 6). Here the ‘Psy complex’, which embodies the principle institutions of mainstream psychology and psychiatry, are understood as assemblages of persons, techniques, institutions, and instruments for the conducting of conduct in a certain way (p, 16). In the context of the UK debt industry

mental ill health has typically been understood in relation to forms of mood disruption and rendered knowable through the discourses of the Psy institutions that develop following uncontrollable and entrapping life events. Those who find themselves in problem debt become subject to a series of financial strictures that threaten to radically alter and indeed diminish their lives by stripping them of possessions and capacities that had previously been taken for granted. Here state anxiety is understood as a contained emotion elicited by a series of external events. In this narrative the activities of creditors following overindebtedness are commonly understood as instrumental bureaucratic processes centred on the retrieval of capital. Distress is a regrettable but necessary side effect of this process. Drawing upon recent work that frames the centrality of economies of affect in the practices of neoliberal governance, we will challenge this conceptualisation of ‘distress as side effect’.

Recent years have seen a public shift toward emotionally saturated modes of expressions in many walks of life, from politics, to the media, to the workplace (Greco & Stenner, 2008). In the social sciences, this ‘affective turn’ indicates an engagement with affective life beyond limiting reductionist concepts of both biomedicine and the textual turn that proceeded it. In so doing it has allowed us to foreground the link between affective life and relations of power, to understand the way that affect is used and configured in particular practices of power and governance. There appears today to be a fragile consensus that emotions are to be understood within individual people while affect has a shape and scope not reducible to the personal quality of emotion. This is worthy of mention because in this article we draw upon a specific notion of affect as a social practice intimately linked to regimes of governance. By further developing Richard and Rudnycky’s (2009) conception of ‘economies of affect’, we will frame the aforementioned distress within a quite specific theorisation of affect. Here affect

suggests relations and practices *between* people rather than borne within them. Affect can therefore be understood as a means through which people conduct themselves and conduct others by structuring certain possible courses of action. Richard and Rudnycky (2009) suggest that affect is critical to producing the subjects of contemporary political and economic transformations, in creating new types of subjects, and new relations between these subjects. Ahmed (2004) conceives subjects as singular nodal points in economies of affect rather than origin and destination and so emotions become understood as distributed across social as well as psychic fields.

Previous work (e.g., Bauman, 1998) has accounted for labour-intensive public transformations of citizens into the subjects of industrial production. Richard and Rudnycky (2009) were able to illustrate how affect was critical to a project of religious reform and economic transformation in Indonesia. In Indonesia, the performance of spiritual reform was necessary for the production of new economic subjects and relied on a subjective transformation that was both experienced and represented through affect. Affective practices, including ritualised weeping, were theorised as central to the project of producing a reformed economic subject able to thrive on, and indeed contribute to, the growing industrial identity of Indonesia.

The purpose of this paper is both to contribute to the growing Critical Community Psychology of debt and to develop the contemporary theorisations of debt experiences that rarely reflect the complexity of the intersections between markets and actions which stem from and are mediated by the body. Walker, Burton, Akhurst, and Degirmencioglu (2014) discuss the development of a Critical Community Psychology of debt through the use of conceptual tools that make evident the interconnections between shorter range ameliorative actions and longer range transformative projects, promoting linkages between local projects and broader

programmes of political change. They argue that the contemporary institutions typically charged with remedying problems of human conduct, such as the 'psy' sciences and education, do not contain the conceptual tools to make knowable and remediate the resulting social problems at levels above a focus on proposed individual interventions. They note the need for a critical examination of the kinds of activities that can link local and macro change, grounding change at the political level with the experience of people's everyday experiences and struggles against an oppressive system. This paper seeks to provide a detailed reading of the ways in which people's subjectivities and distress are impacted by their engagements with financial institutions and hence contribute to the opening of a new a space for constructing collective understandings of debt-induced distress.

If one is to draw out a central flaw in theorisations of debt experiences then it must be the failure to grasp the complexity of the intersections between markets and actions which stem from and are mediated by the body (Deville, 2012). What we have come to understand as mental health, that is bodies, their reactions, emotions and responses are not contained within corporeal vessels but are effects distributed across a range of sociotechnical apparatuses, sites and markets (Deville, 2012). Rather than simplistic understandings linking atomised, responsabilising experiences of debt and financial strain that impact self-contained emotions, the interaction between industrial apparatuses and embodied suffering requires a broader and more nuanced focus where affective relations and practices are deliberate and planned strategies of captation with ensembles of operations that bind people to industrial agencies. Here consumer debt organisations do not just operate by obtaining and acting on information but by seeking to transform peoples' very worlds using logics that are often invisible to debtors (Deville, 2012). This paper seeks to address Deville's (2013) call for a need to take seriously the intersection between social material processes and the generation and

management of affect.

Methods

Participants/Procedure

Between February 2010 and December 2011, 53 semi-structured interviews were carried out with a range of stakeholders in the mainstream UK credit industry. Interviews were carried out by two of the authors (CW and LC). These included:

- 11 debt counsellors/advisors from the community and voluntary sector (including The Citizen's Advice Bureaux, The Consumer Credit Counselling Service, Money Advice and Community Support).
- 17 debt clients recruited from the aforementioned advice agencies. Clients were self-defined by their having arranged appointments with the debt support charities. These clients had sought help for a range of debt related issues and included first time clients and clients who had previously experienced over-indebtedness. A number of the workers from high street banks and debt collection companies also related experiences of being debt clients.
- 17 employees and former employees recruited from the finance sector, including nine from a range of UK High Street banks (and from five separate banks). These stakeholders were recruited from five towns and cities across East and West Sussex. These were Hastings, Brighton, Worthing, Shoreham and Lancing. We interviewed representatives from the Lending Standards Board, The Centre for Responsible Credit and The British Banking Association. We also interviewed a professional bailiff, employees of a local credit union, and an employee from the Personal Finance Education Group, a leading finance education charity.
- 9 workers from five different debt collection organisations, all of which were from the collection sections of high street UK banks. These are the

departments whose role it is to actively seek repayment of outstanding debts that are no longer being serviced.

The interviews were developed following a thorough review of the literature and were focussed on a number of areas. These areas included practices of high street lending and debt collection; experiences of and reasons for using credit/debt; and the impact of personal debt on relationships and wellbeing, specifically mental distress. The work contained in this paper focuses on the specific interactions between those who are tasked with collecting debts for mainstream high street lenders and those clients who find themselves overindebted to such institutions. For a wider discussion of the recent UK debt industry as a whole and one that draws upon the multiple stakeholders mentioned above, the reader is directed toward our recent report on the UK mainstream credit industry (Walker et al., 2012). This research achieved ethical approval from the University of Brighton's Faculty Research Ethics and Governance Committee (FHREG). The majority of interviews were carried out face to face with a few telephone interviews for those who were beyond the realms of affordable travel.

Data analysis

Thematic analysis was used to analyse the interviews. Thematic analysis is a pragmatically and theoretically flexible analytic paradigm (Braun & Clarke, 2006) that allows researchers to identify, analyse and report patterns within qualitative data. It is ideal for semi-structured interviews where similarities and differences between accounts form key components following which representative themes are developed.

Findings/Discussion

A Process of Building Neoliberal Subjects

As with the shaping of neoliberal subjectivities in Indonesia (Richard, & Rudnykyj, 2009), the shaping of UK neoliberal subjectivities involve exchanges of affect and such exchanges of affect have numerous impacts. Following the experiences of the participants in this research, it is our contention that the UK mainstream credit

industry acts as one prominent site in the identity politics of self-regulation and responsabilisation. Previous work has suggested that problematic personal debt will continue to be a prominent feature of people's lives (Gregg & Machin, 2012; Harvey, 2010; Kelly & Pearce, 2012; Walker, 2012a; Walker et al., 2012; Walker et al., 2013). A number of authors have suggested that a diminution in personal debt in the current climate of stagnating incomes/politics of wage suppression would be catastrophic to a UK government and service sector largely dependent on such credit to avoid large scale unemployment and further recession (Bauman, 2007; Harvey, 2010; Turner, 2008; Walker, 2012b). Moreover as Montgomerie (2007) notes, the 'securitization' of personal debt has facilitated the growth of ABSs that has made profits contingent on a steady stream of revolving debtors, that is, debtors who continue to pay the interest on their debt rather than pay it off.

So there is an economic and political impulse toward social practices that discipline subjects into specific modes of engagement with credit – that is, for them to be responsabilised into performing a form of economic management that sustains their status as revolving debtors. Below we outline how mainstream credit organisations enact a multistage process which makes possible two eventualities. Firstly, it facilitates the maximum number of responsabilised revolving debtors to fulfil shareholder demands in a competitive credit industry. In so doing it provides a substrate for consumer activity in an age of stagnating real terms wages. The second eventuality is a broader contribution to the realisation of the responsabilised subjects of neoliberal contemporary political and economic life. It is within this context that the specific affective relations that exist between client and collector should be understood; a context which promotes certain forms of conduct and produces the economic subjects of late modern capitalism –the responsabilised revolving debtor.

The Unknown Borrower

The net effect of securitization has been to make banks extend more credit to customers (Geisst, 2013). It is our contention that the introduction of a rapacious lending culture in mainstream credit organisations, facilitated by the transfer of lending decisions from personal bankers to computer scoring, means that credit organisations no longer have sufficient knowledge of exactly where the limit of sustainable revolving debt is for a given customer. Pressman and Scott (2009) note that qualitative human approaches have almost completely been replaced by quantitative approaches that provide a false sense of lending security. Our research suggests that a range of participants throughout the industry held little confidence that the algorithms used in recent years were effective in ensuring that people were provided with the appropriate credit facilities. The issues revolved around structural problems in the algorithms used, a failure to address 'soft factors' and a failure in many cases to be able to override the decisions made, often as a result of a normative culture of hard selling. For example:

What's interesting is, so if you're in a situation where the computer algorithm is increasingly taking the responsibility of deciding whether someone should or should not be given a mortgage.... it became increasingly more difficult for you to put a stop and say, hang on, I know for a fact that this person won't be able to pay this. When you do a credit search all that it checks is whether they've got any defaults. If you do what they call a footprint search it will check what, what defaults there are really. If you haven't got any defaults you could have a bucket load of credit and for a lot of sources of credit that's as far as it will go. If you're applying for an actual loan it won't go further and the people doing the search don't see what you've got but the system sees what credit they've actually got. (Bank Manager 2)

The engagement of computer scoring opens the door to increased lending but with little knowledge of repayment potential. As such, we contend that credit institutions engage in a process to seek out and fix a sustainable maximal level of revolving debt. We believe that, before debtors find themselves party to the affective exchanges that play such a key role in shaping their economic identities and practices, and to ensure the growth of revolving debtors so essential to the modern debt industry, clients' continued participation in this industry must be ensured. Recent years have seen a plethora of aggressive credit selling practices that have engaged an increasing number of people in credit arrangements that they can barely afford to sustain. The imperative of the credit organisations is to maximise 'walletshare'. Concerns around affordability of repayment or indeed mechanisms to ensure this, were not found to impact lending behaviour.

"Wallet share". It just means that if you have got, as everybody has, credit cards, loans, mortgage, life insurance, investments, you have as much of that share of your wallet as you possibly can get. They used to come out with these stats every now and again and say you know 20% of our customers have 80% of their products elsewhere we have to turn that ratio around you know and the more of the products we can get them with us, the better we will like it for obvious reasons. (Bank Manager 1)

Completely, yeah, completely disproportionate to their earnings..... there was a really basic equation which is something like we, they wouldn't lend more than 20% of your earnings but the majority of the time that was completely out the window, most people had credit limits way above what they were earning. I saw people earning less than £20,000 who had more than a £10,000 limit, I mean completely disproportionate to what they could afford plus it wasn't their

only debt, when you checked their credit reports they had numerous other credit cards, loans, a mortgage. (Debt collection agent 4)

Some clients would be able to organise themselves into the status of a responsible revolving debtor at this point. That is, continue to pay interest on their debts but not to pay off their debts. Those who were unable to adopt the economic subjectivity of responsible revolving debtor would find themselves in problematic financial circumstances. It was commonplace that a number of customers contacted high street banks to outline the difficulties that they were having meeting repayments. At this point banks had the opportunity to work with customers in a way that might be advantageous to the customer; that is, to help to stop them moving into problem debt where they could not afford repayments. Frequently however, banks continued to push unsustainable credit toward customers as a solution to their barely sustainable current credit arrangements.

Say if you ring up and you have a problem with your direct debit or missed a payment, or to increase credit limit. When they'd ring up they'd also say "do you know you can get a supplementary card, so you could have one for your wife/husband or child if 18" and they would earn commission on the products they offered. (Debt collection agent 2)

Well what they advised me to do, and what I did, was to get a credit card which made everything ten times worse of course.... the best advice to pay off the bank fees to get out of debt was to get into the debt more. Very cynical. (Debt client 3)

Two drivers existed in this system for moulding the way in which subjects became indebted. A consumer capitalist economy where demand was facilitated by a deregulated and sales oriented credit industry and a growing securitisation sector that was sustained by the growth of revolving debtors. The needs of both industries were met by

maximising the potential revenue accrued from customers but in a fashion that might be termed 'just sustainable'. That is, ensuring maximal credit use/repayment in a manner that customers could afford. A voracious sales culture and the move to electronic credit scoring were both key to ensuring this.

A number of customers found themselves in unsustainable financial difficulties. They had crossed the boundary between sustainable and unsustainable debt. Between being able to service the interest payments and being unable to meet these payments. At this stage these customers found themselves party to a variety of practices of harassment and abuse as part of a regime to return the money owed to the bank, or to pay back a greater share of the money than they were currently doing so. As a result of a combination of occupational strictures, including incentivisation schemes, disciplinary regimes and technocratic guidelines, collectors reported that the relational practices of abuse and harassment described later in the paper were very much understood as being sanctioned and in most cases enforced by management.

If I spoke to a customer and I hit no payment, which is like a little button there saying, customer cannot pay, freeze interest, freeze charges, no payment, that would be bad for my bonus because I haven't managed to get a payment out of that customer. So, you know, the agents will do whatever they could to avoid hitting no payment. (Debt collection agent 6)

If the member of staff was felt to have not been sufficiently aggressive or persistent in their attempts to receive a payment or increase a payment schedule, collectors reported that they frequently received direct intervention from supervisors in order to remedy their conduct such that they took 'a hard line'.

Um, no. I think they have the company line when you get trained of the right way to ask questions and the polite way and the customer service model that they wanted, but in practice the savvier you became and the more hard line you

took it really. (Debt collection agent 2)

.....we receive an email sometimes, we receive some memo sometimes saying the productions aren't doing very well, oh you need your voice to be harder, to be able to receive your bonus... (Debt collection agent 3)

Economies of Affect: The Making of Shame and Fear

It is the occupational imperative of those who are employed to collect debt repayment over the telephone to develop conduct that maximises their potential to collect repayments. These practices take different forms for different collectors and the evidence collected in this research suggests that collectors engaged in a multitude of different tactical approaches to maximising their repayment potential. The first and most prominent approach was the mobilisation of affective injunctions through a repetitive and intensive series of exchanges which focussed on inducing shame and fear in the clients.

Crozier (2008) notes that cognitive attribution models that conceptualise shame are limited in that such models fail to pay sufficient notice either to the notion of affect as a social practice or to the complex and multidimensional nature of the self-concept. In understanding the affective exchanges between collectors and clients we find it useful to draw upon Richard and Rudnyckyj's (2009) notion of economies of affect where affect is suggestive of relations practiced between people rather than borne within them and which can act as a means through which to guide conduct. Fischer and Janz (2008) note that shame and fear threaten identities but that they also play a role in transforming identities, to create pliant, fearful subjects. The mobilisation of fear and shame can be tools which serve to enact this transformation, that work to produce reformed responsible economic subjects. The experiences of the collectors and clients that we spoke to suggested that affective practices were used as tactical weapons of the trade in order to bring about certain types of conduct in the client. Clients were frequently coerced,

insulted and party to open aggression and it was the mobilisation of injunctions of shame and fear which left the strongest residue in those who had been subject to these practices

The role of the debt collector required that the workers were producers of shame and fear. And it is here that affect provides more purchase than the notion of emotional states because it allows us to understand shame and fear as social relational processes induced to mobilise specific forms of conduct. In the practices outlined by our respondents, shame and fear are weapons mobilised to create conduct conducive to the organisations' competitiveness in the marketplace.

C: Were you expected to threaten people?

I: I don't think they would ever say that, no but it worked and they encouraged it (Debt collection agent 2)

So it is kind of a mental warfare really isn't it? You know if you look at it, these people are going to go off and worry about this and not many people know what banks can and cannot do. So to them, it was a scary prospect. (CCCS 1 and former collector)

The former collector above discusses the mental warfare that existed between client and collector. Here, collectors were expected to threaten clients, to take advantage of the relative lack of knowledge of the capabilities of collecting organisations in order to induce worry. This worry was understood as a mechanism that could bring the client closer to increasing repayment or indeed to beginning repayment should this be the case.

Oh they just sort of literally reduced me to tears and said you know you can't have this, you have got to, it was a woman and she was very abrupt and we can't carry on like this you know. You either agree to sort of double your payments or you know you are going to have to pay the whole amount in or we are going to have to send people round to your house, you know really nasty. (Debt client 4)

I had one and he actually said “you know that beautiful stereo you’ve got and that car you’ve got and that television you’ve got, I can come in and take those off you if you don’t pay this” and he thought that was very clever. I found that appalling. Absolutely appalling. (Debt collection agent 5)

A number of clients and collectors spoke about the issue of silent calls where they would frequently pick up the phone to find that there was nobody on the other end. It was suggested that this might be down to an error in the system but the effect of these silent calls could be a different kind of ominous and threatening experience with some clients disturbed by them.

.... it’s the automated ones that they send through which very rarely speak into your answer phone so they hang up, and then it’s the silent calls that creeped me out more than the arseholes. (Debt client 16)

Yeah. Well, yes, well basically I’ve had a lot of customers complaining about this. That they get these calls and then no-one says anything... if I’m getting targeted making 24 attempts at a call an hour and I’m seeing, oh my god, I’ve only done 10 attempts in this hour because I was stuck in a call, I might be tempted, or some agents might be tempted to just hang up on people. (Debt collection agent 6)

This collector noted a driver of silent calls at a more institutional level, beyond computer error. Since collectors were targeted on the amount of attempts that they did in a given hour, it was relayed that it was quite frequent for collectors to call and hang up in order that they reached their allotted target in a given hour.

(P)... to call them and hang up, just to get through their attempts.

(I) Do you think people do that?

(P) Yeah! All the time, because they get targeted on the amount of attempts

they do every hour. (Debt collection agent 6)

The Production of the Overwhelming

What became clear from the data was that the practices of fear and shame were experienced with a degree of intensity, continuity and relentlessness that established the collection agents as a constant presence in the lives of many debtors. Clients talked about frequently receiving threatening letters, with multiple and varied threats, and up to 10 telephone calls in a single day. This was repeated daily in many cases and appeared in the accounts of clients who were actually answering the calls. In addition it appeared commonplace for calls to be conducted in the evening and at weekends. Initially collectors talked about a ‘hit and run’ mentality where multiple creditors would push clients very hard in the early stages of problem debt in order to maximise their initial return. The relentless nature of the collection process often resulted in individuals feeling there was no ‘space’ to escape from the pressures of their over-indebtedness or from the agents who were seeking to recover the debt.

Yeah, the first, the first, and I can tell you why, the *raison d’être* of collecting money is, if someone doesn’t pay you go after them fast, yeah, and then you hit them hard so that you get in before everyone else and that’s the way the system works. (Credit Union Advisor)

Oh yeah, yeah. There was another strategy called hit and run, where you just like phone them up, try to get the money as quickly as possible, if it wasn’t working go on to somebody else. (CCCS 1 and former collector)

Every single day. (Laughs) It was, we were getting letters through the door saying they were going to take us to court, they were going to send bailiffs round, they were going to send god knows who round. We were getting, we could count from 8 o’clock in the morning til 9 o’clock we’d receive at least ten phone calls,

so it got to the stage where it would be who wouldn't answer the phone, who, "no you do it, you do it, I don't want to do it". (Debt client 14)

The majority, very stressed, at the point where they're defaulting and the creditors are calling, you know, and they're becoming very hounded, you know. That's the difference between priority and non-priority debts, is people will pay their non-priority debts before their priorities because the simple fact is creditors will be on that phone hounding five, six times a day, sometimes three or four times in an hour, demanding money, making all sorts of threats. (CAB advisor 5)

The result of this high intensity mobilisation of shame and fear was the frequent inducement, not only of subjective experiences of shame and fear but also of humiliation and entrapment. Indeed for many these subjectivities come to take on a primary presence in their everyday lives. The relentless nature of the collection process often resulted in individuals believing that there was no 'space' to escape from the pressures of the agents who were seeking to recover the debt

It's awful. You are in despair. You know you really don't, you are waiting for someone to knock on the door and take everything you've got. You are sitting wondering how long you are going to be in the house, worrying where you are going to be next. (Debt client 5)

Chris would shout at them and I'd be like "please don't shout at them because if they send the bailiffs round we're going to be like oh my god, no don't, please don't send the bailiffs round... Because it's just one of those things and it is a horrendous feeling, it's, you feel ashamed of it... It was more about not having money for basics and things that would make me actually really upset, but then as soon as you get upset then you have that

whole, all that guilt about this big, you know, and that kind of compounds it. (Debt client 16)

It's embarrassment. Losing the sense of pride in themselves. Losing self worth. Erm, to be honest after a bit once you've had a few of these letters you reach a state which I can't, it's almost like you go comatose about it. (Credit Union Advisor)

A lot of people, when they, they won't answer the phones, the biggest dread is the postman. You never know what he's gonna bring. (Debt client 8)

Deetz (1997) notes that modes of disciplinary power produce particular types of human subjectivity but that relatively little attention is paid to the way that social relations are transformed into economic relations. It is our contention that inherent in the operation of this particular organisational field is the use of affective practices, work done by others upon debt clients (Hochschild, 2008). These practices not only increase or commence the repayment of owed money (although this was certainly a useful mechanism in achieving this end) but also have the effect of forming specific types of economic subjects; subjects whose experiences of harassment, fear, abuse and shame discipline them into sustainable revolving debtors of the future. Through the affective practices of instilling fear and shame and through high pressure and relentless contact, many debtors become isolated, distressed and 'broken' or 'shut down'. Feeling humiliated and scared and broken down, and with a sense of helplessness, they were now ready to make the transformation from unsustainable debtors, those who were unable to manage their resources, into just sustainable debtors. Either through their own conduct or through the guidance of the range of community and voluntary sector agencies who provide support on budgeting and financial capability, they experience the final stage of

their transition into viable economic subjects. After this affective transformation has taken place, and following their engagement with debt support agencies, many are once again drawn back into the credit industry, both by necessity and through renewed offers of credit.

That to them, the banks, they seem to love the financial statements. They Absolutely love it. They benefit out of it. The banks benefit out of our service in a sense that, some people that come to us really, can sort themselves out quite simply but just changing their budgeting.... you talk to them about that, they resolve that small part of their life and their debts are now payable again. (CCCS 1 and former collector)

...they always used to check the insolvency register and when somebody's bankruptcy ended, send them details about credit card, so you know, you can now apply for a credit card and they'd offer like, you know, I think the information would say oh you could get a grand limit, but they'd start them with a two hundred pound limit, so like two hundred, hook them back in... (CAB advisor 2)

The experiences of abuse and harassment often left a permanent residue and in so doing had imbued the practices of affective disciplining with a sense of permanence. As Ahmed (2004) notes, objects tend to become stuck together as signs of threat. For these clients the ring of the telephone and the dropping of mail through the door served as a constant reminder of the abuse and degradation waiting for them should they resort to their previous practices of 'irresponsibility'.

But still I got to such a stage where I was shaky and nervous every time the phone rang, and I still am like that, makes me jump every time the phone rings but it is just because of the thought of people hounding me you know. (Debt client 6)

Concluding Thoughts

Cochoy (2007) calls for a concerted study of how markets can become oriented toward a range of embodied human states ranging from habit to curiosity, weariness and temptation and to understand not only practices of subjection inherent in neoliberal market relations but to understand also the counter strikes and forms of resistance to such abusive market orientations. It is our contention that UK high street credit organisations have in recent years been incentivised to extract the maximum profit from potential clients. To do so requires a process that explores the credit limits of each client and then to fix clients' financial activity in such a sense that they are encouraged to remain somewhere near this limit. A series of ferocious and relentless affective practices play a fundamental role in reforming economic subjects in order to induce a very particular form of sustainable revolving debtor.

A Critical Community Psychology of debt necessitates the movement from the contemporary institutions typically charged with remedying problems of human debt conduct, such as the 'psy' sciences and education, since they rarely acknowledge the ways in which creditor institutions seek to transform peoples' very worlds using logics that are often invisible to debtors (Deville, 2012). Moreover the intersections between social material practices and the generation and management of affect are problematically understood as remediable through individual interventions. Ritzer (1995) said that it is possible to view people as victims of a financial (and economic) system that depends on their debt for its continued wealth. The purpose of this paper is not to imbue the mechanics of a given social system with a coherent intellectual purpose, that is, to in any sense suggest that the various parties act to facilitate transformation through affect as a deliberate social device. Rather, that a series of sometimes related and sometimes independent social, political and economic transformations have laid the grounds for the

development of a UK personal debt industry where affective relations are central to the management of the conduct of a growing number of people.

These include a gradual but steady stagnation in wages, practices of financial deregulation and the growth in asset backed securities, and the associated pressure to recruit and develop revolving debtors. They include a combined drive to maximise credit sales and a decreased understanding of repayment potential, driven by a radical change in high street banks as corporations beholden to maximise shareholder value through developing 'wallethshare'. They involve changes in the practices of credit checking that neglect the capacity to repay loans and finally they depend upon the existence of dominant neoliberal discourses of personal responsibility and autonomy. An organisational field has developed that has the dual effect firstly of exploring the limits of client's capacity to sustainably service their debts and secondly to transition temporary debtors into disciplined revolving debtors.

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Building harmony: Reducing and measuring racism in Australian schools

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Racism is a pervasive and persistent social problem that has widespread negative effects on society, with physiological and psychological impacts extending to children. Various school-based anti-racism and pro-diversity initiatives have been implemented throughout Australia, but few have been efficacious. Moreover, until recently such programs were unable to be evaluated appropriately due to lack of suitable instruments. RACES was developed as a measure of racism, acceptance, and cultural-ethnocentrism to evaluate the impact of such interventions, in the first instance a project known as Building Harmony. The research reported in this article investigated the reliability and validity of RACES, while exploring the efficacy of Building Harmony in reducing racism and social, emotional, and behavioural difficulties. Participants were 296 students enrolled in years five or six at six primary schools in a growth corridor in the southeastern region of Melbourne, Australia. RACES, MCSDS-A, and SDQ were completed to enable evaluation of the psychometric properties of RACES (internal consistency, test-retest reliability, convergent validity, discriminant validity, and predictive validity) and to assess the impact of Building Harmony. Results provide strong support for RACES as a reliable and valid measure of racist attitudes in the Australian context. Although only tenuous evidence for the efficacy of Building Harmony was found, ongoing evaluation of similar initiatives will ensure that more focused and effective racism-reduction interventions can be implemented. This will support reductions in community levels of racism and the enhancement of acceptance of diversity within Australian schools.

Child-specific research has documented the psychological and physical effects of racism. These include anxiety, depression, and hopelessness; increased alcohol, tobacco, and drug use; lowered self-esteem, self-worth, self-efficacy, and life satisfaction; anger, conduct problems, delinquency, and Attention Deficit and Hyperactivity Disorder; and indicators of metabolic and cardiovascular disease (Howarth, 2009; Pachter & Coll, 2009; Priest et al., 2012). Ethnographic research in primary and secondary schools in a number of Australian states has demonstrated how students, parents, and teachers support and perpetuate widely prevalent racist behaviour and attitudes (Ben-Moshe & Halafoff, 2014; Gross & Rutland, 2014).

Given the potentially devastating impacts of racism on children and its prevalence in educational institutions, the implementation of school-based interventions is considered integral to reduce racism and its effects (Greco, Priest, & Paradies, 2010). A range of school-based and child and

adolescent focussed initiatives aimed at reducing racism and prejudice more broadly have been implemented worldwide, although primarily in the US (Beelmann & Heinemann, 2014; Verkuyten & Thijs, 2013). A recent meta-analysis of child and adolescent prejudice reduction interventions demonstrated that diverse approaches have been utilised, with low to moderate effects (Beelmann & Heinemann, 2014). A range of moderators on program effectiveness were highlighted. Programs based on direct intergroup contact experiences or social-cognitive training and those involving majority group participants showed the strongest effects. Corresponding positive findings with imagined intergroup contact in British children have also been found (Stathi, Cameron, Hartley, & Bradford, 2014). These analyses demonstrate that structured interventions can be effective in children and adolescents, but the distinctive nature of the assessed initiatives means that their translation to different settings is challenging, if not unachievable.

Research focusing on early childhood interventions has been less encouraging, partly because of inherent socio-cognitive limitations, which can lead young children to resist anti-racism messages from external communicators and educators (Johnson & Aboud, 2013). A recent systematic review of interventions to reduce prejudice and enhance inclusion and respect for ethnic differences in early childhood found overall equivocal evidence for their effectiveness (Aboud et al., 2012). Of all effects, only 40% were positive, with attitude effects the most positive. Method of delivery was important: programs using audio-visual or print material proved more positive than interventions based solely on intergroup contact. Consistent with evaluations extending into adolescence, majority group individuals experienced the most positive effects from interventions. In addition, explicitly theory-driven interventions appeared to have the strongest results, highlighting the need for robust research designs and the systematic and explicit use of theories of change in future interventions.

The international research community has naturally informed practice in Australia. To date, despite various interventions being implemented in Australian schools, few have been strongly supported empirically (Greco et al., 2010; Walker & Crogan, 1998). Notable exceptions include one study with Muslim and Christian secondary school students in Sydney, which demonstrated affective intergroup bias reduction maintained after 12 months post-intervention (White, Abu-Rayya, & Weitzel, 2014), although only for Muslim and not for Christian students. The Enhancing Relationships in School Communities project implemented in Melbourne primary schools aimed to impact upon and enhance overarching school culture, with qualitatively positive effects on opposition to racism, respecting and supporting diversity, general cultural awareness, and enhancing management of intergroup conflict (Wertheim, Davis, Freeman, & Trinder, 2010). The School Support Programme, operating in primary and secondary schools

in Victoria, was similarly effective in promoting social inclusion and improved outcomes for refugee students and families (Block, Cross, Riggs, & Gibbs, 2014). The Building Racial Harmony component of the overarching Exploring Race and Ethnicity project, implemented in secondary schools in Queensland, was also successful in addressing and amending problematic views of race, ethnicity, culture, and religion (Hickey & Austin, 2009). An additional project yet to be evaluated is Building Harmony in the Growth Corridor (henceforth Building Harmony), an anti-racism and pro-diversity initiative implemented in local primary schools each year by a non-government organisation, Windermere Child and Family Services, and the local government, Cardinia Shire Council (Grigg & Manderson, 2013). The strategy was introduced in 2009 to build the capacity of young people from diverse backgrounds, and their families, to live harmoniously in one of Victoria's emerging communities. Its goal was to discourage crime based on race and to encourage acceptance of diversity.

Many anti-racism, pro-diversity, and cultural awareness projects are not designed to specifically target racism. Although such initiatives often have positive and notable outcomes, demonstrated by both qualitative and quantitative data, they may not necessarily have a meaningful and lasting impact on the level of racism and racist attitudes within the participating schools. Part of the reason for the limited efficacy evidence is that, until recently, there was no appropriate tool to assess the impact of multi-group racism-reduction and pro-diversity strategies (Grigg & Manderson, 2014a). Hence, the impact on the level of racist attitudes of participants in various programs, projects, and initiatives could not be adequately evaluated.

International research has demonstrated that reliable and valid instruments for measuring the levels of prejudice and racism in children and youth can be developed and widely disseminated (Aboud & Doyle, 1996; Tredoux, Noor, & de Paulo, 2009). In Australia, scales have

been developed to assess racist attitudes, but these either concentrate on a specific group (e.g., Indigenous Australians; Pedersen, Beven, Walker, & Griffiths, 2004), or do not have peer reviewed research detailing their development and validation (e.g., Dunn & Geeraert, 2003). For youth, the available instruments are limited to measures of social distance and stereotyping (e.g., Doyle & Aboud, 1995; Walker & Crogan, 1998), instruments that have been adapted from non-Australian measures, but have not subsequently undergone further validation (e.g., White & Gleitzman, 2006), or complex surveys requiring extrapolation of participant prejudice levels from their interpretation of the seriousness of prejudice-laden scenarios, leading to questions of reliability and validity (e.g., White & Abu-Raya, 2012). Therefore, there is a dearth of instruments for accurately measuring racism across groups in Australian youth.

As there is stronger validity in utilising multiple methods (Mullan, Todd, Chatzisarantis, & Hagger, 2014; Tuffin, 2008), both qualitative and quantitative research is required to provide a complete understanding of racism and its impacts. Qualitative methods provide data that can deliver valuable insights into racism as a construct, its development, and its experience. Quantitative methods establish the prevalence of racism, differences among groups, and its relation to other concepts. Qualitative research is necessary to inform the development of quantitative instruments, which in turn are necessary to establish the effectiveness of intervention programs to reduce racism. Proven effectiveness in turn will enable these programs to be disseminated with the goal of reducing community levels of racism.

Given the limitations of existing tools, the accurate appraisal of multi-group racism-reduction and pro-diversity strategies, anti-racism programs, projects, and initiatives in schools is rare. To redress this, a measure of racial, ethnic, cultural, and religious acceptance – the Australian Racism, Acceptance, and Cultural-Ethnocentrism Scale (RACES; Grigg & Manderson, 2014a)

– was developed with children, adolescents, and adults. RACES was developed specifically for a Victorian school-based pro-diversity and racism reduction project (Building Harmony) to measure the acceptance of diversity among participants prior to and post involvement in the intervention activities; the aim was to provide evidence of the effectiveness of the initiative in improving the race-related attitudes of participating students. This article provides additional evidence that RACES can effectively evaluate the effectiveness of anti-racism and pro-diversity initiatives in Australian schools and reports the efficacy findings of the Building Harmony strategy.

Method

Research Setting

The research setting was a southeastern growth corridor region of Melbourne, specifically Officer, a small town in Cardinia Shire approximately 55km from Melbourne city. The City of Casey and Cardinia Shire, neighbouring localities of the City of Greater Dandenong, are two of the most rapidly growing residential areas of Melbourne and Australia, with population estimates far exceeding mean projected growth forecasts at state and national levels (Australian Bureau of Statistics, 2008; Cardinia Shire Council, 2012; City of Casey Council, 2012). Projected increases are of 102% and 166% for Casey and Cardinia from 2006 to 2031 (Cardinia Shire Council, 2012; City of Casey Council, 2012), in contrast with Victorian and Australian growth forecasts of 30% and 32% respectively from 2006 to 2026 (Australian Bureau of Statistics, 2008). The majority of Cardinia Shire residents are Australian born with both parents also born in Australia, rates that are much higher than the general Victorian and Australian populations. The cultural uniformity within the Shire will be impacted substantially by the projected increase in population of culturally and linguistically diverse migrants and residents of neighbouring localities (Cardinia Shire Council, 2012).

The research involved five local primary schools participating in a racism-reduction initiative (Building Harmony) and an additional local primary school not actively participating in the strategy. Building Harmony is one of few Australian prevention projects to respond proactively to potential diversity issues as new populations arrive (Ozdemir, Soydas, & Grigg, 2012). In

2009 and 2010, the basis of Building Harmony was to inform and develop an appropriate proactive response to potential racial tensions and to establish relationships with the new community and partnerships between the participating schools. A formal pilot test of the project was implemented from November 2010 to November 2011, with positive results including enhancement

Table 1

Mode of Delivery for Building Harmony Activities

Activity	Participants	Time of Delivery	Mode of Delivery
Theatre Games Day	All students	Class time	Five mixed groups
		March 2012	On-campus
Student Leadership Program	Four students from each school	Class time	One mixed group
		May 2012	Off-campus
Shared Literature Activity	All students	Class time	Single-school group
		June 2012	One mixed group On-Campus
Say "No" to Bullying Day	All students	Class time	Five mixed groups
		Parents	One mixed group
Visual Arts Activity	All students	After hours	One mixed group
		July 2012	On-campus
Cross-Cultural Training	Three teachers from each school	Class time	Five mixed groups
		September 2012	One mixed group Off-campus

of school cultural competence and student attitudes towards diversity (Agius, Cooper, Joyce, & Russo, 2011). The activities of the project were based on the available research literature (Cotton, 1993; Greco et al., 2010; Pedersen, Walker, Paradies, & Guerin, 2011; Sanson et al., 1998), but were developed and refined in consultation with the participating schools, in light of the social and emotional developmental level of participants and the community context. The activities included a student leadership program, with students selected as young leaders and diversity champions trained to play an active part in the delivery of the other activities, and taught basic conflict resolution skills to respond to inter-racial conflict. Standardised cross-cultural training was provided to teaching staff in the participating schools. Other activities included a theatre games day, a shared literature activity, a visual arts activity with students working together across cultural and community backgrounds to co-create an artwork, and a 'Say "No" to Bullying' day (see Table 1). Facilitators of diverse backgrounds (including secular, Christian, Catholic, Muslim, Australian background, and non-Australian backgrounds) were involved in delivering learning, as is considered an important aspect of anti-racist education that can assist to break down existing stereotypes.

Participants

The five primary schools involved in the Building Harmony project activities were treated as the intervention group (henceforth known as the Building Harmony Group). One primary school was a government funded secular school, two were non-denominational Christian, one Islamic and one Catholic. Although the intervention schools were involved in the pilot test of Building Harmony in 2010 to 2011, students participating in the 2012 evaluation had not been involved with the project previously. An additional government funded primary school not previously or currently involved in Building Harmony was recruited as the Control Group school. In total, 296 students (9-13 years; 151 Males and 120 Females)

enrolled in years five or six participated in the research.

Procedure

Ethics approval was received by Monash University Human Research Ethics Committee. The authors became involved with Building Harmony participating schools when the project Executive Committee approached them to evaluate the 2012 program activities. The principal of the Control Group school was approached by the authors directly to request participation in the assessment for evaluation purposes. All participating schools obtained permission for students to participate in the research from parents, with no parent declining their child's participation.

The first Building Harmony activities began soon after the beginning of the school year (March 2012), prior to the commencement of the study; pre-test data were collected in April 2012. Post-testing took place in September 2012, two weeks after the final activity, and test-retesting with the project schools took place two weeks later, as recommended in the literature (Pedhazur & Schmelkin, 1991). Although attenuation of an intervention effect may occur swiftly post-intervention, a test-retest assessment was utilised to provide additional validity evidence for RACES. All questionnaires were completed under the supervision of school teachers during class time. Students in the project schools completed the survey online (20-30 minutes to complete); students in the Control Group completed the survey in hard copy (45-60 minutes to complete). The discrepancy in completion time by method of administration is possibly an artefact of young people's increasing reliance on computers and less so on hand writing, thus increasing the time taken to complete the hard copy surveys. At each assessment period, all surveys were completed within 10 days of the first participant completing their survey.

Measures

A demographic questionnaire was utilised to gather general demographic information.

RACES. RACES was completed by respondents in its preliminary 40-item form, but all analyses are based on the final 24-item scale (Grigg & Manderson, 2014a). RACES consists of three interdependent subscales: Racist Attitudes Scale (RAS), an 8-item scale of attitudes reflecting out-group derogation; Accepting Attitudes Scale (AAS), a 12-item scale of attitudes reflecting out-group endorsement; and Ethnocentric Attitudes Scale (EAS), a 4-item scale of attitudes reflecting in-group favouritism (Grigg & Manderson, 2014a). RACES was developed based on qualitative research with Australians of diverse backgrounds and a review of the academic literature, enabling conceptualisations and experiences of real people to complement academic understandings of racism in Australia. A robust and consistent factor structure underlies RACES, demonstrated using both Classical Testing Theory and Item Response Theory. The subscales are appropriately interrelated, and the relationships with RACES and psychopathic personality traits, an existing measure of racism in Australia and a measure of social desirability, have been established. Items in RACES are responded to on a five-point Likert-type scale ranging from “Strongly Disagree” to “Strongly Agree”. Half are reverse scored so higher scores indicate higher levels of acceptance or lower levels of racist attitudes. RACES is internally consistent (total scale and subscale Alpha Coefficient’s range from .79-.91) and possesses factorial and construct validity in children, adolescents and adults, as well as convergent and discriminant validity in adolescents and adults (Grigg & Manderson, 2014a, 2014b, 2014c).

MCSDS-A. A 10-item version of the Marlowe-Crowne Social Desirability Scale (MCSDS; Strahan & Gerbasi, 1972), previously amended for use with Australian youth (MCSDS-A; anonymised for review), was completed. MCSDS-A was used to assess for socially desirable responding, which is integral when measuring sensitive, potentially uncomfortable, or anxiety provoking topics, such as those related to

racism (Anastasi & Urbina, 1996; Janus, 2010; Loewenthal, 2001; Phillips & Ziller, 1997). The 10-item MCSDS is the best shortened version and improves prior forms, including the original 33-item form (Fischer & Fick, 1993). The MCSDS-A is internally consistent (Alpha: .73) and possesses adequate convergent validity, as demonstrated by established relationships with two measures of racist attitudes and a measure of psychopathic personality traits (anonymised for review). The MCSDS-A is responded to on a five-point Likert-type scale ranging from “Strongly Disagree” to “Strongly Agree”. Again, half of the items are reverse scored so higher scores indicate higher levels of social desirability.

SDQ. The 25 core items of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) were included to evaluate the indirect effects of Building Harmony and to provide evidence of convergent and discriminant validity for RACES. This instrument, a behavioural screening questionnaire designed for use with 3-16 year olds, assesses emotional symptoms (ESS), conduct problems (CPS), hyperactivity/attention symptoms (HAS), peer relationship problems (PPS), and prosocial behaviour (PSS). Each area forms a five-item subscale and the four problematic construct subscales sum to a total difficulties score (TDS), with item response on a three point Likert-type scale ranging from “Not True” to “Certainly True”; 10 are reverse scored so higher scores indicate greater difficulties.

Analytical Techniques

Identifying the factors responsible for change and the nature of the change (i.e., summative or multiplicative) in large-scale interventions can be challenging (Mullan et al., 2014). Research adopting both correlational and experimental designs can assist in determining the behaviour change mechanisms at work (Mullan et al., 2014). In the present research, we examined both the longitudinal impact of the intervention and explored the cross-sectional relationships between the variables at each assessment period.

Table 2

Descriptive Statistics for Building Harmony Project Sample

		Total	Actual	Response Rate		
Pre-Test Sample Size	Building Harmony	116	114	98%		
	Control	180	129	72%		
	Total	296	243	82%		
Post-Test Sample Size	Building Harmony	116	92	79%		
	Control	180	121	67%		
	Total	296	213	72%		
Test-Retest Sample Size	Building Harmony	116	68	59%		
Overall Sample Size	Building Harmony	116	115	99%		
	Control	180	157	87%		
	Total	296	272	92%		
		<i>M</i>	<i>SD</i>	Range	<i>N</i>	
Age (Years)	Pre-Test	Building Harmony	11.14	0.58	10-12	114
		Control	10.87	0.72	9-13	157
		Total	10.98	0.67	9-13	271
	Post-Test	Building Harmony	11.45	0.64	10-13	114
		Control	11.26	0.74	10-13	157
		Total	11.34	0.71	10-13	271
	Test-Retest	Building Harmony	11.49	0.63	10-13	114
			Male	Female	<i>N</i>	
	Gender	Building Harmony	74 (65%)	40 (35%)	114	
Control		77 (49%)	80 (51%)	157		
Total		151 (56%)	120 (44%)	272		

Table 2 continued:

		Australia	Other	<i>N</i>
Country of Birth	Building Harmony	95 (83%)	20 (17%)	115
	Control	142 (90%)	15 (10%)	157
	Total	237 (87%)	35 (13%)	272
		Australia	Other	<i>N</i>
Building Harmony	Mother	67 (56%)	48 (42%)	115
	Father	49 (43%)	65 (57%)	114
Control	Mother	112 (74%)	39 (26%)	151
	Father	115 (77%)	35 (23%)	150
Total	Mother	179 (67%)	87 (33%)	266
	Father	164 (62%)	100 (38%)	264

Note. Various participants did not provide date, country, or parent country of birth data.

Results

Pre-test, post-test, and test-retest data were cleaned and analysed using SPSS 20.0. Several datasets were created to enable differential data treatment for (1) comparison of Control and Building Harmony groups on the examined variables (i.e., evaluation of the effect of Building Harmony), (2) evaluation of the strength of relationships between examined variables, and (3) evaluation of the test-retest reliability of RACES. Below, we outline preliminary data analyses, present the results for RACES validation and then present the results of the Building Harmony initiative. Descriptive statistics are shown in Table 2.

Preliminary Data Analysis

Evaluation of RACES psychometric properties. All data across each assessment period and both groups was combined. A missing data analysis was performed and all

cases with 5% or more data missing across RACES, MCSDS-A, or SDQ were removed. Separate regression analyses for each of the alternate scales (RACES, MCSDS-A, and SDQ) were used to deal with remaining missing data. Data were then recombined into a single data set to maximise the sample size for analysis.

The test-retest assessment data provided by the Building Harmony Group was analysed separately, with post-test and test-retest data collated and a missing data analysis performed. All cases with 5% or more data missing across RACES, MCSDS-A, or SDQ were removed in addition to all cases missing either post-test or test-retest data. For the test-retest correlation analyses, only the test-retest data was utilised. Again, all cases with 5% or more data missing independently across RACES, MCSDS-A, or SDQ were removed. There were no remaining cases with less than 5% missing

data, but some cases had full data for RACES and MCSDS-A and no data for the SDQ. Data were recombined into a single data set to maximise the sample size for analysis. For all test-retest assessment data analyses, casewise deletion was used to deal with any unpaired data. All analyses in the evaluation of the RACES were conducted utilising the General Linear Model (GLM) approach to data analysis.

Building Harmony evaluation. Missing data analysis was performed and all cases with 5% or more data missing across RACES, MCSDS-A, or SDQ, and all cases with only pre- or post-test data, were removed. Intention to treat analysis to carry forward data was inappropriate due to the lack of connection between the intervention and the absence of students at post-test (i.e., students were absent due to illness). Linear Mixed Models (LMM) were used to deal with all remaining missing data because of its greater flexibility than the traditional GLM and its capacity for a more nuanced analysis of intervention data (Schneider, 2013). Due to missing data, only 41 respondents from the Building Harmony Group (75 responses omitted due to missing data at pre- and/or post-test) and 84 respondents from the Control Group (96 responses omitted due to missing data at pre- and/or post-test) were included in analyses at both pre- and post-test. LMM was used to assess the effect of the intervention on RACES, MCSDS-A and SDQ scores.

For all analyses, assumptions were examined via the inspection of normality plots. Although some variables appeared non-normal (i.e., mild to moderate skew), the sample size was large enough for the selected statistical analyses to be robust; transforming non-normal data is a questionable practice and for sample sizes above 30, the sampling distribution of the mean can be safely assumed to be normal (Field, 2009; Games, 1984; Salkind, 2006). No significant univariate or multivariate outliers were detected.

Evaluation of RACES Convergent and Discriminant Validity

The relationship between racial, ethnic, cultural, and religious acceptance, and the various strengths and difficulties experienced by the students, was assessed across both groups and all data collection periods. Due to consistency across assessment periods, only the pre-test correlation analysis is shown (see Table 3). No significant correlations had 95% CIs that crossed zero for either group, the total sample, or across pre- and post-test. The 95% CIs effectively spanned one strength rating at their widest point (i.e., from trivial to small; small to moderate; moderate to large, etc.) (Cohen, 1988). As most significant correlations were moderate to large, these findings provide confidence that many of the relationships were meaningful.

RACES overall scale correlation findings.

For both groups and all assessment periods, there was a significant positive relationship with each of the subscales, with the MCSDS-A, and with the PSS. Conversely, across groups and assessment periods, there was a significant negative relationship with the TDS, and the HAS and CPS. There was an inconsistent relationship between the overall RACES and the PPS and no significant relationship between the overall RACES and the ESS across either group or assessment period.

The consistency of the RACES relationship with its subscales provides important evidence for the overall construct validity of the measure. However, the consistency of the relationship with the MCSDS-A, suggests that overall RACES scores are related to socially desirable responding. The RACES scores therefore may not represent the true attitudes of the participants. However, previous scale developers have suggested a correlation in the range of $> .60$ to be indicative of excessive response bias contamination, a level not reached in the current research (Lee, Gibbons, Thompson, & Timani, 2009). The consistency of the RACES relationship with the PSS, TDS, HAS, and CPS provides important evidence for the convergent

Table 3

Correlation Analyses for Pre-Test Data

	2.		3.		4.		5.		6.		7.		8.		9.		10.		11.				
	BH	CG	TS	BH	CG	TS	BH	CG	TS	BH	CG	TS	BH	CG	TS	BH	CG	TS	BH	CG	TS		
1.	<i>r</i>	.93***	.85***	.88***	.80***	.81***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	.76***	
RACES	<i>p</i>	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	
2. AAS	<i>r</i>		.57***	.46***	.48***	.61***	.50***	.54***	.59***	.28*	.42***	.28*	.28*	.28*	.28*	.28*	.28*	.28*	.28*	.28*	.28*	.28*	
	<i>p</i>		<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	
3. RAS	<i>r</i>			.49***	.53***	.52***	.44***	.11	.17*	-.21	-.27**	-.30***	-.07	-.02	-.08	-.38**	-.14	-.25***	-.25*	-.06	-.10	-.32**	-.18*
	<i>p</i>			<.001	<.001	<.001	<.001	.23	.015	.055	.003	<.001	.52	.85	.26	.001	.13	<.001	.024	.53	.14	.004	.049
4. EAS	<i>r</i>				.39***	.23*	.28***	-.11	-.28**	-.23**	-.26*	-.19*	-.22**	-.21	-.36***	-.32***	-.26*	-.30**	-.27***	-.30**	-.39***	-.36***	-.34**
	<i>p</i>				<.001	.010	<.001	.32	.002	.001	.021	.042	.002	.058	<.001	<.001	.020	.001	<.001	.007	<.001	<.001	.002
5. PSS	<i>r</i>								-.13	-.30**	-.20**	.05	-.02	-.22*	-.39***	-.29***	-.30**	-.25**	.28***	-.20	-.33***	-.25***	-.42***
	<i>p</i>								.24	.001	.006	.66	.81	.74	.047	<.001	<.001	.006	.005	<.001	.069	<.001	<.001
6. HAS	<i>r</i>									.44***	.23**	.33***	.37**	.44***	.43***	.25*	.17	.19***	.77***	.70***	.74***	.74***	.43***
	<i>p</i>									<.001	.010	<.001	<.001	<.001	<.001	.027	.057	.007	<.001	<.001	<.001	<.001	<.001
7. ESS	<i>r</i>									.26*	.34***	.32***	.27*	.35***	.30***	.74***	.72***	.75***	.73***	.73***	.75***	.75***	-.09
	<i>p</i>									.019	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	.45
8. CPS	<i>r</i>										.26*	.39***	.32***	.66***	.75***	.72***	.56***	.39***	.46***	.46***	.46***	.46***	.46***
	<i>p</i>										.021	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
9. PPS	<i>r</i>																.61***	.60***	.58***	.58***	.58***	.58***	-.09
	<i>p</i>																<.001	<.001	<.001	<.001	<.001	<.001	.41
10. TDS	<i>r</i>																						.41***
	<i>p</i>																						<.001
11. MGSDS-A	<i>r</i>																						.41***
	<i>p</i>																						<.001

Note. RACES = Racism, Acceptance, and Cultural-Ethnocentrism Scale; AAS = Accepting Attitudes Scale; RAS = Racist Attitudes Scale; EAS = Ethnocentric Attitudes Scale; PSS = SDQ Prosocial Scale; HAS = SDQ Hyperactivity Scale; ESS = SDQ Emotional Symptoms Scale; CPS = SDQ Conduct Problems Scale; PPS = SDQ Peer Problems Scale; TDS = SDQ Total Difficulties score; MGSDS-A = Marlowe Crowne Social Desirability Scale Australian; BH = Building Harmony Group; CG = Control Group; TS = Total Sample.
 * *p* < .05. ** *p* < .01. *** *p* < .001.

validity of the scale. As expected, higher levels of acceptance are related to higher levels of prosocial behaviour and lower levels of social, behavioural, and emotional difficulties.

The inconsistent and non-significant relationship respectively between the overall RACES and the PPS and ESS contradicts the expectation that difficulties with peers and expression of emotion would be related to lower levels of acceptance of diversity. As detailed below, these findings reinforce prior suggestions that the RACES subscales may be more meaningful when utilised interdependently (i.e., as a three factor scale), rather than as three independent scales (Grigg & Manderson, 2014a, 2014c).

Accepting Attitudes Scale correlation findings. For the AAS across both groups and assessment periods, there was a significant positive relationship with the RAS, with the MCSDS-A, and with the PSS. Conversely, across both groups and assessment periods, there was a significant negative relationship with the HAS. There was no significant relationship with the ESS across either group or assessment period, and an inconsistent relationship between the AAS and the EAS, CPS, PPS, and TDS.

Racist Attitudes Scale correlation findings. Across both groups and assessment periods, there was a significant positive relationship with the EAS and with the MCSDS-A, and a significant negative relationship with the TDS. There was no significant relationship with the ESS across either group or assessment period, and an inconsistent relationship between the RAS and the PSS, HAS, CPS, and PPS.

Ethnocentric Attitudes Scale correlation findings. There was no variable with a significant positive or negative relationship across both groups and assessment periods. There was no significant relationship with the ESS across either group or assessment period. There was a consistent negative relationship with the HAS and CPS for both the Control Group and the Total Sample, but these relationships were absent for the Building Harmony Group across assessment periods. There was an

inconsistent relationship between the EAS and the PSS, PPS, TDS, and MCSDS-A.

MCSDS-A correlation findings. The MCSDS-A findings were the most stable and predictable of all the measured variables. Across both groups and assessment periods, there was a significant positive relationship with the RACES total scale, AAS, RAS, and PSS, and a significant negative relationship with the HAS, CPS, and TDS. There was no significant relationship with the ESS or CPS for either group across assessment periods. The EAS was inconsistent for the Building Harmony Group, but was significantly positively associated with the Control Group and the Total Sample across assessment periods.

SDQ correlation findings. The SDQ total scale and subscale correlation findings may further explain some of the inconsistent findings reported above. Only the CPS demonstrated significant relationships in the expected direction with the TDS or other SDQ subscales across both groups and assessment periods. The inconsistent findings with the SDQ total scale and subscales may have caused some of the discrepancies for the RACES total scale and subscale relationships.

RACES convergent and discriminant validity findings summary. The positive relationships between desirable variables and negative relationships between undesirable variables were expected. The inconsistent relationship between the EAS and MCSDS-A may be partly due to the limited length of the EAS (i.e., four items). The lack of a significant relationship with the ESS and CPS may partly explain the inconsistent findings reported above. Overall, the correlation findings support the construct, convergent, and discriminant validity of the RACES total scale, RACES subscales, and the MCSDS-A, with most relationships consistent and in the expected direction.

Evaluation of RACES Test-Retest Reliability

Eleven paired-samples t-tests and Pearson correlations were conducted to assess the stability of RACES, SDQ, and MCSDS-A total scales and subscales (tabular results available upon request). The t

-test results indicate that each of the RACES, SDQ, and MCSDS-A total scales and subscales were of acceptable stability indicated by the lack of a statistically significant difference between post- and test-retest. The correlation results suggest that each of the RACES, SDQ, and MCSDS-A total scales were of acceptable stability (correlations above .70) (Nunnally, 1978). However, the EAS was of less than desirable stability, reinforcing the importance of utilising the three RACES subscales interdependently rather than independently. The CPS and PPS were also of poor stability,

which may have contributed to the inconsistent results reported above.

Building Harmony Evaluation

A series of 2x2 ANOVAs with Group (Building Harmony Group and Control Group) and Assessment (Pre-Test and Post-Test) as the two factors were conducted to assess the effect of the intervention on RACES, SDQ, and MCSDS-A total scale and subscale scores (tabular results available upon request). Due to the significant increase in MCSDS-A scores for the Control Group from pre- to post-test, a series of 2x2 ANCOVAs were conducted with the same

Table 4: Descriptive Statistics for RACES and MCSDS-A with and without Covariance

		RACES			RACES (MCSDS-A Controlled)			MCSDS-A			
		Building Harmony	Control	Total	Building Harmony	Control	Total	Building Harmony	Control	Total	
Pre- Test	<i>M</i>	74.83	67.81	71.32	74.83	67.88	71.35	28.76	27.66	28.21	
	<i>SE</i>	1.59	1.13	0.98	1.59	1.16	0.98	0.66	0.47	0.40	
	<i>df</i>	169.66	173.91	171.09	161.45	172.57	165.33	182.29	189.32	184.70	
Post - Test	<i>M</i>	75.51	71.64	73.58	75.51	72.25	73.88	27.73	28.96	28.35	
	<i>SE</i>	1.59	1.18	0.99	1.50	1.22	1.00	0.66	0.48	0.41	
	<i>df</i>	169.66	188.78	176.52	161.45	187.15	171.19	182.29	192.15	185.72	
		Accepting Attitudes Scale			Racist Attitudes Scale			Ethnocentric Attitudes Scale			
		Building Harmony	Control	Total	Building Harmony	Control	Total	Building Harmony	Control	Total	
No CV	Pre- Test	<i>M</i>	39.61	37.79	38.70	22.27	18.13	20.20	12.95	11.78	12.36
		<i>SE</i>	0.87	0.61	0.53	0.70	0.50	0.43	0.39	0.28	0.24
		<i>df</i>	183.40	184.82	183.87	194.81	197.56	195.72	183.19	184.67	183.68
CV	Post- Test	<i>M</i>	40.05	38.66	39.36	22.12	19.66	20.89	13.34	12.85	13.10
		<i>SE</i>	0.87	0.62	0.53	0.70	0.50	0.43	0.39	0.28	0.24
		<i>df</i>	183.40	193.50	186.88	194.81	200.30	196.67	183.19	187.65	184.68
CV	Pre- Test	<i>M</i>	39.61	37.90	38.75	22.27	18.15	20.21	12.95	11.77	12.36
		<i>SE</i>	0.87	0.62	0.53	0.70	0.51	0.44	0.39	0.28	0.24
		<i>df</i>	173.14	181.44	175.99	187.25	196.24	190.42	174.74	183.40	177.71
CV	Post- Test	<i>M</i>	40.05	39.16	39.61	22.12	19.70	20.91	13.34	12.96	13.15
		<i>SE</i>	0.87	0.64	0.54	0.70	0.52	0.44	0.94	0.29	0.24
		<i>df</i>	173.14	191.36	179.76	187.25	201.23	192.40	174.74	187.82	179.33

Note. CV = inclusion of covariate. No CV = no inclusion of covariate.

Table 5: Descriptive Statistics for Individual SDQ Subscales with and without Covariance

			Prosocial Scale			Hyperactivity Scale			Emotional Symptoms Scale		
			BH	CG	TS	BH	CG	TS	BH	CG	TS
No	Pre-Test	<i>M</i>	8.07	8.31	8.19	3.51	4.57	4.04	2.76	3.26	3.01
		<i>SE</i>	0.27	0.19	0.16	0.39	0.27	0.24	0.39	0.27	0.24
		<i>df</i>	182.01	183.47	182.49	177.85	180.78	178.82	175.28	175.28	175.28
CV	Post-Test	<i>M</i>	7.95	8.49	8.22	3.44	4.45	3.95	3.17	3.32	3.25
		<i>SE</i>	0.27	0.19	0.16	0.39	0.27	0.24	0.39	0.27	0.24
		<i>df</i>	182.01	182.01	182.01	177.85	177.85	177.85	175.28	175.28	175.28
CV	Pre-Test	<i>M</i>	8.07	8.29	8.18	3.51	4.63	4.07	2.76	3.29	3.03
		<i>SE</i>	0.27	0.19	0.17	0.39	0.28	0.24	0.39	0.28	0.24
		<i>df</i>	178.74	187.30	181.69	175.42	185.68	178.97	163.00	169.93	165.33
CV	Post-Test	<i>M</i>	7.95	8.44	8.20	3.44	4.52	3.98	3.17	3.32	3.25
		<i>SE</i>	0.27	0.19	0.17	0.39	0.28	0.24	0.39	0.28	0.24
		<i>df</i>	178.74	188.74	182.21	175.42	185.68	178.97	163.00	172.83	166.34
			Conduct Problems Scale			Peer Problems Scale			Total Difficulties		
			BH	CG	TS	BH	CG	TS	BH	CG	TS
No	Pre-Test	<i>M</i>	1.59	2.35	1.97	1.78	1.66	1.72	9.63	11.79	10.71
		<i>SE</i>	0.28	0.20	0.17	0.25	0.17	0.15	0.93	0.65	0.57
		<i>df</i>	195.58	195.58	195.58	216.11	217.16	216.46	184.42	187.39	185.40
CV	Post-Test	<i>M</i>	2.02	2.05	2.04	2.17	1.61	1.89	10.81	11.52	11.16
		<i>SE</i>	0.28	0.20	0.17	0.25	0.17	0.15	0.93	0.65	0.57
		<i>df</i>	195.58	197.00	196.05	216.11	216.11	216.11	184.42	185.90	184.91
CV	Pre-Test	<i>M</i>	1.59	2.39	1.99	1.78	1.65	1.71	9.63	11.89	10.76
		<i>SE</i>	0.28	0.20	0.17	0.25	0.18	0.15	0.91	0.66	0.56
		<i>df</i>	193.03	199.41	195.24	209.20	214.31	211.02	182.68	192.48	186.11
CV	Post-Test	<i>M</i>	2.02	2.13	2.08	2.17	1.60	1.89	10.81	11.66	11.23
		<i>SE</i>	0.28	0.21	0.17	0.25	0.18	0.15	0.91	0.67	0.56
		<i>df</i>	193.03	203.15	196.65	209.20	215.12	211.34	182.68	182.68	186.63

Note. BH = Building Harmony Group. CG = Control Group. TS = Total Sample.

factors as above and with MCSDS-A as a covariate to assess the effect of the intervention on RACES and SDQ total scale and subscale scores to control for the effect of socially desirable responding. Descriptive statistics for the overall scales and subscales (controlling for the MCSDS-A and without

MCSDS-A as a covariate) and the results of the analyses are set out in Tables 4-7.

Significant Pre- to Post-Test effects indicate that a group had a significant change from pre- to post-test. Significant Group effects indicate that the groups were significantly different when averaged across the two assessment periods. Significant Assessment effects indicate that scores were

Table 6
Pre-Test to Post-Test ANOVA and ANCOVA Results for RACES and SDQ Total Scale and Subscales and MCSDS-A by Group

	Accepting Attitudes Scale			Racist Attitudes Scale			Ethnocentric Attitudes Scale			RACES Total Score			MCSDS-A												
	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG										
F	0.29	2.20	0.32	4.35	0.04	8.96	0.04	7.81	1.14	16.97	1.16	18.82	0.24	12.83	0.25	15.33	2.68	7.74	-	-					
d	0.08	0.15	0.08	0.22	0.03	0.33	0.03	0.33	0.16	0.42	0.08	0.46	0.07	0.36	0.07	0.40	0.24	0.30	-	-					
9 L	-0.35	-0.15	-0.35	-0.09	-0.40	0.03	-0.40	0.02	-0.28	0.11	-0.35	0.15	-0.37	0.06	-0.36	0.09	-0.19	-0.01	-	-					
5 L																									
%																									
C U	.51	0.45	0.51	0.52	0.47	0.64	0.47	0.63	0.59	0.72	0.52	0.76	0.50	0.66	0.50	0.70	0.68	0.60	-	-					
I L																									
d	116.26	120.31	105.94	115.92	119.18	103.59	115.00	117.24	119.27	106.71	114.68	106.10	113.74	95.73	108.89	111.55	118.17	-	-	-					
f	.59	.14	.58	.39	.84	.003**	.84	.006**	.29	<.001***	.28	<.001***	.63	.001**	.62	<.001***	.11	.006**	-	-					
p																									
	Prosocial Scale			Hyperactivity Scale			Emotional Symptoms Scale			Conduct Problems Scale			Peer Problems Scale			SDQ Total Difficulties									
	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG	ANOVA	ANCOVA	CG				
F	0.26	1.18	0.24	0.66	0.05	0.25	0.05	0.25	1.58	0.07	1.78	0.01	2.41	2.28	2.23	1.35	1.96	0.07	1.90	0.05	1.80	0.19	1.70	0.11	
d	0.07	0.10	0.07	0.09	0.03	0.05	0.03	0.04	0.16	0.02	0.16	0.01	0.24	0.16	0.24	0.14	0.24	0.03	0.24	0.03	0.20	0.05	0.20	0.04	
9 L	-0.36	-0.20	-0.36	-0.22	-0.41	-0.25	-0.41	-0.26	-0.27	-0.28	-0.27	-0.29	-0.20	-0.14	-0.19	-0.17	-0.19	-0.27	-0.19	-0.27	-0.19	-0.27	-0.63	-0.26	-0.23
5 L																									
%																									
C U	0.50	0.41	0.50	0.39	0.46	0.35	0.46	0.35	0.60	0.33	0.60	0.31	0.67	0.47	0.67	0.44	0.68	0.33	0.68	0.33	0.68	0.33	0.24	0.35	0.63
I L																									
d	122.34	122.81	110.08	117.10	120.67	121.58	120.67	121.58	123.00	123.00	115.17	120.87	121.42	107.91	116.08	122.47	123.10	113.96	123.04	118.10	119.63	105.67	114.49	-	-
f	.61	.28	.42	.63	.83	.62	.83	.62	.21	.80	.19	.91	.12	.13	.12	.25	.16	.79	.17	.82	.18	.67	.20	.74	

Note. BH = Building Harmony Group. CG = Control Group. Numerator $df = 1$ for all analyses.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 7

Overall ANCOVA Results for RACES and SDQ Total Scale and Subscales

	Accepting Attitudes Scale				Racist Attitudes Scale				Ethnocentric Attitudes Scale				RACES Total Score				SDQ Total Difficulties								
	G	A	GA	Pr	Po	G	A	GA	Pr	Po	G	A	GA	Pr	Po	G	A	GA	Pr						
<i>F</i>	1.87	2.97	0.70	2.58	0.68	19.32	2.37	3.47	22.46	7.66	3.33	12.13	3.11	5.96	0.62	8.25	8.27	4.41	12.50	2.66	2.52	0.70	1.55	3.99	0.57
<i>d</i>	0.26	0.14	0.30	0.15	0.83	0.14	0.89	0.52	0.35	0.29	0.46	0.09	0.54	0.23	0.66	0.30	0.30	0.07	0.38	0.14	0.00	-0.23	0.00	-0.17	0.00
9 L	-0.12	-0.11	-0.07	-0.22	0.43	-0.11	0.50	0.14	-0.03	0.04	0.08	-0.28	0.16	-0.02	0.28	-0.07	-0.08	-0.17	0.00	-0.23	0.00	-0.17	0.00	-0.17	0.00
5 L	0.63	0.39	0.68	0.53	1.21	0.39	1.28	0.89	0.72	0.54	0.84	0.47	0.91	0.48	1.04	0.68	0.67	0.32	0.75	0.51	0.75	0.51	0.75	0.51	0.51
%U	120.44	109.60	109.60	175.99	179.76	115.75	107.67	107.67	190.42	192.40	117.93	109.55	109.55	177.71	179.33	116.49	100.83	100.83	165.33	171.19	116.21	108.79	108.79	186.63	
<i>f</i>	.17	.088	.41	.11	<.001***	.13	.065	<.001***	.006**	.071	.001**	.081	.016*	.43	.005**	.005**	.001**	.11	.12	.41	.22	.047*	.45	.45	
Prosocial Scale																									
	Hyperactivity Scale				Emotional Symptoms Scale				Conduct Problems Scale				Peer Problems Scale												
	G	A	GA	Pr	Po	G	A	GA	Pr	Po	G	A	GA	Pr	Po	G	A	GA	Pr						
<i>F</i>	1.46	0.01	0.77	0.42	2.18	6.79	0.17	0.01	5.00	4.58	0.63	1.29	1.00	1.29	0.10	2.39	0.25	3.59	5.38	0.10	2.00	0.94	1.54	0.19	
<i>d</i>	0.23	0.01	0.13	0.28	0.49	0.03	0.44	0.42	0.15	0.08	0.21	0.06	0.29	0.05	0.44	0.06	0.26	0.10	0.08	0.35	0.08	0.35	0.08	0.35	
9 L	-0.15	-0.24	-0.25	-0.09	0.11	-0.21	0.06	0.04	-0.22	-0.17	-0.17	-0.31	-0.09	-0.20	0.06	-0.32	-0.12	-0.15	-0.29	-0.03	-0.29	-0.03	-0.29	-0.03	
5 L	0.60	0.26	0.50	0.66	0.87	0.28	0.81	0.80	0.52	0.33	0.58	0.43	0.66	0.30	0.81	0.43	0.63	0.35	0.45	0.72	0.45	0.72	0.45	0.72	
%U	119.66	112.56	112.56	181.69	182.21	116.94	109.22	109.22	178.82	177.85	119.78	111.86	111.86	165.33	166.34	116.44	110.77	110.77	195.24	196.65	121.40	117.11	117.11	211.34	
<i>f</i>	.23	.92	.38	.52	.14	.010*	.68	.93	.027*	.034*	.43	.26	.32	.26	.75	.13	.62	.061	.021*	.76	.16	.33	.22	.66	

Note. G = Group Effect, A = Assessment Effect, GA = Group by Assessment Effect, Pr = Pre-Test Effect, Po = Post-Test Effect, Numerator *df* = 1 for all analyses.

* $p < .05$, ** $p < .01$, *** $p < .001$.

significantly different over pre- and post-test when averaged across the two groups. Significant Group by Assessment effects indicate that the two groups had a significantly different change in scores from pre-test to post-test. Significant Pre/Post-Test effects indicate that the groups were significantly different at pre/post-test. Confidence intervals in the analyses were relatively wide, revealing the imprecision of the analyses and highlighting the need for replication with a larger sample size and decreased variability before firm conclusions can be drawn (Cumming, Fidler, Kalinowski, & Lai, 2012). The most reliable effects were able to be examined by focusing only on the effects with 95% CIs that did not drop below zero.

Of the significant Pre- to Post Test effects, the Control Group MCSDS-A had a lower bound 95% CI below zero and so can be discounted. However, the Control Group had a significant increase in RACES Total Score and both the RAS and EAS subscales both with and without MCSDS-A as a covariate. No other significant Pre- to Post-Test effects were found.

Of the significant Pre-Test effects, the HAS and CPS (without MCSDS-A as a covariate) had lower bound 95% CIs below zero and so they can be discounted. In contrast, RAS, EAS, and RACES total score were significantly higher for the Building Harmony Group at pre-test both with and without MCSDS-A as a covariate. The HAS, CPS, and TDS were each significantly higher for the Control Group with the MCSDS-A as a covariate only. No other significant Pre-Test effects were found.

The RAS and HAS were significantly higher for the Building Harmony Group and Control Group respectively at post-test both with and without MCSDS-A as a covariate. No other significant Post-Test effects were found and none of the significant Post-Test effects had a lower bound 95% CI below zero.

The RAS, RACES total score, and HAS were found to have a significant Group effects both with and without MCSDS-A as a covariate. The EAS without MCSDS-A as a

covariate was found to have a non-significant Group effect, but this effect had a lower bound 95% CI above zero. No other significant Group effects were found and none of the significant Group effects had a lower bound 95% CI below zero.

Of the significant Assessment effects, the RACES total score (with and without MCSDS-A as a covariate) had lower bound 95% CIs below zero and so can be discounted. In contrast, the EAS was found to have a significant Assessment effect both with and without MCSDS-A as a covariate. No other significant Assessment effects were found.

As Group by Assessment effects are interaction effects, effect size estimate are unavailable. A significant Group by Assessment effect was found for MCSDS-A and CPS without MCSDS-A as a covariate. A significant Group by Assessment effect was also found for RACES total score with MCSDS-A as a covariate. No other significant Group by Assessment effects were found.

Building Harmony evaluation summary.

Overall, many effects were trivial, however, some effects entered the moderate to large range, with lower bound 95% CIs in the small to moderate range (Cohen, 1988). If focus is targeted only upon the non-trivial effects significant meaning can be drawn from the data. Results provide tenuous efficacy evidence for the Building Harmony initiative in enhancing racial attitudes and social, emotional, and behavioural strengths. *Comparison with Building Harmony Pilot Test*

Due to the tenuous efficacy evidence for the Building Harmony initiative, results from the 2011 Building Harmony pilot test were examined. Twenty-four single-sample *t*-tests were conducted on de-identified data from the 2011 Building Harmony project to assess the difference between the mean SDQ subscale and total difficulties scores from the 2011 Building Harmony initiative post-test and the current sample. These results demonstrated that the Control Group at pre- and post-test had significantly more social, emotional, and behavioural difficulties than

the 2011 Building Harmony participants at post-test (HAS, EAS, CPS, and TDS). Yet, the Building Harmony Group only had differences for HAS at pre-test and CPS at post-test. Further, the Control Group at post-test had a significantly higher PSS, which again suggests a potential positive change throughout the assessment periods. These findings support the effectiveness of the Building Harmony initiative if presented to a novel audience.

Discussion

The results support the reliability and validity of RACES, with the measure shown to be stable over time and demonstrating expected relationships with social, emotional, and behavioural strengths and difficulties. The overall results of the evaluation of the Building Harmony project were also positive, and support the program in maintaining accepting attitudes toward distinct groups, increasing social, emotional, and behavioural strengths, and reducing social, emotional, and behavioural difficulties. However, the results only equivocally support the efficacy of the initiative, consistent with considerable intergroup relations research conducted in educational institutions (Greco et al., 2010; Walker & Crogan, 1998).

RACES Evaluation

Relationships with RACES scales and subscales were predominantly as expected. Participants with greater social, emotional, and behavioural difficulties were found to have lower levels of acceptance of difference, and the converse also resulted, consistent with previous research. For example, prosocial attitudes including empathic concern are positively related to intention to intervene in a racist situation and empathy is negatively related to racism (Neto & Pedersen, 2013; Pettigrew & Tropp, 2006). A range of social, emotional, and behavioural difficulties, including those measured by the SDQ, have been robustly linked to self-esteem in children and youth (Bolger, Patterson, & Kupersmidt, 1998; Bosacki, Dane, Marini, & YLC-CURA, 2007; Farrell, 1995; Slomkowski, Klein, & Mannuzza, 1995; Swinson, 2008). This is important in

the context of the current research because self-esteem is implicated in intergroup bias. However, the link is inconsistent, with historical research associating lower levels of self-esteem to higher levels of racist attitudes (Bagley, 1979) and more recent reviews suggesting high levels of self-esteem result in intergroup bias and consequently racist attitudes (Aberson, Healy, & Romero, 2000). This general inconsistency and the more recent unintuitive findings may have contributed to the somewhat variable results with RACES and SDQ subscales.

Building Harmony Evaluation

Variable correlational results may have contributed to the tenuous efficacy results for Building Harmony, which had a strong underlying goal of enhancing the self-esteem of participants. Moreover, the Control Group had a significant increase in both RACES total scale, subscales, and MCSDS-A scores from pre-test to post-test, which may indicate socially desirable responding rather than an increase in acceptance of difference. A potential contributor to the increase for the Control Group may also be growth in cultural diversity that occurred throughout the school year, leading to students' greater exposure to and interaction with people from diverse backgrounds (Rutland, Cameron, Bennett, & Ferrell, 2005; Tropp, 2005; cf. Barlow et al., 2012). In contrast, the focus on racism reduction in the Building Harmony intervention activities may have brought about a critical awareness of racism in participants, increasing student knowledge, mindfulness, and consequently self-reporting of their racist behaviours and attitudes (Howarth, 2009).

The pre-test occurred after the implementation of the first Building Harmony intervention activity. The significant difference between the Building Harmony Group and Control Group on RACES scores at pre-test may therefore reflect that the first activity was effective in increasing the Building Harmony Group's acceptance of diversity. Alternatively, there may have been a positive overall effect of participation in Building Harmony on the

school culture: although the study participants were not previously directly involved in the Building Harmony activities, the participating schools had been so engaged for several years. The consistency between the pre- and post-test scores for the Building Harmony Group indicates that the subsequent activities were at least effective in maintaining this level of acceptance.

Moreover, despite the apparent increase in RACES total scale and subscale scores for the Control Group, the scores for this group did not reach a level higher than the Building Harmony Group at either assessment period. These interpretations are reinforced by the consistency between RACES and SDQ findings; both scales and their components were (1) relatively stable for the Building Harmony Group and did not significantly increase, and (2) generally more positive for the Building Harmony Group across both assessment periods. Comparison with results from the 2011 Building Harmony initiative further support these conclusions. These findings endorse the effectiveness of the Building Harmony initiative, if presented to a novel audience.

Limitations

Although the results of the research are encouraging, a number of limitations need to be acknowledged. As noted above, due to delays in final ethical approval for the research, the pre-test for the Building Harmony Group occurred after the implementation of the first intervention activity. In addition, although the study participants had not previously been involved in Building Harmony, the participating schools had been engaged with the project for a number of years. These factors suggest that accurate baseline measurement may not have been achieved. Similarly, the final activity (cross-cultural training) involved teachers only. Such training, although integral to school culture, is unlikely to have an immediate impact upon the attitudes of students. The elapsed time between the last activity directly targeting student participants and the completion of the post-test may have limited the overall efficacy results of the program. The substantial number of invalid

responses may also have biased the results. Future replications of Building Harmony might re-order the activities to facilitate the most positive and enduring impact upon participants, whilst ensuring that appropriate pre- and post-testing is completed. Building Harmony was implemented in primary schools from a small community in the southeastern region of Melbourne, Australia, and results may not be generalisable to the wider Australian population. Learnings from Building Harmony could be transferred to, and evaluated in, other settings and initiatives around Australia to develop and refine anti-racism and pro-diversity projects that are efficacious and able to be broadly implemented.

Conclusion

The results provide strong evidence of the internal consistency, test-retest reliability, construct validity, discriminant validity, and convergent validity of RACES as a measure of racial, ethnic, cultural, and religious acceptance, which can be utilised to quantify racist attitudes in intervention evaluations. Moreover, Building Harmony program activities appear effective in maintaining positive attitudes towards diversity, and current levels of social, emotional, and behavioural strengths and difficulties in participants.

An initial purpose of this research was to evaluate the appropriateness, reliability, and validity of RACES to evaluate anti-racism interventions. Strong validity evidence suggests that it is robust and able to be disseminated and utilised in schools implementing similar anti-racism and pro-diversity interventions around Australia. An additional aim was to evaluate the efficacy of the Building Harmony anti-racism and pro-diversity initiative in positively changing the attitudes of participants. Tenuous evidence for the Building Harmony project was found, but further implementation and appraisal of the intervention is warranted. The ongoing evaluation of such programs utilising empirically validated measures, such as RACES, will ensure that more effective racism-reduction initiatives can be

implemented and community levels of racism may be subsequently reduced whilst enhancing the racial, ethnic, cultural, and religious acceptance of Australian society.

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Young African Female Refugees' Sense of Acculturation and Community Connection in Western Australia

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Compared to children and older adult refugees, young female refugees experienced different and unique challenges during the transitional phases of resettlement and acculturation. However, there is limited research into the lives of young female African refugees in Western Australia. In this study, semi-structured interviews were conducted with eight young African women, aged between 19 to 24 years old from Sudan, South Sudan, Uganda, Kenya, United Arab Emirates, Somali and Liberia about their resettlement experiences in Western Australia. Interpretative phenomenological analysis revealed five distinct yet related themes. Diverse supportive social networks, participation in sport, early age of arrival and personal factors such as resilience were identified as catalysts of integration. Small and homogenous social networks, lack of knowledge about services, racism and parental control were identified as barriers to integration. Results suggested that these young female refugees encountered unique obstacles following resettlement because of their age and gender. More importantly, despite negative resettlement experiences, many of these young women remained resilient. Implications for future research and recommendations were discussed.

One of the world's largest challenges today is protecting those who, due to violent conflict, persecution and abuse of human rights, have been forced to flee their country of nationality (Department of Immigration and Border Protection [DIBP], 2011; United Nations Higher Commissioner for Refugees [UNHCR], 2013). Unlike a migrant who is able to choose to leave his or her country to seek a better life elsewhere, a refugee is a person who is typically outside of their home country seeking resettlement because of substantial fear of persecution on the grounds of nationality, race, religion, political point of view or membership to a specific social group (UNHCR, 2013). By the end of 2011, the UNHCR estimated there were 10.5 million refugees worldwide with the majority of them originating from Afghanistan, Iraq, Somalia and Sudan (UNHCR, 2012b). The UNHCR continues to respond to the global refugee situation by implementing one of three durable solutions: Voluntary repatriation of refugees back to their home country, provision of integration options in countries of refuge, or resettlement in another

country (Refugee Council of Australia [RCOA], 2009).

Australia and Refugees

Australia is a humanitarian partner of the UNHCR and remains in the top five countries of resettlement for refugees (UNHCR, 2012a). Over the last decade, between 10,000 and 13,000 people have entered Australia annually through the Refugee and Humanitarian Program – RHP (DIBP, 2011). Between the years 2003-04 and 2008-09, the average age of arrival in Australia for humanitarian entrants was 21.8 years (Hugo, 2011). According to the Refugee Council of Australia (2009), the number of young humanitarian entrants (i.e., those younger than 30 years of age) seeking entry to Australia each year is growing. Despite this, limited research has been conducted on this group of refugees in Australia (Dandy, 2009) and even less is known about young female African refugees or their experiences in Australia. In the following sections, key constructs such as acculturation, cultural distance, gender, social support and connection will be discussed.

Acculturation Process

Cross-cultural researchers have investigated a process that refugees engage in after relocating to a host country known as acculturation (Berry, 1997, 2005).

Acculturation is a phenomenon whereby interactions between people of diverse cultures produce psychological and cultural changes to the individuals and groups involved (Berry, 1997, 2005). Through the contact between people, groups, and cultures within a society, change is elicited including modifications to the behaviour of individuals, group social structures and practices over years or generations (Berry, 2005).

Berry (1997, 2005) in his framework of acculturation outlined four change strategies: Integration, assimilation, separation and marginalisation. This bi-dimensional model maintains that acculturation entails two orthogonal behavioural changes, namely: (1) losing customs, beliefs and values specific to minority culture, and simultaneously (2) gaining customs, beliefs, and values of the host culture (Berry, 1997; Birman, 1994). Acculturating individuals can adopt one of the above four acculturation strategies. The most positive result is integration where individuals maintain the values of their old culture but also adopt and value their host country's new cultures (Dow, 2011). Thus, an integrated individual is someone who is positively connected to their cultural heritage and to the broader community that they live in. When assimilation is the preferred acculturation strategy, contact with one's ethno-cultural group is limited and interactions with those from other cultures, in particular the dominant group are emphasised (Berry, 2005). Assimilated individuals tend to relinquish the practices of their original culture and adopt the culture of the host society. Separation, the third acculturation strategy is characterised by exclusive participation with the ethno-cultural group to which one is a member and the rejection of the host culture. Finally, individuals who do not value cultural maintenance or cultural contact are considered to be marginalised individuals who remained unattached to their ethnic group or to the mainstream culture (Berry, 1997; Dow, 2011).

Acculturative Stress

During the process of acculturation, non-dominant group members in a society may experience substantial psychological discomfort when attempting to adjust to their new life in a foreign environment.

Integration requires some degree of "culture shedding" in order to accommodate for new culturally "appropriate" behaviours. However, this may create "cultural conflict" within the acculturating individual if they become torn as to which behaviours should be lost or kept. When serious cultural conflict arises, the person experiences great difficulty modifying their behavioural repertoire resulting in acculturative stress (Berry, 1997). Previously termed "culture shock", acculturative stress refers to a stress reaction when one attempts to merge two cultures together (Berry, 2005).

Poppit and Frey (2007) investigated sources of acculturative stress from 20 Sudanese adolescents, aged between 13 and 18 years of age living in Brisbane, Australia. The main sources of acculturative stress for the young refugees were lack of English language proficiency, strict parental control and conflicting cultural rules between the Sudanese and the Australian culture. The female adolescents also reported that they do not enjoy the same degree of freedom as permitted by their parents compared to their Sudanese male counterparts. These findings show that problems encountered by adolescent refugees may be pertinent to younger refugees and less relevant to adult refugees.

Cultural Distance

Physical and structural differences or cultural distance (Berry, 1997) can also affect the acculturation process for refugees. It is common for refugees who resettle in a predominantly white, English speaking country like Australia to experience discrimination on the basis of being ethnically or culturally different to the majority of the population (Colic-Peisker, 2009). Physical differences relate to appearance, including skin colour, ethnic facial features, attire, the use of a different language and certain behaviours that

distinguish refugees from the dominant population (Colic-Peisker, 2009). For example, Colic-Peisker's (2009) study on resettlement success and life satisfaction in three refugee communities in Western Australia found that African refugees reported experiencing more discrimination than ex-Yugoslav or Middle Eastern refugees because their skin colour (black) made them more "visible" to others in Australia. These findings suggest the importance of physical differences (e.g., looking black) in the discrimination process and speak to the presence of what is labelled blatant, overt, old fashioned prejudice (Pettigrew & Meertens, 1995) in Australia. Prejudice can also occur between groups (e.g., African refugees and the Australian community) where different gender roles, traditions, cultural norms and belief systems can lead to intergroup hostility (Berry, 1997). These discrepancies can negatively affect people's attitudes and behaviours toward members of the host country making integration more difficult to achieve (Berry, 1997).

Studies in Australia show that refugee youth will, like Indigenous Australians (Guilfoyle & Taylor, 2010) or other cultural groups (Guilfoyle & Harryba, 2009; Salleh-Hoddin & Pedersen, 2012) be subjected to social environments (i.e., within society, community, work, school/University) containing both blatant prejudice and discrimination in systemic, subtle, modern, forms (Guilfoyle, 2006). These "new" forms claim the presence of a reverse discrimination favouring the youth and will question the legitimacy of their own presence in Australia. These discourses create cultural distance which works against acculturation by mitigating the sense of entitlement to access Australia's mainstream scarce resources/services. These discourses are present in everyday interactions, mediated discourses (Hanson-Easey & Augoustinos, 2012), in service provision discourse such as housing (Forrest, Hermes, Johnston, & Poulsen, 2012), rights to work (Hartley & Fleay, 2014) and basic discourse of compassion (Every & Augoustinos, 2013).

Social Support

Social support is an external coping resource that includes the practical assistance, guidance, encouragement and interpersonal contact one receives from a variety of sources in time of need (Smith, 2013; Spicer, 2008). Social support is fundamental in assisting refugees through their resettlement and acculturation journey by enabling integration (Ager & Strang, 2008). Common supportive resources include important individuals (e.g., a close friend or specific family member) and groups to which one belongs (e.g., family, social group, ethno-cultural group). Social support is achieved by first establishing connections or social relations with people, groups and structures. Each social relation between two people is located within a larger system of intertwined social relations (called the social network) in which an individual is firmly suspended (Smith, 2013). It is from the social network that one draws upon various types of social support.

Research has found that the ability of refugees to establish social connections and build their social networks in a host country following forced-migration can largely influence their resettlement experiences (Smith, 2013). For instance, female refugees from Mozambique who resettled in villages on the perimeters of South Africa described a loss of social belonging when the social relationships they used to enjoy back home were not replicated after relocating (Sideris, 2003). Similar findings have also been found among Muslim refugee women living in Perth (Casimiro, Hancock, & Northcote, 2007) and from female refugees from 14 countries living in the United States (Smith, 2013).

Recent work in Perth with refugee women accessing supported playgroups has shown the powerful ways that social connections can form to lessen social isolation by building a sense of social support, belonging and social capital (La Rosa & Guilfoyle, 2013; McLaughlin & Guilfoyle, 2013; New & Guilfoyle, 2013). These findings emphasise the importance of

social support and social connections for female refugees in new host countries.

Social Connection

According to Ager and Strang (2008), social bond refers to the meaningful relationship between two people from the same ethnic, national or religious group. In contrast, social bridges refer to the connections between different groups and communities (e.g., between refugee groups and the host community). Both social bonds and social bridges are characterised as the committed and trusting relationships between people and groups that offer social support (Ager & Strang, 2008). Connections with one's ethno-cultural group are essential so that a degree of ethnic identity and belonging can be maintained (Phinney, Horenczyk, Liebkind, & Vedder, 2001). Conserving relationships with people from one's heritage also provides resources from which tangible and practical assistance can be drawn when it is required (Smith, 2013).

A social indicator of successful resettlement is cultural contact through the creation of multiple social connections and an extensive network that is inclusive of members from the mainstream society (Colic-Peisker, 2009). This implies that positive "social bridges" with the host society are important because they ensure social inclusion, offer more opportunities for intimacy and interaction, and provide more resources for social support (Ager & Strang, 2008). By interacting effectively with multiple cultural groups, acculturating individuals are therefore more likely to integrate and enjoy positive psychological adaptation (Berry & Sabatier, 2011).

"Social links" refers to ones connections with structures of the state (Ager & Strang, 2008). These structures, such as community organisations, institutions and agencies can amplify a sense of belonging among new arrivals as they offer new sources of information and interaction (McMichael & Manderson, 2004; Spicer, 2008). Studies have shown that social connections and links are extremely important to female refugees as they are often disadvantaged during their resettlement phase (Halcón et al., 2004; Poppit & Frey, 2007). Some of these

difficulties will be elaborated upon in the following sections.

Gender

Numerous studies investigating the resettlement experiences of refugees have concluded that gender differences exist, and that women are at greater risk of poorer resettlement outcomes and adaptation (Halcón et al., 2004; Poppit & Frey, 2007). For example, Chung and Kagawa-Singer (1993) researched the indicators of depression and anxiety for refugees from Southeast Asia living in California and found that women from Vietnam and Lao were more likely to experience depression and anxiety than their male counterparts.

Similarly, in their study of a group of young Somali asylum seekers and refugee women (aged 17 – 25), Whittaker, Hardy, Lewis and Buchan (2005) found that young Somali women felt the need to keep some of their feelings and behaviours (e.g., talking to boys which was unacceptable in their culture) secret from their family members or elders because of the fear of disapproval or retribution. The need to keep secrets ultimately affected many of the young women's ability to form successful social relations and social networks. Other research has also indicated the vulnerabilities faced by female refugees as they try to cope with changing gender roles, jobs, and social and personal relationships in their new host country (Poppit & Frey, 2007; Whittaker et al., 2005).

Despite the importance of the above findings, there is a dearth of research in the literature concerning young refugees (Dandy, 2009) and even less is known about the resettlement experiences of young African female refugees in Australia. Therefore, the present study seeks to explore the lived settlement experiences of a group of young African women in Western Australia. This study was guided by the following research questions: 1) What does the experience of resettlement mean for young African women living in Western Australia? and 2) How did the lived experience of resettlement influence their acculturation process and formation of social

connections? In doing so, we hope to learn more about the unique experiences of young female African refugees and the challenges they encountered as they adapt to life in Western Australia.

Method

Research Design

To explore the unique resettlement experiences of young African female refugees in Western Australia, a qualitative methodology of interpretative phenomenology was undertaken via in-depth interviews with a focus on how participants interact with the Australian and their ethnic community. Phenomenological interviewing allowed the researcher insight into the lives and experiences of the young women, as expressed by them in their own words through the use of open ended and broad questions. Interpretative phenomenological analysis allows examination of individuals' lived experience of the phenomenon of resettlement, the meaning they assign to their experiences and how they understand it (Smith, 2011). It also allows researchers to gain important insights into how the decision making processes and behaviours of participants are affected by their lived experiences (Smith, 2011).

Participants

The sample consisted of eight young, Black African women aged between 19 and 24 (the average age of the participants was 22 years). The respondents were born in various countries including the United Arab Emirates, Sudan, South Sudan, Somalia, Liberia, Uganda and Kenya. Some participants arrived in Australia when they were in their childhood whilst others arrived during late adolescence (the average age of arrival was 11.88 years). Time spent living in Australia ranged from six to thirteen years with an average duration of nine and a half years. Half of the young women were Muslims and the remaining four were Christians.

The sampling methods utilised in this project comprised purposive sampling (deliberate selection of participants) in pursuance of individuals with the shared and

relevant characteristics considered to be the most informative. The inclusion criteria asserted that the participants be females aged 18 - 25, have entered Australia through the RHP, and have lived in Australia for a minimum of 12 months. The rationale behind the criteria of time spent living in Australia was because the researcher wanted to speak with young adult women who had arrived in Australia between adolescence and early to mid-twenties as there is a current deficit in research on this particular refugee age group. Living in Australia for a minimum period of 12 months was also required so that potential participants had had an opportunity to become stable and to establish some social connections.

Respondents were also required to speak and understand English at least at a high school level. Adequate English literacy and speaking ability was determined if no communication problems arose during the screening conversation and if the women were able to read and comprehend the Information to Participants Letter and Consent Form at the time of data collection.

Initially, recruitment was attempted through the distribution of flyers. The flyers were displayed at 16 various refugee and multicultural service providers across Perth. These included multicultural centres, libraries that hosted ESL classes, multicultural women's health centres, childcare centres, community recreation/sport centres, and notice boards in known multicultural suburbs. The method of distributing recruitment flyers was ultimately deemed to be unsuccessful as only one individual responded. It was decided that the flyer be amended to include the provision of a \$10 voucher as a token of appreciation for the respondent's time and input into the project. Evidence in the literature has found that it is often difficult to recruit female refugees (Halcón et al., 2004) and the use of incentives is a common method of recruitment when researchers have difficulty recruiting participants (Liamputtong, 2009).

In addition, contact details of potential participants were given to the researcher by a relative who knew ex-students from a high

school well known for its multicultural and ESL students. Five women agreed to participate with one accepting the invitation after receiving permission from her husband. Snowballing also resulted in the recruitment of another three participants after the researcher contacted The Edmund Rice Centre, located in Mirrabooka, a north-eastern suburb of Perth.

Procedures

Upon the University's Human Research Ethics Committee's approval, in-depth, semi-structured face to face interviews were conducted to determine what the experience of resettlement and acculturation meant for the women who lived it. A non-directive interview style was applied, using open-ended questions, reflecting and probing to entice disclosure and aid the communication process so that rich and full data may be obtained to ensure accurate interpretation of the experiences being discussed (Liamputtong, 2009). Prior to the commencement of each interview, participants were provided with the "Information to Participants Letter" to remind them of the nature and objectives of the research and the Consent Form. When obtaining written consent, the young women were assured of their confidentiality and were asked to select a pseudonym for all future referencing to conceal their identity. All of the interviews were completed at quiet cafes apart from one which was held at the participants' learning institution. Each interview was recorded by an audio-recording device. The interviews ranged in length from 23 to 75 minutes and covered demographic information before fully focusing on the research questions. In addition, a reflexive journal which recorded the lead researcher's observations, reflections and interpretations was maintained for the duration of the research process to strengthen reflexivity and to document critical self-reflection (Liamputtong, 2009).

Data Analysis

Each interview was transcribed verbatim by hand. The conversation in its entirety, including hesitations, silences, tone and laughter, were documented so that

accurate interpretative phenomenological analysis of the participants' lived experiences could be achieved. The interview was then listened to again and checked for accurate transcription. The transcribed interview was read over repeatedly so that the researcher could immerse herself in the text and familiarise herself with the social and personal world of each participant. During this process, a summary of each respondent's interview was created for participant validation. The summary contained the main points discussed in the interview and participants were asked to confirm the accurate meanings of each main point. Marginal notes alongside sections (chunks) of the transcribed interviews were made, thus producing codes so that patterned responses and emergent themes in relation to the research questions could be identified. The codes were developed whilst keeping in mind general categories extrapolated from the literature, as these formed the foundation of the themes and subordinate themes emerging from the data (Miles & Huberman, 1994). Recurring codes were then labelled with a descriptive name and then transformed into prevalent themes (Liamputtong, 2009). In accordance with IPA, similar themes were clustered to produce an overarching theme with multiple sub-themes (Smith, 2011). Themes and sub-themes were then labelled, described and quotes that directly represented each were inserted underneath to serve as supporting evidence for the theme. According to Smith (2011), for accurate IPA, the themes must be supported by at least half of the participants with three to four extracts associated with each. Emerging themes that met these requirements were confirmed by the researcher, and those that did not were reassessed and reorganised. Finally, a table of coherent themes that best illustrated the data was constructed.

Throughout the process of thematic analysis, participant validation occurred. In other words, participants were contacted by phone and given a summary of the main points and asked to validate if their stories had been interpreted accurately. All

participants were invited to add or remove information if they wished. Only one respondent asked that one of her personal details be altered slightly. Rigour was also achieved by the extensive provision of verbatim quotations in the findings and discussion sections to show the full and rich experiences of the women and articulated what resettlement meant to them.

Results

The qualitative analysis of the data produced five distinct yet related themes (see Table 1). Each theme reflected the young women's preference of acculturative strategy and symbolised factors that explained why they felt socially connected or disconnected from either the Australian community or their ethno-cultural group. In other words, these extracts reflected how the young women interpreted their resettlement experiences, how these interpretations determined their desire to establish social connections and how they then led to the different types of acculturative strategies being adopted by the young women.

Social Bonds and Social Bridges

Friendship networks. Throughout the interviews, the young women discussed their friendship networks. For most of the women, their social networks were comprised of both social bonds (e.g., friendships with others in their ethno-cultural group) and social bridges (e.g., friendships with Australians or people from other ethno-cultural groups). They most commonly drew upon these connections for support in the form of having someone to talk to or for company. The majority of young women (75%) were able to establish relationships with members of their ethno-cultural group and with members from the mainstream society, displaying the criteria needed for successful integration:

I have close friends from all different backgrounds – African, Asian, Australian friends. (Amina)

I have friends from Sudan, from Ethiopia, some from other countries like the Middle East... I have friends from all over the world, the Pacific

Islands - I also have Australian friends. (Medina)

The extensiveness of their social networks indicated resources of support to utilise in times of need. This corresponds with previous research, confirming that by acquiring social bonds and bridges, the young women essentially had two supportive networks when they experienced hardship (Berry & Sabatier, 2011). In addition to describing their friends, the young women discussed the types of support they received from their friendship networks. They described relying on their friends for help when they needed someone to talk to and needed assistance coping:

I have friends from the community, the church etc... we have this marriage group full of young couples and we just come together for coffee, chats – stress free! The marriage group has been very helpful. (Irene)

I've got her (Kay) to support me and she's got me to support her. I don't know what I'd do without her! (Hannah)

I never used to wear the scarf and recently, last year I wore it for eight months and my Australian friend – she actually supported me! She wasn't like "take it off, I'm not gonna be seen with you", she didn't say anything like that. She actually supported me, which is a good thing! (Zara)

However, two of the young women spoke exclusively of their friendship bounded by their ethno-cultural groups.

Jade, a 19 year old woman from Uganda, stated that she only associated with people who were from "my community", namely the Acholi community (an ethnic group from northern Uganda). She ascribed two reasons for her limited social network and feeling of disconnection from Australian society. The first was that she has a busy study and work schedule which does not allow her much time to associate with anyone:

I don't (feel connected) because I don't see anyone. I'm just always at school, work, school, popping out. You know what I mean?

(Jade)

Jade also explained that she favoured socialising with other young people from her ethnic group because she is able to communicate and identify with them:

To keep everyone all together... it's only us, only Uganda people, only like, Acholi... because it's easy-going, it's easy to hang out with them because they speak the same language and they're also from Africa. (Jade)

Similarly, Kay, an outgoing Sudanese woman who has lived in Perth for 13 years stated that she is able to open up more truthfully with people from her own culture than with people from Australia because she shared similar culture with her own people:

It's easier if someone's from like, a similar culture, like they would understand a lot more than the mainstream Australian's... For them (Australians) to understand exactly what it feels like to be restricted, it's not the same than from someone who is like actually from a similar culture... you open up with them (Australians), but it's a fake open up. (Kay)

Kay's statement indicated that she considered Australians as acquaintances rather than friends whom she can confide in. This finding is consistent with Poppit and Frey's (2007) study on Sudanese refugee adolescents where homogenous and limited social networks become a barrier towards successful social integration. Smith (2013) also found that having small and homogenous social networks inhibit successful identity re-formation and resource acquisition for refugee women (Smith, 2013).

Kay's view that Australian's are unable to understand Sudanese culture-specific issues is in direct contrast to Zara's view. Zara's White Australian friend's acceptance of her wearing the scarf showed mutual accommodation and understanding. In

addition, parental attitudes towards cultural diversity and multiculturalism were also influential in the development of successful social connections and integration:

I was encouraged by my parents to mix and make friends with anyone. (Zara)

My mum has figured out that the only way you can go through this life is with another community. You have to mix it up in order for you to get certain things done... doesn't matter where you're from. (Shahla)

In contrast, 24 year old Somali born, Hannah provided details about her mother who was resistant to socialising with White Australians:

We had a huge fight. A friend of mine came over to the house... and she said "Why are you bringing a white girl to the house?"... and she just flipped out! (Hannah)

The above findings are consistent with Social Learning Theory (Bandura, 1963) which posits that the learning of values, beliefs and behaviours comes directly from parents and/or caregivers.

Sport involvement. Participation in sport was discussed in detail by the young women who were currently actively involved or had previously been involved in sporting teams. Medina, Amina and Shahla described their commitment to sport as being one of the most positively significant aspects of their lives. Two of the young women Amina and Shahla not only played soccer and Australian Rules, they also coached others in soccer and were responsible for forming Perth's first only multicultural women's AFL team. Through sport, these young women were able to interact with people from various cultures (within and outside their ethnic groups), establish connections, build relationships, expand their social network and become integrated into the Australian community:

I played soccer at the Balga Soccer Club for 2 years. I had a chance to meet people from

different backgrounds... I enjoyed the training and being at the park with everybody and all the girls. (Medina)

Sport is always a good thing. It's always a good way to connect with people. Because it's flexible, it's getting people out there, getting to know other people. (Amina)

The team was really welcoming. I just felt at home straight away just by the amount of support that was there... the West Australian team had myself and four indigenous girls and it was really multicultural. It was a good feeling just being a part of that. (Shahla)

A substantial amount of research has been conducted on the role sport plays in assisting refugees through their resettlement experiences (Uptin, Wright, & Harwood, 2013). Aside from the mental and physical health benefits of exercise, participating in team sports has been documented to produce social benefits for new arrivals (Uptin et al., 2013). Sport has been identified as an essential social networking domain for African refugee youths elsewhere in Australia (Uptin et al., 2013). The findings from the current study echo the findings from Uptin et al. (2013) and Palmer (2009) who claimed that recreational sport involvement not only strengthens social bonds and bridges, but also provides opportunities for young refugees to socialise, extend their social networks, and to feel more connected to their local community and the broader mainstream community.

Social Links

Organisational support. Social links refers to one's connections to and utilisation of the structures in the community. All the young women had received organisational support from various community organisations in Australia. The young women explained that the services they accessed following resettlement had provided them with ongoing practical assistances such as housing settlement issues, learning English,

finding a job in Australia, enhancing their personal skills and offering opportunities for more social interactions. This is important when you consider that in the past, studies have found that refugees, especially female and newly settled refugees in Australia have tended to under-utilise institutional services due to a lack of knowledge and information about services, poor health literacy, lack of language competency to communicate their needs, cultural barriers, financial hardship, and lack of awareness of their social, economic and legal rights in Australia (Deacon & Sullivan, 2009; Drummond, Mizan, Brocx, & Wright, 2011; Edberg, Cleary, & Vyas, 2011; Henderson & Kendall, 2011). Therefore, these services were highly meaningful to many of these young women:

The ERC (Edmund Rice Centre) – they really helped us. When I was younger, they would pick us up from our house and take us to the camps and take us to the different activities and programs. I guess that's why I'm here now (working at ERC) to give something back to the people and the place that helped me. (Amina)

The migrant centre, they were there to help us find our place, take us around, shopping – yeah they helped us a lot, to get us to know Australia... and when you are stressed and need help, ISHAR is there to help. (Irene)

When I first came, like we were helped, like settling in, finding a house... we were greeted by sponsors at the airport, and then for the first like, four weeks, they worked intensively with us like getting us into schools, into English classes, getting my parents into work. (Kay)

Many of the young women have established various social links since arriving in Australia. In doing so, they have enriched their social networks to include structures of

the state which ultimately reflected their ambition to pursue integration. According to Ager and Strang (2008), a social network inclusive of positive social links depicts a high likelihood that refugees will not only integrate into the host society but that they will also experience the effects of positive psychological and socio-cultural adaptation through accessing a range of available services.

In contrast, the inability to utilise available and appropriate refugee services due to a lack of knowledge is a well-recognised barrier to integration in the acculturation process for refugees (Ager & Strang, 2008; Whittaker et al., 2005). For example, Whittaker et al. (2005) reported that a lack of knowledge about available mental health services was a contributory factor to chronic psychological problems and low well-being in a group of young, female Somali refugees. This is consistent with the findings from our study. For example, Irene, a proud and gentle Liberian woman expressed feeling lost when she first came to Australia, which caused her to want to return to her home country and to question her identity:

You don't know what to do, you don't know your way around, and you feel like you wanna go back. That's how I felt – I wanna go back home. I don't know what I am.
(Irene)

Another young woman, Jade, isolated herself and locked herself away in her house:

You don't know where to go – you just live. You don't know anything, you just come in, lock yourself in your house; you just know how to stay in the home. You don't know anything. (Jade)

One plausible reason may be that Jade was not living with her parents or siblings and consequently may have felt more isolated than young women who lived with their parents or siblings. According to acculturation theory, limited connections with the host community and the structures within the host society increase one's tendency to separate – resulting in poorer psychological and socio-cultural adaptation

(Berry, 1997). This reiterated the importance of cultural maintenance and social bonds to sustain one's ethnic identity which is associated with positive psychological adaptation (Berry, 2005; Phinney et al., 2001).

Benefits of Early Resettlement

Familiarity with the Australian culture. The young women who arrived in Australia when they were in their childhood or early adolescence described how resettlement at a young age enabled them to have more time to familiarise themselves with all aspects of the Australian culture, including multiculturalism:

The people that came here young, we have a different understanding and a better understanding of what a mixture of different cultures is.
(Amina, age of arrival 9)

The thing that I remember was just that when we came to Australia, everyone was just nice... I was surprised to see Middle Eastern people here... I was surprised to see Chinese people too and Asians! I had never seen them before (laughs). It was like a vegetable market, you get to know different types of people, it was cool.
(Medina, age of arrival 9)

The above extracts suggested that being exposed to a multicultural society at an early age helped develop a general acceptance of multiculturalism for the young women. Age of arrival has repeatedly been found to influence the acculturation and resettlement transitions for refugees and create a greater sense of identification with the mainstream society (Whittaker et al., 2005). Whittaker et al. (2005) also discovered that young Somali refugees adopted new cultural behaviours, norms and identities quicker than Somali refugees who relocated during late adulthood. Similarly, Spicer (2008) found that child refugees in the U.K became attached to their new neighbourhood more quickly, demonstrated higher levels of integration, and adapted to

their new environment more rapidly than their parents.

I guess it is home because I'm used to it now. I'm used to the environment, the society, everything. (Zara)

I don't call it (Sudan) home because I didn't grow up there. (Medina)

These statements confirmed that length of time in an environment generates a sense of familiarity, belonging and attachment – as depicted by usage of the term “home”. Early age of arrival was therefore identified as factor that facilitated integration for the current sample.

Familiarity with the English language. Many of the participants discussed their ability to learn the English language with ease because they were young and quick to pick it up:

The younger you are the easier it is for you to experience and learn. So I caught up pretty quickly. (Amina)

I learnt English in primary school... and I learnt quickly. It was easy because say, as a child, it's easier to pick up things and it wasn't that hard. (Medina)

The finding that a younger age of arrival allows for early exposure to the English language which ultimately results in early English language proficiency is prevalent in the literature (Cameron, Frydenberg, & Jackson, 2011). Being proficient in the language of the host country is recognised as one of the key indicators of integration (Dow, 2011, RCOA, 2009). In contrast, being older upon resettlement has been associated with more language problems (Watkins, Razee, & Richters, 2012) which in turn, acted as a barrier to integration. The latter point is emphasised by Jade, who travelled to Australia when she was 13 years old:

I can't speak good English. Sometimes like, you start talking, people laugh at your accent and they say, “Oh! What did she say?”

you know? Some people laugh at you and say “she can't speak English. (Jade)

Education (High school). Most of the young women's recollections about their experiences from high school in Australia were positive. The memories were meaningful and salient in their minds because they were attached to specific people and friends who supported them there:

At high school, there was my group of five friends, all from different places, and we were all together from year seven to year twelve. We were always together and we would help each other out with anything. (Amina)

The teachers were really understanding of our backgrounds, where we were coming from... it just made it easy... the support was really great from the teachers. My friend, she's a western girl. She changed my whole image of not only being involved with my own kind, like the African community, but just going outside of that and sort of having sisters from another community... and it was really, really good just going through high school with her. (Shahla)

High school was really great! I just had so many friends and support you know? I just fitted right in and I knew everybody else. (Kay)

Conflict

Intergroup conflict. Disagreement in beliefs or behaviours between members of different groups is referred to as intergroup conflict. Participants in this study reported that incidences of conflict often exist between themselves, Indigenous and non-Indigenous Australians. The following excerpts provide examples of the discriminatory comments these young women encountered:

He was getting off the bus and then he's like "go back to your f***in' country if you're not gonna speak our English language. (Kay)

If you walk on the road they call you, "Monkey! Go back to your own country! (Jade)

You see people, random people; just coming up to you... when I first came here they'd come up to you and be like, "Why don't you go back to your country? (Hannah)

Many of the young women also detailed the specific confrontations they had with Indigenous youths:

We always used to get bullied by them (Indigenous Australians). So that was pretty tough...like they'd throw rocks at us and we'd throw rocks back and there was always the comments "go back to your own country... (Kay)

...there were a lot of clashes between the Indigenous people and the African people. And it was really difficult - especially for the young person... Cos we were so young and it was really difficult - we thought violence was the way. (Shahla)

Conflict and tension between African refugees and Australia's traditional land owners is not a new phenomenon. Colic-Peisker and Tilbury (2008) explored intergroup relations between the two communities living in Perth and raised several valid points. Both groups are of low socio-economic status, are highly visible in Australian society, are negatively stereotyped and they occupy common space. Colic-Peisker and Tilbury (2008) asserted that there could be many motives for the hostility and tension between the similar groups, one main reason being the competition for resources such as territory and housing as well as myths such as one group benefiting more than the other group. This may explain the

confrontations reported by the young women.

Intragroup conflict. The respondents discussed how conflict within their ethno-cultural group stemmed from incidences of rumour-spreading, gossiping, and "bitching". This sub-theme is only relevant for the Sudanese and Somali women, as the other young women did not discuss this type of conflict.

I don't like the way they talk about other people. Some of them will talk about other people's daughters, so I'm trying to like, stay away as much as I can from that and the Sudanese community. (Zara)

They smile at you but at the back they'll stab you. (Hannah)

I'm aware that they (the Sudanese community) do have events every now and then, but I don't like going there. Cos I don't want to be known by them. They might see me with someone and they would make up rumours and spread it all over the place. Yeah that's why I stay away from Sudanese people. (Medina)

According to Castillo (2009), in-group members often respond with criticism, rejection or marginalisation when one of their own member attempts to acculturate themselves into the dominant culture. Other studies have also confirmed that refugee minority groups experience internal social disharmony following resettlement. McMichael and Manderson (2004) found that the social networks of Somali women living in Melbourne were problematic and gossiping was common practice. Similarly, a qualitative research by Salleh-Hoddin and Pedersen (2012) found that in-group seclusion and in-group discrimination were issues many Muslims faced within their own community.

Parental conflict. Another source of stress was intergenerational or parental conflict. It is noteworthy that the women

who disclosed incidences of parental conflict were all Muslim. Overall, parental conflict centred on the young women's desires for autonomy over parental control of their movement and freedom. For many of these young women, religion and trust were the dominant issues, especially when members of the opposite sex were involved:

It's forbidden in Islam to have a relationship before marriage... my dad is the strictest. He would get really mad if he saw me talking to a boy. (Medina)

...Because girls have virginity. They reckon when the girls go out they are more tempted, more at risk of losing it, so the guys don't really have a problem because no matter how much they do it, it doesn't really matter. But with girls, they have a bigger reputation, especially for the future. (Kay)

In addition, these young women also discussed their parent's distrust of the Australian culture: If you're gonna go out with someone, they (parents) want you to go out with someone – the same colour as you are or someone that you know, but not a white person [because]... they'll do something, they'll put drugs in your drink. (Hannah)

Their parents will tell them – like “stick to your own people, don't go around with anyone else, they're gonna be a bad influence on you. (Zara)

Cos there's like other things as well involved, like drugs, alcohol, the society...our families think like that. (Kay)

Consequently, a number of young women rebelled against their parents' strict rules and many hid the truth from their parents – a common method for young

refugees who are faced with intergenerational conflict (Whittaker et al., 2005):

The restriction makes the children rebel more...they make you want to lie, cos that's the only way. I used to go to TAFE in the city. I made up a fake timetable (cos they wanted to see my timetable) and during my “classes”, I was out in the city with my boyfriend. (Kay)

There was a few times my aunty called my work – and I was out with a boyfriend. I said I was working a double shift and she wouldn't believe me so I called my work and told them, “My aunty is gonna call, just tell her I was working”. And it was so embarrassing! (Hannah)

Parental conflict has been identified as a significant stressor for refugee youths who are attempting to adapt to an environment that is socially, politically, and demographically different from that which they and their parents are familiar to (Poppit & Frey, 2007). These conflicts were expressed by these young women as having a hard adjustment time:

Sometimes, like adjusting, it gets to you. It's just too much. (Kay)

I wish I could just get hit by a car and then not worry about it... You can become very depressed. (Hannah)

Resilience

Resilience has been defined in the literature on refugees and resettlement as an ability to cope, withstand stress and recover from the challenges associated with forced migration and becoming a refugee (Colic-Peisker, 2009; Halcón et al., 2004). Resilience demonstrates personal strength and requires implementing effective coping strategies when faced with difficulty to maintain psychological wellbeing (Colic-Peisker, 2009; Halcón et al., 2004). Instead of dwelling on the past, the majority of young women discussed future goals and

aspirations. Specifically, many of them were optimistic about the role they will play in Australia and how they will integrate their careers and dreams into the Australian way of life:

I just want my life to be good, so I don't wanna think of the past, I want to think forward, you know, what is good in the future. (Jade)

I'm gonna make sure that I'm the first African female to make a state team in the AFL and just inspire the other young people to follow that route as well. (Shahla)

I wanna do more! I really wanna pursue my dreams. (Irene)
I'm gonna go back to study at Uni and do aviation. (Amina)

Discussion

The main findings from this study indicated that the lived resettlement experiences of young former refugee women living in Western Australia were influenced by their acculturation processes and social connections in a variety of ways. Factors which led to positive resettlement outcomes included: Diverse supportive social networks, participation in sport, engagement in various social structures and support, early age of arrival, and resilience. These factors enabled many of the young women to actively pursue successful integration.

In contrast, barriers to integration included small and homogenous social networks, a lack of knowledge about available supportive resources, racism and strict parental control. In addition, intergroup and intragroup conflict was identified as a stressor by many of the young women. Many of the young women experienced not only racism from the mainstream culture but also from within their own ethno-cultural groups. Social Identity Theory (SIT) provides a useful framework for us to understand how boundary group identification, intergroup and intragroup relations works. According to SIT, people tend to support and evaluate groups that embody relevant aspects of their self and

social identities (Tajfel & Turner, 1979). Salient features such as cultural, racial or ethnicity (e.g., skin colour) are highly discriminated against as out-group and treated as out-group members (Loh, Restubog, & Gallois, 2009). It is therefore not surprising that many of the young Black African women experienced blatant racism from white Australians.

Boundaries (e.g., in-group versus out-group) are created and these boundaries are important because they act as essential medium through which people acquire status and resources (Bobo & Fox, 2003). Studies have found that minority or low-status members may be especially sensitive to how permeable these boundaries are because they convey information about whether they can move up from their low status group to higher status group to obtain resources (Kilduff, 1992; Loh, Restubog, & Gallois, 2010; Tajfel & Turner, 1979). Thus, when two minority groups (e.g., African refugees versus Indigenous Australians) come into contact and compete for valuable resources and status, hostile behaviours and attitudes can ensue.

Despite these negative experiences, the majority of the young women interviewed displayed a strong sense of resilience. In our study and consistent with past research, positive personal qualities and the ability to hope for a bright future were important contributors for these young refugees' resilience (Pulvirenti & Mason, 2011; Shakespeare-Finch & Wickham, 2009). Finally, having good social support from social structures, education and friends are critical for successful integration. Thus, policy makers and refugee program developers should take note of these issues as they plan for successful refugee integration programs.

Limitations and Future Directions

Through qualitative design, this study offers important insights into the lived resettlement experiences of young, African refugee women (age 19-24) in Western Australia and partially fills the gap in the current literature on young refugee women, a group that is currently understudied.

Table 1
Themes and Subthemes

Theme	Subtheme and Definition
1. Social Bonds and Bridges	This refers to the connections one has with others from the same ethno-cultural group (i.e., social bonds) or individuals from different groups and communities (social bridges). 1a. Friendship Network 1b. Sport Involvement
2. Social Links	This refers to one's connections to and utilisation of the structures in the community. 2a. Organisational Support
3. Benefits of Early Resettlement	This theme focuses on the advantages associated with being younger when transitioning to a host country 3a. Familiarity with the Australian Culture 3b. Familiarity with the English Language 3b. Education (High School)
4. Conflict	This refers to disagreement in beliefs or actions of one or more members of the group which can come from within members of the group (Intragroup conflict) or between members of different groups (Intergroup conflict). Parental conflict refers to intergenerational disagreement between child and parent/s. 4a. Intergroup Conflict 4b. Intragroup Conflict 4c. Parental Conflict
5. Resilience	This theme refers to the participants' indicators of positive adaptation, as well as their goals and maintenance of strength in the face of hardship.

However, this study is not without limitations. First, the findings were based on self-reports and thus, participants may have provided socially desirable responses. However, steps (e.g., participants' verification and diary) were taken to

strengthen reflexivity and to document critical reflection. The researcher also did not explore pre-migration factors (Berry, 1997) that may have impacted the sample's resettlement and acculturation processes. The rationale for not asking them about their pre-migration experiences was because (1)

we were interested in their post-migration experiences and (2) asking them about their pre-migration experiences could have induced high distress in some women which would make honest disclosure difficult. Longitudinal studies could be utilised in future study to investigate the process of acculturation over time for this specific refugee population. These studies could explore how young refugee women apply the different strategies of acculturation during adolescence, young adulthood and adulthood to provide a better understanding of the complexities of acculturation. Finally, the restrictions on the length of the manuscript and the absence of detail about the “open ended and broad questions” represents a gap in our documentation. Researchers conducting future study in this area may wish to include a list of the “open ended and broad questions” used in their study.

Conclusions

The present study makes an important contribution by filling a gap in the emergent literature on young African refugee women in Australia in terms of the unique challenges they encountered during the resettlement and acculturation phase. Our findings suggest that young refugee women faced unique obstacles following resettlement because of their age and gender. Despite this, a number of protective factors such as diverse supportive social networks, participation in sport, early age of arrival and resilience were identified as catalyst of successful integration. Evidence from past and present studies suggests that many African refugees in Australia faced a number of barriers such as discriminations, social isolation, conflict and access restriction to important services during their settlement in Australia (Colic-Peisker and Tilbury, 2007; Fozdar & Torezani, 2008). Practitioners and community psychologists interested in this area should aim to develop age and gender appropriate support programs to better service refugee youth across a range of interconnected “ecological” layers such as family, community and clubs (Guilfoyle, La Rosa, Botsis, & Butler-OHalloran, 2014). This is

important because past research has found that the resettlement experiences of children, young refugees and female refugees differ to that of adult refugees (Sampson & Gifford, 2010). For instance, a study conducted with 10 refugee families in Melbourne found the importance of conflict mediation between young refugees and their parents. Similarly, Koh, Liamputtong and Walker (2013) found that female Burmese refugee’s role within the family changed post-migration and many of them have had to negotiate their expectations in their host country.

The programs’ aims should be to facilitate supports, mitigate barriers and evaluate the effects of these on acculturation processes. These need to be developed through consultation with young female refugees and focus on both intragroup support settings and establishing intergroup interactions and “contact” (e.g., Young Women’s Association groups, Young Women’s sporting club, advocacy group for correct media representation of refugees etc). For us, establishing appropriate state services for these youth is one way to support them and demonstrate that the newer forms of racism premised on lack of entitlement have no merit. In doing so, these programs can, we hope, better focus and promote the specific needs and challenges of young female refugees.

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This book was written by Paul Thomas in 2011. Therefore this is a piece of literature which is relevant in modern society. This book relates to Multiculturalism, youth and community cohesion. These three issues are relevant and important to modern day Britain. This book discusses a range of material that is useful for youth and community practitioners, Community Psychologists and students amongst other professionals. I believe the reason why this book was produced is in recent years the UK has seen defragmentation of certain groups in society. Alongside this the British economy has suffered from recession. These economic woes have transferred the spotlight to migrant communities.

Themes, Debates and Implications for the Youth and Community Army

The book introduces itself discussing community cohesion and the subsequent policy agendas. Following the riots of 2001 in towns such as Oldham, Burnley and Bradford there was a huge change in British policy making and the idea of promoting community cohesion was brought to the forefront. The idea of promoting commonality and a single culture i.e. Britishness was becoming more popular. Multiculturalism was finding itself being overtaken by community cohesion agendas. The book goes on to discuss international issues of cohesion and Multiculturalism specifically in France and Holland. Places such as Holland have seen the rise of Far Right politics with the likes of Girt Wilders. Anti-Islamic and anti-immigration sentiments have become popular in parts of Europe over recent years.

Chapter three is inherently quite interesting as it focuses on some of the criticisms of community cohesion. The fourth aspect of this book takes a look at cohesion and how has been emerged into practice. Chapter five enhances this discussion and

looks at the wider picture of social cohesion. Chapter six discusses Pakistani and Bangladeshi identity relating to faith and issues of extremism. Chapter seven contrasts the prior chapter by showcasing research with young white people, their identity, the far right, and white working class people. The final chapter before the conclusion discusses a controversial policy debate revolving around 'preventing violent extremism'.

A key theme towards the end of the book looks at a contradiction to community cohesion in the form of 'preventing extremism' agenda. "An initial £6 million pathfinder, pilot fund..." (DCLG, 2007c, cited in Thomas, 2011). This funding was given to councils with 5% and above Muslim populations in 2007, to prevent extremism. There have been attempts to engage Muslim youth. Some young Muslims have had an uphill struggle as they have faced "... educational and social exclusion" (SEU, 1999, cited in Thomas, 2011). Recently students, teachers and even the general public have been asked to spy on certain Muslim students in Universities, colleges and communities. This is very controversial and will it lead to conviction or prevention of terrorist attacks? This type of rhetoric may have an opposite affect and polarise and isolate Muslim communities and individuals. As youth and community practitioners we need to be aware of the implications of this type of method of inquiry. We have to be able to reach out and communicate with young people in particular who may be disillusioned or at risk of terrorism.

As well as this, another key theme is some young people feel they are not being treated equally in different community settings. This is also relevant for young white working class groups. "Views expressed by some white young people supported the notion of a 'sense of unfairness'" (Hewitt, 2005, cited in Thomas, 2011). Some of these groups feel they have been ignored by their peers and government. This may lead to some of those young people becoming disaffected and joining Far Right groups. Youth and community

workers need to be aware of challenging these views and suggest alternatives for young people such as becoming community activists, volunteers, lobbying etc.

Reflection: What have I Learnt, How does this Affect my Practice?

I have been involved in youth and community work on a voluntary basis for 14 years. I have been involved in projects which promote community cohesion. On reflection these projects involved White and Asian groups from different parts of the Rochdale Borough and working in partnership to promote cohesion. Reading this particular book allowed me to reflect on those experiences I have had. This will affect my practice because reading this book made me aware of a growing white working class segment of society who may feel neglected. I think it is important for me as a practitioner to try and engage some of these people and undertake further social cohesion projects. This will help build bridges and reduce barriers between different ethnic groups in society.

In terms of reflecting on my own identity as a Muslim I didn't like terms such as Islamist which were used in this book. I believe this links the peaceful religion of Islam to violence which is not the case. Also on reflection, page 122 discusses issues revolving around safe and unsafe areas in communities. I think this is important because in my practice as a youth and community worker I have seen territorial wars fought on local streets and I understand why some young people are afraid to venture to far from their local areas.

I believe there is a sense of exclusivity of youth and community workers. I think this book highlights the difference professional workers can make in communities in their professional role. Other professionals and institutions may not be able to reach young people on the grassroots and street levels; the exclusivity of the youth worker allows these professionals to engage with young people mutually and respectfully. In conclusion I believe undertaking this book review and reading this book has increased my

knowledge and awareness of issues relating to community cohesion.

Preparation, Submission and Publication of Manuscripts

Manuscripts

The Australian Community Psychologist publishes work that is of relevance to community psychologists and others interested in the field. Research reports should be methodologically sound. Theoretical or area review papers are welcomed, as are letters, brief reports and papers by newer contributors to the discipline. Contributions towards the four sections of the journal are sought.

The Australian Community Psychologist is published twice per year and online and is available via the website of the Australian Psychological Society's College of Community Psychologists' page (<http://www.groups.psychology.org.au/GroupContent.aspx?ID=4395>).

Articles

Contributions are state of the art reviews of professional and applied areas and reviews and essays on matters of general relevance to community psychologists. They may be up to 10,000 words, including all tables, figures and references; however, authors should be as concise as possible.

Research Reports

This section is for the publication of empirical research reports relevant to community psychology theory, method, and practice. They may be up to 10,000 words, including all tables, figures and references; however, authors should be as concise as possible.

Practice Issues

This section publishes individual manuscripts and collections of manuscripts which address matters of general, professional and public relevance, techniques and approaches in psychological practice, professional development issues, and professional and public policy issues.

Book Reviews

The journal publishes book reviews of up to 1,000 words. Books reviewed relate directly to

the major areas of practice in community psychology.

Review and Publication of Manuscripts

The acceptable word processing program format is Microsoft Word. All manuscripts are submitted electronically to the Editor:

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If authors experience any difficulty with electronic submission, hard copy materials together with a disc copy should be sent to:
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With the exception of book reviews, all contributions are blind-reviewed. Articles submitted for review must be original works and may not be under consideration elsewhere. It is a condition of publication that authors assign the copyright of their articles to the Australian Psychological Society.

All manuscripts for consideration for publication in *The Australian Community Psychologist* must be formatted according to the instructions for authors below.

Instructions for Authors

The following constitutes advice to contributors that is relevant to all journal sections.

Every submission must include:

A cover letter stating the section of the journal to which the author(s) wish to submit the article.

The complete manuscript including title page, abstract, text, tables, figures, acknowledgements, and references.

Written permission from the publisher (copyright holder) to reproduce any previously published tables, illustrations or photographs.

Manuscripts should be arranged as follows:

Title page
 Abstract and keywords
 Text
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 Acknowledgements
 Disclosures (if required)
 Address for correspondence from readers (e.g., an email address)
 Author biographies (a short paragraph on each author e.g., job title, research interests, department or research centre)
 Tables and figures should be placed in the correct position within the body of the text.
 Number pages consecutively, beginning with the Title page as page 1.

The Title Page should contain:

Title: Should be short and informative. Recommended length is between 10 and 12 words.
 Short title: A maximum of 50 characters.
 Author(s): This should include each author's name in the preferred form of given name, family name.
 Institution and Affiliations: This identifies the location (e.g., university) where the author(s) undertook the investigation.

Specific Formatting Requirements

Language

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

Paper Size, Margins, Alignment

A4 page, ALL margins 2.5cm, all text left aligned (not justified) unless otherwise specified.

Spacing

All text must be double-spaced and left aligned (not justified) unless otherwise specified.

Font & Size

Times New Roman, 12pt unless otherwise specified.

Paper Title

14pt, bold, centred, sentence case.

Abstract and Keywords

The heading Abstract should be centred and in italics.

The text should be left aligned.

Place one blank line after the abstract.

The abstract must be no more than 200 words.

Place up to 6 (six) keywords.

Normal Text

12pt, Times New Roman double line-spacing, left aligned (not justified)

Do not leave line spaces between paragraphs but indent the first line of each paragraph.

Long Quotes (roughly, quotes of 30 words or more):

Indented 1 cm left and right

1st Level Heading

Main words capitalised, bold, centred, not italics.

1st Level of Subheading

Italics, main words capitalised, left aligned. Do not number headings or subheadings.

2nd Level of Subheading

Italics, sentence case, left aligned. Text should continue on the same line.

Tables, Figures, and Diagrams

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

Diagrams, illustrations, graphs, and so on, must be 'screen readable'. This means fully legible and readable on screen when displayed at widths that ideally do not exceed about 750 pixels and certainly should not exceed 1000 pixels.

Page Numbers

Insert page numbers at the top of the page, right aligned, beginning with the title page.

Footnotes

Avoid using footnotes. If used, please number

them sequentially.

References

Use the reference style of the Publication Manual of the American Psychological Association (6th ed.). List references under the 1st level heading.

Example journal article:

Fryer, D., & Laing, A. (2008). Community psychologies: What are they? What could they be? Why does it matter? A critical community psychology approach. *The Australian Community Psychologist*, 20 (2), 7-15.

Example book:

Montero, M., & Sonn, C. C. (2010). *Psychology of liberation: Theory and applications*. New York: Springer.

Example book chapter:

Fielder, J., Roberts, J., & Abdullah, J. (2000). Research with Indigenous communities. In P. Dudgeon, D. Garvey & H. Pickett (Eds.), *Working with Indigenous Australians: A handbook for psychologists* (pp. 349-356). Perth, Australia: Gunada Press.

Example electronic source:

Cummins, R. A., Hughes, J., Tomy, A., Gibson, A., Woerner, J., & Lai, L. (2007). *The wellbeing of Australians – Carer health and wellbeing*. Melbourne, Australia: Australian Centre on Quality of Life, Deakin University. Accessed 27th September 2011 from <http://www.deakin.edu.au/research/acqol/auwbi/survey-reports/survey-017-1-report.pdf>

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