

New Zealand Scholarship

**Health and Physical
Education**

**SCHOLARSHIP
EXEMPLARS**

Candidates' submissions from 2018



New Zealand Health Education Association (NZHEA)
2019

Health and Physical Education Scholarship exemplars: Candidates' submissions from 2018

Resource compiled by the New Zealand Health Education Association (NZHEA)

Website <https://healtheducation.org.nz/>

PO Box 63, Lyttelton 8841, New Zealand

Email admin@healtheducation.org.nz

First published 2019

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Recommended citation:

[Author details and report title] (2019). In *Health and Physical Education Scholarship exemplars: Candidates' submissions from 2018*, NZHEA. New Zealand Health Education Association.

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Introduction

2018 was the first year of **Health and Physical Education Scholarship** (where in previous years it had been Physical Education Scholarship). To support future students making a submission for HPE Scholarship, five exemplars of Scholarship performance have been compiled to show a range of topics and a diversity of ways that the critical thinking, application of knowledge, and communication performance descriptors can be met.

With the exception of some formatting changes (done for consistency of appearance in this resource) all reports have been reproduced as originally presented.

NZHEA would like to thank these students who have shared their reports with the HPE community and congratulate them on their success in HPE Scholarship.

Shivani Kershaw, Rangitoto College, Auckland

Amy Cooper, Samuel Marsden Collegiate School, Wellington

Ashleigh Ngow, Te Puke High School

Angela Bartolome, St Mary's College, Auckland

Keeley Sexton, Hamilton Boys' High School

Using the Scholarship report exemplars in resource

Students and teachers reading these reports are encouraged to consider:

- The way the topics selected by these students have been given a unique perspective and point of difference.
- How wellbeing is always a feature of the critical evaluation, regardless of the topic selected.
- The different ways and the depth to which the HPE underlying concepts have been applied (that is: hauora, the socio-ecological perspective, health promotion and attitudes and values).
- The range of other concepts and theories that have been used in addition to the HPE concepts.
- How students have incorporated their own material, experiences, and reflections into the report.
- How health education and physical education ideas have been brought together in some of the reports.
- The overall requirements for a ‘critical evaluation’.
- The way the reports are structured and organised, and the type of language and terminology used.
- The overall balance in the report and how it is not a one-sided analysis or explanation of an issue.

In addition to these ideas, students and teachers are also encouraged to make connections between the reports, the **Performance Descriptors** and **Judgement Statements**, and the comments in the **Assessment Report** (see the following page).

Other exemplars of **Scholarship** and **Outstanding Scholarship**, including the **Top Scholar** reports, are provided on the NZQA website – see the ZIP files of exam materials at the bottom of this webpage:

<https://www.nzqa.govt.nz/qualifications-standards/awards/new-zealand-scholarship/scholarship-subjects/scholarship-health-and-physical-education/>

Further support for students preparing a HPE Scholarship submission can be found in the resource: ***New Zealand Scholarship Health and Physical Education: A resource to support students preparing a report for HPE scholarship (Health Education)*** (2019), which is available to New Zealand Health Education Association member schools.

This resource includes information for students to help unpack the Scholarship and Outstanding Scholarship performance descriptors.

All of the reports in this resource gained ‘**Scholarship**’. That is, in the 2018 year they **scored between 13-19 points** out of a possible total of 24. A score out of 8 is given for each of the three performance descriptors, *although that information is personal to the candidate and is not provided here*. A copy of the complete assessment schedule and the Assessment Report can be found at <https://www.nzqa.govt.nz/qualifications-standards/awards/new-zealand-scholarship/scholarship-subjects/scholarship-health-and-physical-education/>

Performance Descriptors	Judgement statement for Scholarship A score of 5 or 6	Candidates who were awarded Scholarship commonly:
Critical thinking <i>Note: The candidate is expected to show use of knowledge, critical thinking, and communication to evaluate a Health and Physical Education learning area context.</i>	<ul style="list-style-type: none"> • A critical response and synthesised report. • Issues, theories, and practices are questioned and challenged with insight and perception. • Independent reflection substantiated coherently and logically. 	<ul style="list-style-type: none"> • <i>selected a topic meaningfully linked to the Health, PE, or Home Economics (HPE) learning area</i> • consistently applied a strong critical perspective to appropriate issues, theories, practices, and learning experience • identified, challenged, and questioned assumptions, the status quo, and/or power relations in society • questioned issues, theories, and practices and challenged with insight and perception commonly-held beliefs • showed independent reflection on their argument
Application of Knowledge <i>Note: Concepts are inclusive of the HPE underlying concepts (hauora, socio-ecological perspective, attitudes and values, and health promotion), and topic-specific concepts. There is an expectation that the candidate draws from their own learning experiences, which may include collection of primary data, and / or personal reflections.</i>	<ul style="list-style-type: none"> • Integration and abstraction of concepts and ideas. (This is inclusive of, but not limited to, appropriate use of issues, theories, practices, and learning experience.) • Theoretical and practical balance, although limited viewpoints may have been considered. (There is sufficient depth in some areas.) • Logical syntheses of highly developed knowledge, concepts, and ideas. • Includes coherent conclusions related to future actions to enhance well-being. 	<ul style="list-style-type: none"> • made explicit and deliberate links and interconnections to the underlying concepts of HPE (hauora, attitudes and values, health promotion, socioecological perspective) • demonstrated an understanding of the interrelationship between sociocultural and biophysical concepts <i>[in PE topics]</i> • brought wider societal ideas into the topic such as political, cultural, religious, historical, and social contexts; this was particularly the case for those who used a sports context, e.g. sport and politics, sport and gender (in)equality, sport, and religion. • provided New Zealand-based examples • included a theoretical and practical balance • wove meaningfully their own experience and/or their own evidence into the report • used both their own experience as evidence or to reinforce a point, and research to justify their conclusions • referenced supporting evidence (and integrated this evidence effectively into their report)
Communication	<ul style="list-style-type: none"> • Communicates convincingly through a structured and coherent discussion that is supported with relevant referenced evidence. • Logical development of argument that is well substantiated. • Accurate use of terminology. 	<ul style="list-style-type: none"> • constructed a logically-structured report, including use of headings and subheadings • followed a format that enabled them to research, present a range of ideas, challenge assumptions, and make substantiated conclusions • set up the critical evaluation by posing a question in the introduction that they then answered by the end of the report

The Unnoticed Youth, Struggling in Aotearoa's Shadows

Shivani Kershaw

Rangitoto College, Auckland

The Implications on Adolescent Mental Distress and Disorders in Aotearoa.

"Mental illness is a disease and organic mental illness of young kids is becoming more and more of a disease... we do need to talk about it." Lisa Gardner, author¹

The dominance of Eurocentrism fundamentally rules the mental health system of Aotearoa, predominantly influenced by Healthism thinking towards our understanding of mental health. Such an approach to mental health does compartmentalise adolescent Hauora around mental distress and disorders. Thus, Aotearoa's society naturally assumes that the wellbeing of adolescents with mental distress and disorders are irrational; their struggles are lesser valued to those older and, therefore, do not require the accessibility to resources and aid so desperately needed for their distress. This understanding largely influences Aotearoa's society, government, the present media, health and sporting culture, and the education system. As a result, I do question how such ideologies dominate the mental health system for our youth. Is education benefiting or increasing mental distress and disorders for adolescents? Does Aotearoa's mental health services do enough to be inclusive of Māori and Pasifika adolescents?

Why is mental distress and disorder rates higher for Māori and Pasifika compared to Pākehā? If social media is an influencing factor, how badly does it harm our adolescents? Is the treatment and implication of behaviour and emotional disorders within adolescents likely to continue in the future? This report intends to acknowledge the implications of mental distress and disorders within Aotearoa adolescents. By targeting and condemning the stigmatisation in all areas, we can seek equitable outcomes that encourage empathy, the appropriate medical treatment, and accessibility to all Aotearoa adolescents struggling. For the society that Aotearoa must strive for, and the globe too, is one in which no longer will adolescents with mental distress and disorders have to experience the detrimental and derogatory assumption that they are, "disturbed, nuts, spastic, ill [or] insane."²

1.1 Education System and Environment

"The mental health of our children must be seen as every bit as important as their physical health." Kate Middleton³

Political economist Robert Crawford argued, on healthism, that any form of sickness and disease which contributes to the unhealthy living of an individual is the sole responsibility of the individual. Crawford's theory is most prevalent in New Zealand's education, and schooling environment, for it has normalised the, "privatisation of the struggle for generalised well-being"⁴ in favour of achieving academic excellence. The Health and Physical Education curriculum has promoted the importance of regular physical activity to achieve and maintain a healthy living standard, rather than emphasising the prioritisation of mental health. This is not a recent role the school system has conjured. This ideology associated with health education can be accessed back to the beginning of compulsory schooling in the latter half of the nineteenth century. Since then, the importance of healthism within the physical realm is nowhere more explicitly expressed than in the Health and Physical Education curriculum.

¹ "Mental Illness Quotes - Brainyquote" Accessed October 28, 2018

² Rose, Diana. "250 Labels Used to Stigmatise People with Mental Illness." (p. 97).

³ "Kate Middleton's 4 Best Quotes On... - Romper"

⁴ Crawford, Robert. "Healthism and the Medicalization of Everyday Life"

The New Zealand Health and Physical Education system is underpinned by the assumption that, 'exercise=fitness=health' triplex."⁵ The implicit assumption that exercise, through the notion of fitness, leads to the essentiality of health being a representation of healthy living through a physical realm. To vividly see this trinity, the Health and Physical Education curriculum embodies the triplex through its strands of teachings. The curriculum includes, but is not limited to, the development of, "knowledge, understandings, skills and attitudes needed to maintain and enhance personal health and physical development."⁶ Within this relies the focus upon student's personal identity and self-worth through physical activity to meet their health needs. By prioritising this narrative in the schooling environment, it implies that *Taha tinana* (physical wellbeing) is of higher importance than *Taha hinengaro* (mental wellbeing). Micro-systemically, the immediate schooling environment emphasises the belief that for students to create a sense of self-worth, they must adequately invest in all aspects of physical activity to be considered healthy in society.

In secondary schools, Health Education is mandatory for Junior School (Years 9 and 10), whereas, Health Education is optional for Senior School (Years 11 to 13). In Junior year, Health is taught within four units; Me, Myself and I, Nutrition, Drugs and Alcohol, and Change and Choice, with a maximum 4 weeks of teaching per unit. Predominantly, the physicality of health is emphasised immensely within these teachings, with the first unit briefly touching on emotions and feelings to introduce Juniors to the Whare Tapa Whā. A Year 9 male I talked to mentioned that, "there was no insight on how to deal with stress, it was more like healthy eating and what the body goes through so that we can be healthy. There was only one lesson where they talked about Youthline or where to get help." In encouraging this narrative at an earlier stage, young adolescents adapt their values so that their sense of personal identity, crucial to *Taha wairua* (spiritual wellbeing), coincides with achieving a healthier body and not a healthier mind. I acknowledge this perspective as physical activity is known to help aid mental health. Exercise can "increase the efficiency of the cardiovascular system to aid the encounter of stressors. Physical activity releases mood-enhancing beta-endorphins in the brain."⁷ These beta-endorphins relieve pain and positively effects *Taha hinengaro* for students with relaxation. However, by encouraging this 'exercise=fitness=health' trinity, it proves disadvantageous later for adolescents when they ignore mental distress in favour of physical distress. They may be at greater risk of developing a mental disorder. As a result, their education is severely impacted as mental disorders have a major effect on an adolescent's ability to learn and concentrate in class. Their resulting academic outcomes may be reduced, especially when in the schooling environment academic excellence is expected of every adolescent.

From the beginning of Level 1 in National Certificate of Educational Achievement, the schooling environment and its teachers emphasise the utmost value of achieving academic excellence. In an education system that deems an adolescent's worth by the adolescent's worth by the many Excellence credits they will accumulate, this preconceived notion across all of Aotearoa has reinforced the belief that struggle is the key to academic success. The schooling environment has a preconceived assumption that 'healthy mental health' can be defined by it's "ordinariness: attending school, gaining skills, interacting socially."⁸ For adolescents that unnoticeably struggle with mental distress and disorders, their behaviour and attitude in the schooling environment contrast and challenges this notion.

Depression often has symptoms of "decreased energy, tiredness and fatigue, difficulty in thinking clearly and concentrating, and persistent low, sad or depressed mood."⁹ Due to their depressive behaviour, some teachers assume that students are acting out, that it is, "just their age."¹⁰ I reject this assumption because it signals a kind of biological determinism of their mental distress as hormones from adolescent moodiness. Their misinformed mentality invokes a stereotyped deficit model of the adolescent, which acts as justification for the schooling environment taking little responsibility in responding constructively and equitably to provide adolescents with the fair opportunity of achieving success.

The environment these adolescents are consistently in reinforces their mental health is below their need to succeed and be recognised for their worth. Adolescents place the demands and stress of NCEA upon themselves, which can lead to them overworking out of anxiety. The assumption that struggling in secondary school, or undergoing mental

⁵ Kirk, David, and Derek Colquhoun. "Healthism and Physical Education."

⁶ Ministry of Education. "Health and Physical Education in the New Zealand Curriculum."

⁷ John Grivas, Nicole Letch. "Psychology: VCE Units 3 & 4." (p. 186)

⁸ Best Practice Journal. "Mental health issues in adolescents who have experiences abuse and neglect."

⁹ "Depression - Youth - Mental Health Foundation" Accessed October 15, 2018

¹⁰ Deborah Fraser, Roger Moltzen & Ken Ryba. "Learners with Special Needs in Aotearoa New Zealand."

distress in the school environment, is all part of the education experience is very wrong. I reject this assumption because it has created a natural acceptance that mental distress is part of the schooling environment. Macro-systemically, this then becomes an inappropriate general belief of Aotearoa's educational standards.

Adolescents, like myself, can find ourselves in unhealthy situations following this belief. During my Level 2 NCEA, I was overwhelmed by the pressure to achieve Excellences that would enable me into Scholarship Year 13 classes, the pressure to achieve General Excellence awards in prize-giving, and to demonstrate my efforts in my school report. In the week leading up to my Biology exam, I found myself eating scarcely, studying long hours without breaks whilst crammed inside my bedroom. The night before the exam, the stress heightened and instead of getting proper sleep, I alternated in taking 30 minute naps, and waking to study for an hour after, up until 5 in the morning. On the day of my exam, I woke up disoriented, nauseous, dizzy and severely dehydrated. It wasn't until at the doctors that I was told I was fatigued and lost considerable weight, which led to a terrible anxiety attack. I was told to rest, which proved difficult for I had another major exam the next day. Needless to say, I felt like a failure, especially when my body turned against me. Because I had neglected my mental health, my body physically forced upon me the repercussions and, ultimately, it led to disappointment and misery. I blamed myself.

Unfortunately, this experience exactly exemplifies the immense stress and pressure put on adolescents across the nation and the globe. To deal with the stress, their body's sympathetic nervous system activates internal organs, muscles and glands. Adrenal glands release adrenaline hormones into the bloodstream that circulate throughout the body. Consequently, the adolescent's heart rate and blood pressure increases, as does the breathing rate so more oxygen can be taken in¹¹. Such actions in the body is akin to mild anxiety attacks and can lead to further development of anxiety disorder in the adolescent if the pressures and stress of education and themselves severely impacts their daily life.

The schooling environment is one of which that emphasises academic achievement and excellence, particularly for secondary schoolings that have a higher decile rating. When adolescents become conditioned into believing that their physical health is more important, and that any effects of mental distress on their body is their own responsibility, it creates a fundamentally flawed general belief in the schooling environment that mental distress in an educational setting is normal. This is not only prominent in Aotearoa, but mirrored globally where in Texas, a Year 13 student I talked to argued that, *"although academic achievement is promoted, the mental distress associated with it is not really talked about between students and teachers. It seems to be accepted as a part of the process, an expectation of those who decide to take more rigorous course loads."* Another Year 13 student in Atlanta I talked to explained, *"I've had days where I'm late to class because I'm freaking out in a bathroom and all they care about is me being tardy instead of why I'm tardy."*

Clearly, the isolation of adolescent mental distress in the schooling environment has contributed to the privatization of mental distress and disorders in an environment that holds immense responsibility for the wellbeing of its students. The prioritization of physical health in the Health and Physical Education system, the general non-plus attitude towards adolescent mental distress and disorders in the schooling environment, and the NCEA's pressures placed upon adolescents is most detrimental. Aotearoa's education system must do more through education to increase health awareness of the adolescent struggle. If our adolescents are the stepping stone to a successful society, the education system must adhere and implement the correct resources and teachings to address the need for more health awareness and take better responsibility of all students during what is, arguably, their most stressful years.

1.2 Inequality in Māori and Pasifika Adolescents

"O le tele o sulu e maua ai se figota, e mama se avega pe a ta amo fa'atasi. My strength does not come from me alone, but from many." - Samoan Proverb¹²

Māori and Pasifika adolescents continue to be disproportionately affected by poor mental distress in comparison to Pākehā adolescents. Auckland University's Youth '12 Survey found that since 2014, the rate amongst Māori adolescent suicides was the highest since records began in 2007. Statistics found in 2013 reported that the suicide rate for Māori

¹¹ John Grivas, Nicole Letch. "Psychology: VCE Units 3 & 4." (p. 118)

¹² Pasifika | Depression and Anxiety - Depression.org.nz" Accessed October 20, 2018

adolescents aged between 15 to 19 were at around 42%. The suicide rate for Pasifika adolescents aged between 15 to 19 were at around 58%. The suicide rate for adolescents aged between 10 to 14 that were European, Asian or Other was 0%. However, for Māori and Pasifika adolescents aged between 10 to 14, the suicide rate was 45%.¹³ These statistics occur due to the Eurocentric understanding of mental health in Aotearoa.

Peruvian sociologist, Aníbal Quijano, implied Eurocentrism as a paradigm that constructs a “white, progressive, modern and civilised European identity and juxtaposes it to a black/indigenous, underdeveloped, traditional and barbarian ‘Other’ in the colonies.”¹⁴ The assumption that Pākehā are the progressive and civilised, and the Māori are underdeveloped and barbarian, marginalises Māori culture and posits Māori adolescents as inferior. Māori adolescents are forced to believe that they represent the prejudiced notion of barbarism, constructing their *Taha wairua* (spiritual wellbeing) to the Eurocentric mentality. Any feelings of social cohesion is abolished, thus; their *Taha whanau* (social wellbeing) is severely impacted in their connectedness with their land and society.

These emotions are heightened as Māori adolescents continue to grieve the costs of Aotearoa’s colonisation. Māori adolescents are stripped and alienated Māori from accessing their cultural heritage due to manipulation of tribalism and individualism for Māori since colonisation and industrialisation. Because of this, the dominant cultural determinant in Aotearoa emphasises the hegemonic role of New Zealand European/Pākehā identity as the singular positive force in Aotearoa’s society. I challenge this perspective because it has led to Māori adolescents unable to identity and inextricably link to Papatuanuku, the mother earth, for a sense of belonging. Despite government’s claims of moving forward, the aftermath of colonisation resonates.

National MP Steven Joyce claimed, “My view is we will not have met the promise of the Treaty until every single one of the young people has the opportunity to meet their potential.”¹⁵ However, I’d like to challenge this notion as the Ihumātao Peninsula in South Auckland is set to have 340 new houses built upon it. The Ihumātao Peninsula is Māori land that has Māori remains buried under. It is connected to many Māori individuals in South Auckland, in which the Peninsula is recited in their whākapapa.¹⁶ By having Māori land stripped away, Māori adolescents are now alienated from their land which has significant psychological and personal costs. Chrono-systematically, the Government’s actions symbolises that they do not recognise and acknowledge Māori adolescents’ connectivity to land and ancestry. Rather, they believe more in satisfying the masses than the mental health of Māori adolescents. Adolescents are unable to physically heal with their land and search for healing by spiritually connecting with Papatuanuku. Ultimately, their Taha hinengaro (mental wellbeing) is further severely impacted as they are unable to communicate their struggle constructively with their iwi and land like they need to.

Amidst the loss of ancestral and spiritual connectivity, significant ethnic densities throughout Aotearoa have arose that contribute massively to the low socioeconomic demographics and poverty for Māori and Pasifika individuals. 40% of Pasifika live in significant or severe hardship, whilst around 32% of Māori individuals live in significant or severe hardship.¹⁷ Child poverty is largely associated with a multitudinous amount of problems, such as “poor nutrition, inadequate housing, increasing likelihood of adverse events and higher risk of having mental health problems.”¹⁸ An increase in Māori ethnic density was noticed to be associated with decreased odds of reporting self-related health and doctor-diagnosed common mental disorders. This goes against Articles 24 and 27 of The United Nations Conventions on the Rights of the Child (UNCRC) which state that children and young people have the right to good quality health care, clean water, nutritious food, and a clean environment (Article 24); and children and young people have the right to a standard of living that is good enough to meet their physical and mental needs (Article 27).¹⁹

As a result, Māori and Pasifika adolescents are more likely to develop mental distress and disorders. An individual in Paul Hirini’s Whakamomori: He whakaaro, he kōrero noa, A collection of contemporary views on Māori and suicide stated that, “young Māori are seeing [themselves]... and maybe increasing feelings of hopelessness and despair, [they] may be struggling with [being able to have] a positive view of themselves and their futures”²⁰ based on their ethnic

¹³ Best Practice Journal. “Addressing mental health and wellbeing in youth people.”

¹⁴ “Eurocentrism - Bielefeld University” Accessed October 17, 2018

¹⁵ “Prime Minister Jacinda Ardern makes historic speech at... - NZ Herald” Accessed October 20, 2018

¹⁶ “New life in flight for historic land - Newsroom” Accessed October 20, 2018

¹⁷ “Fact 1: There is poverty in the midst of prosperity... - NZ Council of Christian Social Services” Accessed October 21, 2018

¹⁸ Child Poverty Action Group Inc. “Child poverty and mental health: A literature review.”

¹⁹ Human Rights Commission. “16. Rights of Children and Young People.”

²⁰ Hirini, Paul. “Whakamomori: He whakaaro, he kōrero noa, A collection of contemporary views on Māori and suicide.”

density and low socioeconomic environment. These negatively charged emotions, caused by the simple fact that they do not have the environment sustainable for their health, does not allow them the proper mental health care they so desperately need. Pasifika adolescents were less likely to have accessed mental health services compared to individuals from other ethnic groups in the year before they died by suicide.²¹ In South Auckland, there is a noticeable lack of mental health services to be accessed by struggling adolescents. Affinity Services is the only noticeable service that allows free support for individuals aged between 13 to 24.

However, the very few mental health services that are in South Auckland are not typically free, which is a concern for adolescents in the most deprived area that do not have the money to access these services. Hence, the suicide rates are increasingly high for not only do Māori and Pasifika adolescents feel intense helplessness and despair in their environment, but there is no fair and justifiable access for them to seek help and guidance during their struggles.

However, a positive strategy in the form of health promotion is being implemented by the Government to tackle poverty and ensure equitable outcomes for high risk adolescents. Prime Minister Jacinda Ardern released a bill at the beginning of the year that encouraged a significant and sustained reduction in child poverty across Aotearoa. She believes that the Government will be commit to genuinely tackle poverty and ensure Aotearoa becomes “the best place in the world to be a child.” The bill requires the Government to “develop and report on a strategy to promote the overall wellbeing of children, which will include a particular focus on reducing child poverty.”²² With this, the Government is demonstrating that the ethical ramification of poverty is their priority, and, thus; exo-systematically, the detrimental immediate setting Māori and Pasifika adolescents are exposed to can be modified and improved to significantly better their overall Hauora.

However, I would like to further challenge the Government’s efforts as Eurocentrism significantly dominates health services. Māori and Pasifika populations continue to be at the lowest position of the social ladder due to their socioeconomic status, educational, employment and crime figure. These misrepresentations have caused Māori and Pasifika, the words themselves, to represent a stigma of sorts that tell them what their race is specifically supposed to be. A 2016 article on New Zealand Herald reported a student who attended Aorere College with the headline, *“Auckland student amazes audience with incredible voice.”*²³ However, when there is a negative, violent narrative reported in Auckland, the New Zealand Herald is quick to point out South Auckland in the headlines. A 2018 article on an arson spree at Puni School had the headline, *“South Auckland arson attacks: Accused also facing firearm charge, laughs when granted bail.”*²⁴ The cultural assumption that all Māori and Pasifika individuals represent that narrative of thuggery, thieving, abuse and disturbance is racially charged and discriminatory.

This significantly impacts Māori and Pasifika adolescents as they become accustomed to this cultural assumption throughout their life. Although I am not Māori or Pasifika, I have witnessed the vocalisation of the problems Māori and Pasifika adolescents face in Aotearoa’s present society through the emerging and thriving Spoken Word Poetry movement in Auckland. The South Auckland Poets Collective and Action Education have built a stage for Māori and Pasifika adolescents to speak truthfully. A young Māori poet from Dilworth College I competed with spoke in his poem, “but because I’m Māori, you think my mouth means curse words, my hands mean gang signs, that my fingers mean theft, that my knuckles mean fight... this brown skin means theft. Not true.”²⁵ On an adolescents Taha wairau, their identity and sense of self is conflicted and constantly challenged by external forces, influencing the way in which Aotearoa enables equitable access for Māori and Pasifika adolescents to mental health services.

Chrono-systematically, the prejudice that is portrayed amidst Māori and Pasifika has contributed to a flawed mental health system that prioritises Pākehā mental health and European practices to aid mental health. Paul Hirini stated, ‘the ‘problem’ is a result of the interaction of two groups, one of whose influence is dominant in all spheres of living.”²⁶ Culturally incongruous messages about Māori and Pasifika mental distress and disorders contribute significantly to the inaccessibility of mental health services in low socioeconomic demographics of Aotearoa, especially when discrimination and unequal treatment towards Māori and Pasifika is still present in modern day Aotearoa. The

²¹ “An overview of suicide statistics - Health.govt.nz.” Accessed October 22, 2018

²² “Taking action to reduce child poverty - Beehive.govt.nz” Accessed October 24, 2018

²³ “Auckland student amazes audience with incredible voice - NZ Herald.” Accessed October 24, 2018

²⁴ “South Auckland arson attacks: Accused also facing... - NZ Herald.” Accessed October 24, 2018

²⁵ “Semi Finals 2, Round 1 Dilworth, 2017 - YouTube.” Accessed October 24, 2018

²⁶ Hirini, Paul. “Whakamomori: He whakaaro, he kōrero noa, A collection of contemporary views on Māori and suicide.”

hegemonic state of New Zealand European/Pākehā has alienated Māori and Pasifika from complete participation in society. This hegemony has transferred into hospitals, in which a participant in the Ole Taeao Afua, the new morning discussion noted that Pasifika individuals suffer as, “the problem arises when where there is a need for holistic treatment, and this is not undertaken.. This is true of the treatment for mental unwellness where doctors have separated the whole into three parts, treating only the physical. You cannot divide a Samoan person because if my mind is unwell, everything else becomes unwell.”²⁷ The Western conceptualisation of Māori and Pasifika mental distress and disorders is inadequate and the Eurocentric society Aotearoa idolises has adopted European methods of medicine which has led to a racist mental health system.

Due to this, mental health services do not recognize and acknowledge the lens in which Māori and Pasifika view mental distress. Mental distress can be often seen through a religious or spiritual framework. Most modern mental health services, including hospitals, ignore these frameworks to prioritise medication and psychotherapies to treat mental distress and disorders. Traditional methods of healing for Māori and Pasifika adolescents are ignored. Traditional Samoan medicine and healing can take the form of Taulasea, Samoan healers. Instead of ignoring, mental health services should recognise traditional methods because there can be instances where mental disorders and illness can only be treated by Fofo Samoa (Samoan healing methods), as well as Western medicine.²⁸ Māori methods of healing, such as Rongoā (healing with native plant extracts and preparations) should also be recognised and diagnosed in the mental health realm. Without the inclusion of traditional medicines and healing, Western concepts of medicine is used to treat mental distress and disorders in Māori and Pasifika adolescents that may not be beneficial and helpful at all for their mental struggles. Instead, Māori and Pasifika adolescents find themselves in a position where they believe they are not able to be helped if Western methods do not aid, as Western medicine is presented as the only method of aid in mental health services. They feel ignored and undervalued, and as a result, they are unable to seek the proper care and attention they need, leading to further mental distress and disorders. Ultimately, their overall Hauora is significantly reduced.

Aotearoa has a responsibility to constructively analyse the Eurocentric mentality that dominates all areas of Māori and Pasifika mental health. The Government must do more to erase the Western medicinization which leaves a long-lasting negative impact on Māori adolescent mental distress. Instead, the Government must take proper action to abolish inequality of Māori and Pasifika and ensure equitable outcomes for those in low ethnic densities so that no Māori and Pasifika adolescent should feel they are undervalued on their own land.

1.3 Technology Accessibility

“The Internet is just another experiment showing us more sides of us.” - Frank Ocean, musician²⁹

Cultural globalisation has ushered in the new era of a technological phenomenon. In 2015, an estimated 85% of internet users who visited social networking sites, such as Facebook, Instagram, Twitter, Snapchat and Youtube, were aged 16 to 29 in Aotearoa.³⁰ These networking sites as a significant influence on teenage culture by becoming the new wave of capitalising their identity and sense of self. Antheunis, Schouten & Krahmer argue in their research article, *The Role of Social Networking Sites in Early Adolescents’ Social Lives*, that social networking, “*enhance social capital, that is relationship benefits such as emotional support and exposure to ideas and information, as well as friendship quality in early adolescence.*”³¹

However, I reject and challenge this notion as there has been an influx of adolescents on social networking sites, in particular, Tumblr, who manipulate the social capital of Tumblr to glorify and beautify mental distress and disorders. Tumblr is a widely-recognised social networking site that allows their users to post images posts and other content through their blogs. However, Tumblr has a distinct subculture of mental illness. Tumblr has a notorious ‘darker side’ that potentially consists of adolescents sharing their experiences and thoughts of a variety of mental disorders and illnesses.

²⁷ K. Tamasese, C. Peteru, C. Waldegrave, A. Bush. “Ole Taeao Afua, the new morning...”

²⁸ IBID

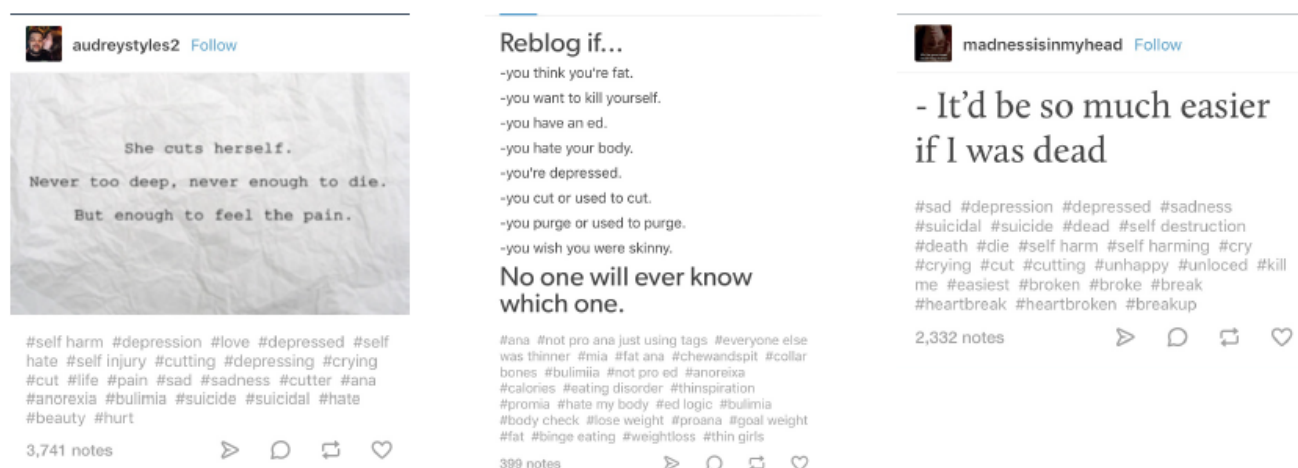
²⁹ “Internet Quotes - Brainyquote” Accessed October 28, 2018

³⁰ Susan Sandys. “Connectivity at a cost: Adolescents’ use of social media and its effect on their mental health.”

³¹ M. Antheunis, A. Schouten, E. Krahmer. “The Role of Social Networking Sites in Early Adolescent’s Social Lives.”

These experiences and thoughts do not emphasise recovery. Instead, adolescents normalise and promote eating disorders and self-harm profoundly through aesthetically pleasing and glamoursing images, posts, and quotes about mental disorders. Rather than detail the horrors of mental distress and disorders, adolescents develop habits of rumination by relying on these beautified images to continuously prolong their depressive thoughts and emotions. I am not exempt from this narrative. Throughout the years, I sourced Tumblr as a means of coping with my emotions. If I were in a depressive state and needed the stability that came from knowing I was not the only one suffering, Tumblr had a comprehensive source of poetry and images that fueled my these emotions. Reading the poems or scrolling past discoloured gifs of females sobbing had a strange and morbid influence over me that somehow numbed my mental pain and made me feel emptier.

When in an interview with BuzzFeed News, a teenage girl who used to run the Depression and Disorders blog argued, *"If you look at my blog, you can see that other people like and reblog the pictures and then you know you're not the only who feels like that... It helps the people that are suffering."*³² I acknowledge this perspective because when an adolescent receives a reblog on their picture, a network of brain regions, the ventromedial prefrontal cortex, ventral striatum, and ventral tegmental area, are activated when they receive positive social rewards.³³ The more frequently they use these networking sites, the more likely they feel better. However, I do vehemently reject this perspective because as seen in the images below,³⁴ these images and posts violate an adolescent's Hauora. They encourage adolescents in self-injurious behaviour, influencing their sense of self-care from the glamorisation of self-injury. They begin to rely on Tumblr as an escapist outlet by feeding off other adolescent's posts about their struggles. Thus, the overall mesosystem perspective of Tumblr's 'darker side' establishes that pain and mental distress and disorders are glamorous and instead of getting help, you should embrace it wholeheartedly with everyone else. This contributes immensely to the high amounts of mental distress in adolescents because of social media and social networking sites.



Alternatively, it isn't just social networking sites that do significant damage, the internet's vast accessibility to almost everything allows adolescents to access pornography easily. In an online survey conducted by Sabina, Wolak and Finkelhor, 93% of the boys surveyed and 62% of the girls surveyed were exposed to online pornography during adolescence. A considerable amount of the individuals had seen images of, "paraphilic or criminal sexual activity, including child pornography and sexual violence, at least once before the age of 18."³⁵ Focusing specifically on the males, some boys surveyed had repeated exposure to images of sexual violence through pornography. This is highly concerning because adolescents are most vulnerable to sexually explicit material as they reach their peak of dopamine production and neuroplasticity. When the adolescent continuously accesses pornography or sexually explicit material, there is an overstimulation of the reward circuitry from the repeated dopamine highs. The consequence of this is that the dopamine receptors can drop from overstimulation, therefore; the brain cannot respond efficiently, and the adolescent feels less reward from the pleasure. As a result, the adolescent is driven to search harder for feelings of satisfaction. This can come from accessing more extreme sexual stimuli, longer porn sessions, or more frequent porn

³² Meet The Girl Behind One of Tumblr's Biggest... - BuzzFeed News." Accessed October 27, 2018

³³ D. Meshi, D. Tamir, H. Heekeren. "The Emerging Neuroscience of Social Media."

³⁴ "Cut - Tumblr." Accessed October 27, 2018

³⁵ C. Sabina, J. Wolak, D. Finkelhor. "The Nature and Dynamics of Internet Pornography Exposure for Youth."

viewing to, ultimately, numb the brain.³⁶ The induced positive effects they get from viewing sexually explicit material enables some adolescents to believe that pornography can become a coping mechanism as a way of relieving stress, leading them to rely heavily on pornography.

The ethical ramification of their actions creates a paradigm where it is believed 'normal' for adolescents to access pornography more often, even when it is against the law. Male adolescents, in particular, can begin to develop narcissistic personality disorder (NPD) as they accept abusive behaviour shown in pornography. The derogatory misrepresentation of sexual acts in some extreme cases of pornography imply male adolescents to treat women in a more demeaning and degrading manner, negatively impacting their mental construction of self towards NPD. Alternatively, male adolescents may feel inadequate or unattractive, suggesting that further negative mental states can precede after pornography use. These feelings can lead to them socially isolating themselves from others, contributing significantly to their lack of social cohesion, which can lead to long-term distress, such as depression.³⁷ Ultimately, pornography ushers an onslaught of mental distress, unknowingly, to male adolescents specifically, which can cause significant disturbances in the process of their adolescent growth and, possibly, adult life.

Not only is sexually explicit material highly accessible, but access to news is of equal access. Matt Haig, author of *Reasons to Stay Alive*, stated in an interview with Ella Mills that, "*Every time you open your laptop, and there is breaking news, you just have this constant sense of the world as a terrible place.*"³⁸ Over the last two years, there has been an increase in reported suicides in news outlets. Prominent individuals such as that of Chester Bennington, frontman of Linkin Park, Kate Spade, American fashion designer, and Anthony Bourdain, celebrity chef, has been of the few examples of prominent societal figures taking their lives. Still to the present day media coverage of these suicides are ongoing, detailing the aftermath their family and friends are dealing with. I acknowledge that media and news coverage of such matters is immensely important, for it engages audiences around the globe with the topic of mental distress and disorders and established suicide as a topic of avid discussion, one of which that can inspire many to research themselves and become more informed. However, as Matt Haig stated, I challenge this notion as, like the other facets of the internet, there is scientific evidence that shows media coverage of suicides can cause an increase in the risk of suicides for a period after the news publicity.

Adolescents are their most vulnerable state during this part of their existence. If an adolescent is struggling with their mental distress or disorder, they are in a highly vulnerable state where they believed to not 'think straight.' If suicide or suicidal thoughts are constantly on their minds, the media reporting of suicide have a significant impact on the adolescent's vulnerable state, no matter how subtle the reporting is. Hawton, O'Connor, and Saunders found in their article, *Self-harm and suicide in adolescents*, that, "The reporting and portrayal of suicidal behaviour in the media can affect those exposed to such stimuli."³⁹ Headlines such as, "*Coroner: Girl's suicide 'yet another tragic death'*,"⁴⁰ and "*Strong support couldn't stop farmer's suicide*"⁴¹ instantly target adolescents with vulnerable frame of minds to reinforce the question, "If they did it, why can't I? I'm nobody." This mentality marginalises the rarity of suicide by, instead, normalising suicide in media coverage until we often find ourselves less surprised when another prominent figure has committed suicide.

The effect of this is known as the 'Werther effect.' The 'Werther effect' is the strong relationship between reports of suicide in media reporting and a subsequent increase in suicide rates. "The magnitude of the increase in suicides following a suicide story is proportional to the amount, duration, and prominence of media coverage,"⁴² as argued by Gould, Jamieson, and Romer. Due to the age we live in now, news coverage can be accessed online and can be saved to be reread later. The constant access and resonating impact of suicide in media coverage can trigger and push vulnerable, at-risk adolescents with mental distress and disorders towards a spiral of negative emotions and stress. Micro-systematically, the adolescent believes that suicide is no longer something taboo or unrecognised, but is something normal and has established a scene in modern day society. Because of this belief, their ability to struggle against the normalisation is particularly tricky. Their *Taha wairua* is severely impacted as their search for meaning and

³⁶ Carter, Joe. "The Effects of Pornography on the Male Brain." (p. 2)

³⁷ C. Sabina, J. Wolak, D. Finkelhor. "The Nature and Dynamics of Internet Pornography Exposure for Youth."

³⁸ "On mental health with author of 'Reasons To...' - Acast.com" Accessed October 18, 2018

³⁹ K. Hawton, R. O'Connor, K. Saunders. "Self-harm and suicide in adolescents."

⁴⁰ "Coroner: Girl's suicide 'yet another tragic death' - NZHerald" Accessed October 24, 2018

⁴¹ "Strong support couldn't stop farmer's suicide - Otago Daily Times" Accessed October 26, 2018

⁴² M. Gould, P. Jamieson, D. Romer. "Media Contagion and Suicide Among the Young."

purpose is underpinned by the social messages of suicide. On their *Taha whanau*, feelings of belonging in society is abolished, and instead, their *Taha hinengaro* is affected for feelings of hopelessness and worthlessness is most apparent, leading them to take less care of their *Taha tinana*, ultimately; leading them to their demise.

Aotearoa has the responsibility to be more aware and alert of the dangers the internet harbours for our adolescents. In an age of technology, Aotearoa must fight back and provide equitable actions that discourage inappropriate behaviour and the misuse of real social networking sites to address adolescent mental distress and disorders. The Government must take proper action to monitor the guidelines of suicide news reporting so that no adolescent should have to be triggered by every facet of the internet in their struggles.

2.1 Possible Future Solution

“Ahakoa te momo mate, whakanuia tangata. Regardless of illness or disease, people deserve dignity and respect and the opportunity to become well again.” – Māori Proverb⁴³

Each individual of Aotearoa has the chief responsibility to initiate collective and equitable action for the health enhancement of adolescents struggling with mental distress and disorders. We must come together, as a united nation, to utilise the resources of technology, policies, education, and mass media to ensure we are making adolescent mental distress and disorder a priority and that no adolescent should ever feel isolated in their struggle in Aotearoa's shadows. To strive for a better society for our adolescents, we must challenge and question what health promotional methods can be created. How can the education system adapt to be more inclusive and considerate of adolescent mental health teachings? How can Aotearoa's societal environment change to establish equality of treatment for Māori and Pasifika adolescents? How can the multifaceted nature of the internet bring impartial justice for adolescents struggling during an age of technological phenomenon?

Many individuals in the Health and Physical Education schooling environment have profoundly stated that Health and Physical Education must become a mandatory subject for secondary school. Although personally, I agree with Health Education being mandatory, I reject and challenge this notion as it is not the most realistic strategy. Making Health and Physical Education mandatory would cause restrictions for students towards Year 13 when universities require taking specific subjects as a prerequisite for specific degrees. Alternatively, I suggest there should be more emphasis on mental health teachings into the Health and Physical Education curriculum. To do so, a four-week teaching programme for Health Education for Senior School, akin to the four-week Health Education programme taught in Junior School, can be implemented. This programme would address all the implications stated before towards adolescent mental distress and disorder to ensure the most equitable outcomes.

To target the fundamental healthism perspective of the education system, I highly recommend the utilisation of the resource, 'Conversations for Change' by ReTHINK of the Like Minds, Like Mine initiative into the programme. The 'Conversations for Change' resource encompasses five group activities that are designed to help rethink mental health and wellbeing. These activities explore the impact of the mental distress stigma and discrimination, help safely explain experiences of mental distress, support recovery focused discussion and promote social inclusion. I can personally vouch for this resource as I was one of the Youth Stakeholders on the resource. I significantly contributed my own experiences and thoughts about adolescent mental distress and disorders so that the resource could wholeheartedly carry youth voices about adolescent mental distress and disorders, and could implement strategies that are most relevant towards adolescents themselves. The resource establishes real scenarios to show adolescents with mental disorders are not 'freaks' or very different from them. It encourages the evaporation of the stigma and helps adolescents learn from their discriminatory assumptions and find a point of connection with adolescents around them that struggle with these mental disorders. For adolescents that are experiencing mental distress, it allows them to access the help and knowledge to gain the appropriate care, providing equitable outcomes and social justice.

As this programme is to be implemented throughout all secondary schools, it is crucial to acknowledge Māori and Pasifika adolescents and their struggles with mental distress. Kelly Francis of Whenua Warriors Trust said, *“To engage with and connect with Māoritanga, whakapapa and identity is an important way for all to maintain mental*

⁴³ “Te Rau Hinengaro: The New Zealand Mental Health Survey: Summary.” Ministry of Health

wellbeing.”⁴⁴ I acknowledge this because to better their health, strategies that allow Māori and Pasifika adolescents to connect their mental health with their land, their family, their culture, and their ancestors should be initiated into the four-week programme. I highly suggest the integration of the Fonofale Model and the Te Pae Mahutonga Model into the programmes teachings.

The Fonofale Model is a Pasifika model of health created by Fuimaono Karl Pulotu-Endemann. The model identifies six dimensions of health wellbeing in fa’aleagaga, fa’aletino, mafaufau, isi mea, and aganu’u.⁴⁵ Whereas, the Te Pae Mahutonga Model is a Māori model of health created by Mason Durie. It encompasses four dimensions of health wellbeing in mauriora, waiora, toiora, and te oranga.⁴⁶ By implementing these models of health in education, it abolishes the Eurocentric, Westernised conceptualisation of Māori and Pasifika mental health. Instead, it reinforces a health-enhancing solution that coincides with the Treaty of Waitangi. These health models reinforce adolescents the importance of providing equal health status for Māori and Pasifika. Thus, the active protection of their health is taught to be a priority in Aotearoa’s society. All adolescents can get involved in the programme, and for Māori and Pasifika adolescents specifically, they can recognise the traditional methods and actively involve themselves into the betterment of their mental health. As a result, partnership between Māori and Pasifika adolescents and Pākehā helps fight the hegemonic dominance of Pākehā and racism in all areas of Aotearoa. Ultimately, the programme’s integration of health models provide social justice for all Māori and Pasifika adolescents and equitable outcomes for their mental distress and disorders.

Pornography is legal in Aotearoa but is only accessible to individuals over the age of 18. However, no legal policy exists to restrict or monitor access to pornography for young adolescents. Pornographer Steve Crow argues that, *“Unless you adopt a philosophy like China or Saudi Arabia, how are you ever going to [censor online pornography]? There’s just no way.”*⁴⁷ However, I reject and challenge this perspective because countries across the globe, such as Great Britain, have found appropriate methods that do censor pornography for our young adolescents. Great Britain has proposed a scheme in which pornography sites are to verify visitors’ identity with banks, credit references agencies or the National Health Services. A new law has demanded age checks for online pornography by having users sign in to their provider with a username and password so that a check can be run against the data it holds. Through these checks, providers never know the reasons for these checks, and the sites only know they are above 18.⁴⁸

It would be in Aotearoa’s best interests to follow similar legislation as Great Britain to ensure less young adolescents are not damaging their overall Hauora through the detrimental nature of pornography. In doing so, this can be weaved into the four-week programme through sexual and mental health teachings. The programme creates a supportive schooling environment to discuss pornography as an escapist outlet so that adolescents can seek proper care through mental health services for their mental distress. Consequently, parents and caregivers do not need to be immensely worried about the harm of pornography on their children, enhancing a trusting environment for adolescents and social cohesion. Ultimately, the teaching of this policy will allow the internet to bring impartial justice for adolescents struggling during an age of technological phenomenon.

Together, these three different strategies come together to create an equitable health-enhancing solution for adolescents with mental distress and disorders. The overall 4-week programme removes adolescents away from the mentality of a behavioural change model of health promotion represented through the theory of healthism, hegemony, and Eurocentrism, to, instead, align their attitudes towards a collective action model of health promotion. The lifestyle determinant of health is addressed as through official health teachings; adolescents are encouraged to participate in a more connective and empathetic schooling environment to be more inclusive of adolescents who do struggle with mental distress and disorders. Thus, all adolescents with mental distress and disorders, regardless of their race, are empowered and included in the schooling environment for it involves the scenarios are narratives of those similar to them, creating a sense of connection and inclusivity. Ultimately, by implementing these resources into a four-week Health education programme for Senior School years, all adolescents are encouraged to critically think and critically contribute in a collective, position towards mental distress and disorders in adolescents. Thus, it creates

⁴⁴ “Communities connect with Mātauranga Māori this Mental Health... - Mentalhealth.org.nz” Accessed October 25, 2018

⁴⁵ IBID

⁴⁶ “Te Pae Mahutonga - Health Promotion Forum” Accessed October 27, 2018

⁴⁷ “Censor pushes for government to consider... - Stuff.co.nz” Accessed October 28, 2018

⁴⁸ “UK pornography industry proposes user ID checks... - The Guardian” Accessed October 28, 2018

an equitable, health-enhancing environment for adolescents to feel valued and of worth beyond their academic achievements.

Furthermore, by creating this four-week programme, it demonstrates the Ministry of Education advocating for Health Education's importance in the University setting. The University environment is predated and is not flexible to meet the struggles of adolescents going into university. The alarming rate of first-year University dropouts should be a warning signal to Universities that the health of adolescents requires utmost consideration in all aspects of education.

The suggested four-week programme acts as a real reform to promote equitable outcomes across Aotearoa. Adolescents that are struggling in New Zealand's overcast ignorance towards adolescent mental distress and disorders can finally be noticed and identified. Equal treatment will be given to Maori and Pasifika adolescents, essentially; disarming the dominating Eurocentric, hegemonic and healthism influenced society into a society that values all its adolescents and their mental adversities. Social justice for their sufferings is acknowledged and implemented, demonstrating precisely the responsibilities Aotearoa must carry out to progress Aotearoa's attitude towards adolescent mental distress and disorders.

2.2 Final Thoughts

*"Mental health and wellbeing is multidimensional and is reflected by a healthy society, community, whenua, spirit, body, heart and environment."*⁴⁹ - Kara Beckford

While many implications contribute towards adolescent mental distress and disorder, it is crucial to acknowledge that other perspectives exist that concern adolescent mental distress and disorders: have scholars and researchers exaggerated the relevance and importance of adolescent mental health by downplaying their biological and psychological progressions through adolescent years? Adolescent mental distress and disorders are health. Mental distress is the often ignored elephant in Aotearoa's scenic environment, which has much to address Aotearoa's ignorance towards adolescent struggles and mental health struggles in general. Despite Aotearoa's efforts towards creating change through widespread influxes of non-profit organisations, such as Youthline and Lifeline, I do challenge the scale of influence these peoples and groups are doing for our adolescents. More can and has to be accomplished. Health and Physical Education Scholarship has provided a vessel for direct change through the youth opinions on marginalised issues of adolescent mental distress and disorders.

More organisations need to enable opportunities for adolescents to work alongside them to address the marginalised issue of adolescent mental distress and encourage authorial change throughout Aotearoa's community. These vehicles of change initiate equity, unity, feelings of hope and positivity throughout all aspects of Aotearoa's society.

Adolescent struggle, pain and healing is not solely their own, but is the struggle of all. Aotearoa must strive for equitable outcomes for all adolescents that go unnoticed with their mental distress and disorders. If Aotearoa wants to see progress and establish themselves as a nation that prioritises the wellbeing of all their individuals, we have to begin bringing to light issues from Aotearoa's shadows that require our utmost concern and care towards mental distress and disorders. Kate Middleton once said, *"Together with open conversations and greater understanding, we can ensure that attitudes for mental health change and children receive the support they deserve."*⁵⁰ Aotearoa must mirror Kate's words, for only then does successful change on a massive scale occur for our unnoticed youth, struggling in Aotearoa's shadows.

⁴⁹ "READ STORIES - Our Mental Health Story" Accessed October 15, 2018

⁵⁰ "Mental Health Quotes - Brainy Quote" Accessed October 29, 2018

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“No Health Without Mental Health” - Examining New Zealand’s Mental Health Crisis

Amy Cooper

Samuel Marsden Collegiate School, Wellington

On the 20th August 2018, a tragedy occurred which caused an outpouring of sympathy and grief from New Zealanders. News flooded in that popular TVNZ presenter Grey Boyed had committed suicide on holiday in Switzerland, and had been battling depression. The sudden loss of this likeable, prominent media figure was hard-hitting, and caused many to reflect on the deeply personal issue of mental health. Mental wellbeing affects every one of us and is an integral aspect of hauora, however, it is clear that as a country we are not achieving the vital balance required to sustain the mental health of our population. Something desperately needs to change.

According to the World Health Organisation, depression is the leading cause of disability in the world, with over 300 million people living with the condition.¹ Psychological distress and mental illness are heartbreakingly ubiquitous in New Zealand. Depression affects 1 in 6 New Zealanders² and we have the highest youth suicide rate in the OECD.³ From July 2017 to June 2018, 668 New Zealanders committed suicide, the highest number since records began.⁴ There is no doubt that our country is suffering from a mental health crisis, and the rapidly rising statistics make it difficult to see hope of improvement in the immediate future.

According to the New Zealand Mental Health Foundation, depression is most prevalent in 16-24 year olds.⁵ As a young New Zealander in this vulnerable age bracket, a shift in the way we approach depression in this country is of extreme importance to me. It is very apparent amongst my peers that mental health issues are extremely common, yet continue to be stigmatised and misunderstood.

Depression is defined by the Ministry of Health as “a mental illness where you feel sad and miserable most of the time, and your mood is persistently very low.” It usually continues for weeks or months at a time, and can range from mild to severe. Signs of depression include loss of pleasure in everyday activities, suicidal thoughts, feeling worthless or helpless, inability to concentrate, lack of energy or crying for no apparent reason.⁶ Questionnaires and interviews are used for diagnosis and to assess improvement of symptoms. Each person is affected by depression very differently, and the treatment modality which works for one person may not be effective for the next. Due to this variation, it is difficult to apply a “blanket approach” to all depression sufferers.

Although the symptoms are well known, depression is triggered by a complex mix of social, environmental, genetic and chemical factors, and is still not comprehensively understood. A holistic approach to overall wellbeing can be beneficial, as elevating other aspects of **hauora** such as physical, spiritual and social wellbeing has a major influence on mental wellbeing. Mental health is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a

¹ World Health Organisation. *Depression*. [online] Available: <http://www.who.int/news-room/fact-sheets/detail/depression> [24/10/2018]

² Mental Health Foundation. *Quick Facts and Stats 2014*. [online] Available: <https://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf> [24/10/2018]

³ UNICEF. *Building the Future: Children and the Sustainable Development Goals in Rich Countries*. [online] Available: https://www.unicef-irc.org/publications/pdf/RC14_eng.pdf [24/10/2018]

⁴ Mental Health Foundation. *MHF Response to Release of Provisional Suicide Statistics*. [online] Available: <https://www.mentalhealth.org.nz/home/news/article/220/mhf-response-to-release-of-provisional-suicide-statistics> [24/10/2018]

⁵ Ministry of Health. *Depression- There is a Way Through It*. [online] Available: <https://www.mentalhealth.org.nz/assets/A-Z/Downloads/Depression-There-is-a-way-through-it.pdf> [24/10/2018]

⁶ Ministry of Health. *Depression*. [online] Available: <https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/depression> [24/10/2018]

contribution to her or his community.” (World Health Organisation, 2014)⁷ The use of the word “state” highlights that it can fluctuate and vary in different circumstances, but also implies the importance of balancing all aspects of hauora in achieving mental health. Exercise, sufficient sleep and social interaction are important factors in combating depression that are encompassed in hauora. As well as this, there are many treatments available for patients suffering from depression, with the most common being psychotherapy, antidepressants and electroconvulsive therapy.

Experts believe the five reasons behind New Zealand’s high suicide rates are poor housing, poverty, racism, colonisation and an increasing gap between the rich and poor. These **social and cultural determinants of health** unequivocally influence mental health, with our statistics revealing that suicide rates are the highest for young Māori and Pasifika men. According to the Mental Health Foundation’s Shaun Robinson, “this shows us that there are issues around cultural identity and colonisation.” However, these five reasons fail to encompass the fact that depression is a disease that doesn’t discriminate, with people from high socio-economic living standards suffering as well. It is also interesting to note that this argument is contradicted by the fact that South Africa has the lowest suicide rate⁸, a country where those issues are arguably far more severe than in New Zealand. One factor commonly brought up when discussing the reasons for New Zealand’s tragic mental health statistics is our deep-rooted culture of stoicism, with people feeling the pressure to “harden up” or attempting to suffer through problems alone.

Awareness of depression has increased significantly in recent times, with almost a doubling of media discussion of the topic in the last 3 years, and a doubling of people seeking support from services in the last 10 years.⁹ However, available services are still insufficient to meet this demand, and our mental health system is under significant strain. There is also an inequality of access to mental health services for those of Māori and Pasifika descent, as well as psychiatric care being based on a Western model which can fail to encompass different cultural values.

It is important that we view depression from a **socio-ecological perspective**, as it affects not only individuals but has severe implications for both others and society as a whole. In terms of self, depression affects the individual’s ability to live life to their full potential, and puts them at risk of suicide. For people supporting sufferers of depression, this can take a toll on their wellbeing and it is vital that they have adequate information and resources to be able to effectively carry out this role. This can be assisted by health promotion campaigns. Suicide comes at a huge personal cost to families, friends and communities, and has a far-reaching impact. In terms of wider New Zealand society, a 2016 report calculated the cost of mental illness to our economy at 5% of GDP or \$12 billion, and 55,000 adults currently receive disability payments due to mental illness.¹⁰ The Center for Prevention and Health Services estimates that mental illness costs employers in New Zealand \$79-\$105 billion annually in indirect costs, such as absenteeism and decreased productivity.¹¹ A mentally well population is vital to our effective functioning as a country.

In this discussion I will begin by addressing the social and cultural determinants of health which influence poor mental health in New Zealand. I will explore the attitudes and values of both individuals suffering from the disease, ethnic groups, and New Zealand culture as a whole. This will include the pervasive stigma surrounding mental health that still persists despite numerous awareness campaigns. I will then apply the concept of hauora to depression, and comprehensively detail both non-medical and medical treatment options available. I will also analyse my own experience with mental health advocacy and Mike King’s awareness work, leading to a wider discussion on health promotion with a focus around depression and mental health. In January 2018, the Government initiated an Inquiry into Mental Health and Addiction, and I will discuss the intended outcomes stemming from this inquiry in the future.

⁷ World Health Organisation. *Mental health: a state of wellbeing*. [online] Available: http://www.who.int/features/factfiles/mental_health/en/ [24/10/2018]

⁸ Shahtahmasebi, Zahra. *What is behind New Zealand’s high suicide rate?* [online] Available: <https://www.critic.co.nz/features/article/7227/what-is-behind-new-zealands-high-suicide-rate> [24/10/2018]

⁹ Roy, Eleanor Ainge. *‘We need to change’: Death of New Zealand newsreader puts spotlight on depression*. [online] Available: <https://www.theguardian.com/world/2018/aug/23/new-zealand-newsreader-greg-boyed-death-depression> [24/10/2018]

¹⁰ Cohen, Dr Bruce. *A case against antidepressants*. [online] Available: <https://www.auckland.ac.nz/en/about/perspectives/opinion/opinion-2018/quarter-1/a-case-against-antidepressants.html> [24/10/2018]

¹¹ EmploySure. *How to Manage Mental Health In Your Workplace*. [online] Available: <https://employsure.co.nz/blog/manage-mental-health-workplace/> [24/10/2018]

MAJOR DETERMINANTS OF HEALTH

The World Health Organisation defines the determinants of health¹² as including:

- the **social and economic environment** (such as income and social status, health services, education, social support networks, culture)
- the **physical environment** (safe water and clean air, safe houses, employment and working conditions)
- the **person's individual characteristics and behaviours** (gender, genetics, personal behaviours and coping skills)

They highlight the fact that the context of people's lives determines their health, and that individuals are unable to directly control many of the factors. This can be applied to depression, which is influenced by circumstances and environment. It is also important in identifying groups in our society who are particularly susceptible to suffering from depression. The Mental Health Foundation has recognised that the situation will not change in New Zealand until the socioeconomic determinants that accompany depression are addressed, highlighted by CEO Shaun Robinson who admits "we practice the 'five ways to wellbeing', but if you're a solo mother living in a garage, that really doesn't cut it."

Multicultural New Zealand

"In a multicultural, diverse society there are countless ways in which people negotiate the everyday lived experience and reality of diversity." - Randa Abdel-Fattah¹³

For the purposes of my discussion, I have chosen to focus on **cultural determinants of health**. This is because for many ethnic groups, culture is inextricable from their health and wellbeing. New Zealand is a unique cultural melting pot, and it is vital that our mental health system is tailored to the needs of our diverse population. An understanding of the varying attitudes and perspectives held by different cultural groups is integral to this. The New Zealand Code of Ethics in psychological practice explicitly acknowledges the importance of culture and group membership, stating "psychologists recognise that people with whom they work have cultural and social needs, and take reasonable steps to help them meet these needs."¹⁴ New Zealand as a collective has also evolved its own societal values and culture over time, which many mental health professionals believe can be harmful to those suffering from mental illness.

The World Health Organisation defines equity as "the absence of avoidable or remediable differences among groups of people."¹⁵ A 2017 University of Auckland report published in the New Zealand Medical Journal¹⁶ discovered that Māori, Pacific and Asian New Zealanders were more likely than their European counterparts to be under-diagnosed with depression, despite those groups reporting higher distress and depression rates. Why is it that in a developed country like New Zealand, we fail to have equitable access to mental health care for different cultural groups? Social justice is a relevant concept here, as it is concerned with the distribution of wealth, opportunities and privileges in society. Every cultural group in New Zealand deserves equal access to mental health treatment and equitable health outcomes, to enhance the functioning of our society as a whole. There is pressure on the psychological profession in New Zealand to develop care that is specialised to cater to our population's unique cultural composition.

Institutional or cultural racism (Jones, 1997¹⁷) exists when a dominant group, Pakeha settlers in the case of New Zealand, imposes their practices, values, and cultural order on other ethnic groups who are expected to live by those foreign criteria. The hegemonic group becomes the "standard" and everyone else culturally different, privileging those individuals who typically experience social environments as familiar or natural, and have a sense of belonging. Historically, Māori as a non-hegemonic group have had their knowledge belittled or marginalised, and their culture

¹² World Health Organisation. *The determinants of health*. [online] Available: <http://www.who.int/hia/evidence/doh/en/> [24/10/2018]

¹³ Abdelwahab, Ahmed. *Multiculturalism in the U.S.* [online] Available: <http://www.personal.psu.edu/users/a/b/aba5235/Essay.html> [25/10/2018]

¹⁴ Professional Practice of Psychology in Aotearoa New Zealand (Evans, Rucklidge, O'Driscoll 2007)

¹⁵ Ministry of Health. *Equity*. [online] Available: <https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/key-threads/equity> [24/10/2018]

¹⁶ Martin, Hannah. *Depression under-diagnosed in Maori, Pacific and Asian communities: study*. [online] Available: <https://www.stuff.co.nz/national/health/91943291/depression-underdiagnosed-in-maori-pacific-and-asian-communities-study> [24/10/2018]

¹⁷ Jones, J.M. (1997). *Prejudice and racism*, 2nd ed., New York: McGraw-Hill

overridden and invalidated. In New Zealand, Māori and other non-European migrants were, and still are to an extent, expected to conform to the demands of European society. However the concept of “othering” still applies, with these groups defined separately and therefore as intrinsically different, resulting in decreased social cohesion. In the context of depression, non-hegemonic groups who are already disadvantaged and can struggle to find a sense of belonging are more susceptible to mental health issues. Institutional and cultural racism has been named as a contributing factor to New Zealand’s high suicide rates. Connection to one’s identity and culture are protective factors in terms of mental health and wellbeing, and this must be taken into consideration.

Social cohesion is a term that refers to a person’s sense of community, focusing on trust of neighbours, shared values, positive and friendly relationships, and feelings of being accepted and belonging. In a 2008 study, Echeverria et. al. found that neighbourhoods with lower reported social cohesion were more likely to have a higher prevalence of depression than those with higher reported social cohesion.¹⁸ Professor Colleen Ward and Professor James H. Liu, as part of The Centre for Applied Cross-Cultural Research at Victoria University of Wellington, undertook a study on how to enhance social cohesion in New Zealand, with our rich cultural diversity.¹⁹ It concluded that tensions do exist between Māori, Pakeha and other migrants, despite New Zealand largely maintaining a socially cohesive environment. The study found that “only 10% of New Zealanders are prepared to change aspects of their own culture to integrate the culture of migrants”, and asserted that to achieve racial equality, New Zealand needs to progress towards more inclusive ethnic relations.

“Just harden up mate” - a damaging culture of stoic silence

“I went to the sideline, and the doc looked at it and said, 'I think you've just pinched a nerve'. Really? I'm not going off for a bloody pinched nerve. So I carried on playing. But I knew it wasn't right - there was something terribly wrong with it.”²⁰

All Black Colin Meads, who played to the final whistle despite having a badly broken arm.

Social commentators in NZ frequently acknowledge that Pakeha bemoan their lack of distinct culture. For the purposes of this section I will use the term Pakeha to apply to people with British or European heritage, usually those with white skin, living in Aotearoa. I would argue that over time there are certain traits that have become widely valued among Pakeha, including stoicism, masculinity and physical strength. The typical Kiwi bloke is traditionally described as “staunch”, “stoic” and a “man of few words,” and rural life in early New Zealand led to the image of New Zealanders being rugged, industrious problem solvers. The slogan for Otago University from 2002 to 2008 was “Get Over It”, reinforcing the region’s reputation for toughness. Many have argued that rugby is a national religion, and the All Blacks are national icons, yet rugby player and mental health advocate Sir John Kirwan named his book ‘All Blacks Don’t Cry’. This same spirit of endurance motivated our troops in Gallipoli, and led to Sir Edmund Hillary summiting Everest. When it comes to depression, attempting to just “push through the pain” is not beneficial, yet the individuals our society idolises are those who display an absence of perceived “weakness”. Could it be that these prominent stereotypes in our society have led to barriers in accessing mental health care, contributing to the stigma around displaying emotion and discussing feelings? Even our slang includes common phrases such as “sweet as” and “all good”, which are used to diminish and dismiss the severity of problems.

The “macho attitude” has been criticised as dangerous for men who embody it in recent decades, and labelled as a major contributing factor to our high male suicide rate. 475 men committed suicide in 2017-18²¹, out of a total of 668 suicide deaths (71%). Reporting from the Suicide Mortality Review Committee showed that the construction sector has the highest suicide rate of all industries in New Zealand at 6.9%, narrowly ahead of farming and forestry

¹⁸ Echeverria et. al., (2008) *Associations of neighborhood problems and neighborhood social cohesion with mental health and health behaviors: the Multi-Ethnic Study of Atherosclerosis*.

¹⁹ Professor Colleen Ward and Professor James H. Liu (2012) ‘Ethno-cultural conflict in Aotearoa/New Zealand: Balancing indigenous rights and multi cultural responsibilities’ Published in *Handbook of ethno-cultural conflict*, D. Landis & R. Albert (Eds.).

²⁰ Hewitson, Michele. Michele Hewitson Interview: Sir Colin Meads. [online] Available: https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10677529 [26/10/2018]

²¹ New Zealand Doctor. *Chief Coroner releases provisional annual suicide figures*. [online] Available: <https://www.nzdoctor.co.nz/article/undocored/chief-coroner-releases-provisional-annual-suicide-figures-0> [24/10/2018]

at 6.8%. A report written for the Building Research Association of New Zealand (Bryson and Duncan, 2018)²² identified that phrases such as “take a concrete pill and harden up” were commonplace in the industry.

A note on cultural considerations

Generalisations about any culture are fraught with difficulty. For psychologists, assumed knowledge of an individual’s ethnic identity or cultural background does not provide specific information about that person, but is still relevant. In the Māori and Pasifika sections of my report, I have largely based my research on Evans, Rucklidge and O’Driscoll’s textbook ‘Professional Practice of Psychology in Aotearoa New Zealand’. The chapters of this textbook on each particular ethnicity are written by psychologists who credibly represent these different cultures, but I by no means claim that statements can be universally applied to people of those cultures.

Ka ora ai te iwi²³ - combining Western and Maori perspectives on health

Te Rau Hinengaro was the first national epidemiological study undertaken on mental health in New Zealand. The 2003/04 Te Rau Hinengaro (the New Zealand Mental Health Survey) revealed just over half of Māori have experienced a mental disorder during their lifetime, and almost a third within the past 12 months.²⁴ Te Rau Hinengaro also found that only half of Māori with a serious mental disorder had any contact with mental health services in the previous 12 months, compared with two thirds of non-Māori. There is an unmet need for receiving treatment, and the unique perspective of Māori culture should be acknowledged in order to provide the most effective level of care.

According to mental health consumer consultant Mary Maringikura Campbell, there is a strong stigma towards Māori suffering from mental illness, “there is still that sort of feeling that people...have done something to deserve it, have done something wrong...it’s their fault.”²⁵ This can lead to whakamā, a concept which roughly translates as a deep sense of shame and embarrassment. Whakamā can intensify the suffering associated with a condition, and make someone less inclined to communicate. Addressing whakamā in a therapeutic situation is difficult, and assistance from a kaumātua (elder), tohunga (healer) or cultural adviser is often beneficial.

For Māori, mental wellbeing is tightly linked to spirituality, with a traditional belief in Māte Māori or supernatural afflictions.²⁶ Rather than a medical problem, according to Professor Mason Durie “poor health is typically regarded as a manifestation of a breakdown in harmony between the individual and the wider environment.” Breaking a tapu is still believed by many to be a cause for illness. Traditionally, a tohunga or priest could discover the hara (transgression) committed, remove the malevolent spirit, and heal the patient. A whakahoro (purificatory rite) would be performed to remove the effects of the tapu, consisting of dipping the patient in a stream while the tohunga performed a karakia. Māte Māori is an important concept within modern Māori society, although people may be reluctant to discuss it with clinicians fearing ridicule, or pressure to choose between psychiatric and Māori approaches.²⁷ Resolution of Māte Māori may require actions determined within the Māori cultural context, although this can occur alongside Western medical treatment. For example, a clinician could acknowledge a patient’s belief in Māte Māori being the cause of mental illness and include the involvement of a tohunga, while making a prescription to treat symptoms.

Today, people still turn to traditional techniques to assist with difficult illnesses, with a renewed Māori interest in rongoā (traditional Māori medicine) from the later 20th century. This was due to several factors, including the perceived lack of a spiritual dimension (taha wairua) in Western health services, problems with access to healthcare for Māori, and a loss of confidence in Western medicine. Co-operation between traditional Māori healers and health professionals is now becoming acceptable to both groups, and māte Māori can be more convincing to believers than complex clinical explanations.

Improving Māori mental health is a government health priority, which can be achieved through providing culturally appropriate mental health services. A kaupapa Māori approach can be used to promote understanding of

²²Duncan, Anne and Bryson, Kate. *Mental health in the construction industry scoping study*. [online] Available: https://www.branz.co.nz/cms_show_download.php?id=b424b7e69484699597984c563ddad5a3d9170d97 [24/10/2018]

²³Translation: all of our baskets of knowledge

²⁴Baxter, Joanne. *Mental Health: Psychiatric Disorder and Suicide*. [online] Available: <https://www.otago.ac.nz/wellington/otago067746.pdf> [24/10/2018]

²⁵Vaka’uta, Koro. *Advice versus culture - the Pasifika mental health battle*. [online] Available: <https://www.radionz.co.nz/international/pacific-news/318125/advice-versus-culture-the-pasifika-mental-health-battle> [24/10/2018]

²⁶Jones, Rhys. *rongoā – medicinal use of plants*. [online] Available: <http://www.TeAra.govt.nz/en/rongoā-medicinal-use-of-plants> [24/10/2018]

²⁷BPAC. *Maori Mental Health*. [online] Available: https://bpac.org.nz/BPJ/2008/June/docs/bpj14_moari_pages_31-35.pdf [24/10/2018]

psychological wellbeing, providing ways for Māori to understand and access research, teaching and practice from a Māori perspective. These services are specifically designed to reflect the cultural needs of Māori, alongside mainstream medical treatments.

O le fogava'a e tasi²⁸ - the importance of familial support in Pasifika care

Pacific people carry a higher burden of mental disorder than New Zealanders in general, with a 12 month prevalence of 25% compared with 20.7% of the general New Zealand population. Pacific people with a serious mental disorder are also much less likely to access mental health services (25% compared with 33% of Māori and 41% of all other New Zealanders).²⁹

Pacific peoples are diverse, with each Pacific nation having its own cultural beliefs, languages, values and traditions. Varying levels of acculturation mean that there are also differences within Pacific communities in New Zealand, which according to the Ministry of Health “may be reflected in variations in perceptions of mental health”. However, fundamental commonalities between Pacific beliefs enable a discussion of mental health from a generalised Pacific perspective.

Mental illness has traditionally been considered in Pacific cultures as having a spiritual cause, particularly ancestral spirits who have taken ownership of a person, because themselves or their family have disrespected a custom or offended the spirits. Pride is also an important concept to Pacific Islanders, and mental illness can be seen as disgracing the family and is associated with strong feelings of shame and guilt. This stigma is a major factor that prevents Pasifika people from accessing mental health services, who can often feel trapped by a “culture of silence”.

Many Pasifika peoples for whom English is a second language describe the considerable difficulties in being able to communicate their feelings, and the consequent reluctance to seek help outside their own community. Shyness resulting from this difficulty in communicating, combined with cultural reluctance to draw attention to one's self is a significant barrier to accessing care and services.

Caring for loved ones is a sacrosanct value in most Pacific cultures, with the belief that carrying out this duty brings blessings. Ultimate responsibility for those unwell traditionally falls on the immediate and extended family, however this could act as a barrier to accessing services and prevent severe problems from being identified early. Furthermore, the guilt and shame associated with an inability, or perceived unwillingness, to bear the full burden of care increases the chances that services may not be accessed.

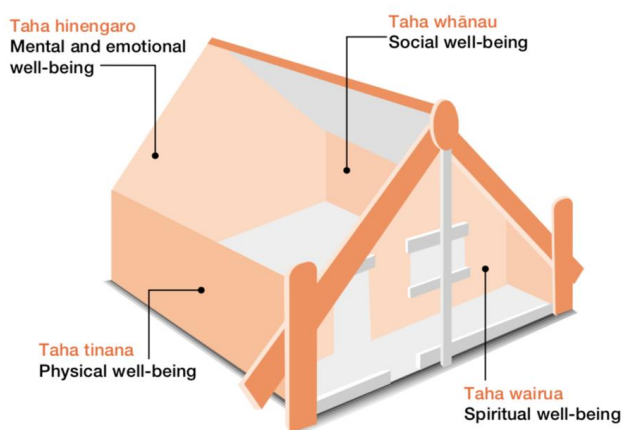
Pasifika people's wellbeing is defined by the equilibrium of body, soul and spirit, and mental health is considered to be inseparable from this. In order to improve accessibility of psychiatric care to Pasifika, the mental health sector needs a customised cultural approach. An important aspect of this is recognising that the patient is a member of a family and part of an extended support network, which has delegated obligations and responsibilities. Assessment and intervention for a Pasifika person should take into consideration the family group, church members and genealogical connections.

A HAUORA APPROACH TO THE TREATMENT OF DEPRESSION

Hauora is a Māori philosophy of wellbeing. Mason Durie's Te Whare Tapa Whā model (Durie, 1994) “compares hauora to the four walls of a whare, each wall representing a different dimension...all four dimensions are necessary for strength and symmetry.”

²⁸Samoan, meaning “one family”

²⁹ Ministry of Health. 2008. *Pacific Peoples and Mental Health: A paper for the Pacific Health and Disability Action Plan review*. Wellington: Ministry of Health.



When looking at depression from the perspective of hauora, the importance of a holistic, multifaceted approach to the treatment of the disease is clear. Depression is not solely based on *taha hinengaro*, but rather can be aided by placing equal importance on four dimensions, each of which are intrinsically linked and support each other. To prevent depression from occurring, it is important that action is taken to maintain all of these dimensions, and mild depression can effectively be treated by enhancing certain aspects. Studies have shown that a healthy, well-balanced diet, plenty of exercise, and staying in touch with family and friends can reduce the risk of depression and recurrences. However, depression is a serious condition that may require medical treatment, and it is recommended that anyone who

experiences symptoms should seek medical advice.

Medication and therapy are extremely important, as to claim that depression can be solely treated by a “natural” or “organic” approach (although in some cases this is effective) would be to diminish the complexity of the disease, and add to the already harmful stigma around seeking professional help. It is often claimed that depression results from a chemical imbalance in the brain, however research in fact suggests that there are many possible causes such as genetic vulnerability, stressful life events, faulty mood regulation by the brain and medical problems³¹. However, although researchers know more than ever before about how the brain regulates mood, their understanding of the biology of depression is still incomplete.

In this section, I will detail some of the treatments known to be effective for treating mild to severe depression. It is important to note that I do not attempt to claim knowledge of a definitive cause of depression, and I approach all treatments with an unbiased stance- the best course of treatment for an individual is highly personalised. However, I do believe that it is important for everyone to understand the ways in which all aspects of hauora can be maintained, and the advantages and disadvantages of currently available options to treat depression.

Clinical Treatments to aid Taha Hinengaro- Mental and Emotional Wellbeing

Psychotherapy

The Ministry of Education’s resource on Hauora in the New Zealand Curriculum describes mental and emotional wellbeing as “coherent thinking processes, acknowledging and expressing thoughts and feelings and responding constructively.”³² This can be improved through psychotherapy, which involves discussing with a counsellor the causes of your depression so that you can learn to identify any unhealthy behaviours, thoughts or situations which may trigger symptoms. Through these discussions, the patient is able to learn and apply coping and problem solving skills, and set realistic goals and expectations. Psychotherapy is only effective if the person actively embraces the advice, and incorporates it into daily thoughts and behaviours. Cognitive behavioural therapy is the most widely utilised approach in New Zealand and the most extensively researched, yet its utility in treating depression among Maori and Pasifika clients is yet to be empirically validated.

Antidepressants

Scientists do not know for certain how antidepressants work, but the theory is that they increase levels of neurotransmitters, which are chemical messages sent between neurons in the brain to ensure our nervous system is functioning correctly. Familiar neurotransmitters include serotonin, which helps to regulate mood, and dopamine, which helps to control the brain’s reward and pleasure centres. The brain is a chemical organ with many receptors for specific neurotransmitters, and this has allowed a pharmacological approach to treating brain disorders, using drugs that are activators or blockers of various neurotransmitter receptors.

³⁰ Mason Durie’s *Whaiaora: Māori Health Development*. Auckland: Oxford University Press, 1994, page 70

³¹ Harvard Medical School. *What Causes Depression?* [online] Available: <https://www.health.harvard.edu/mind-and-mood/what-causes-depression> [24/10/2018]

³² TKI. *Wellbeing, hauora*. [online] Available: <http://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Underlying-concepts/Well-being-hauora> [24/10/2018]

In 2016 almost 300,000 New Zealanders were prescribed antidepressants - an increase of 65% over the previous decade.³³ This indicates that the stigma around mental health issues has decreased, with more people willing to seek professional help. However, it also raises questions about antidepressants being prescribed as a “quick fix” where other treatments may in fact be more effective. The number of children and teenagers taking antidepressants has almost doubled in the last decade to nearly 15,000, although they carry an Food and Drug Administration black box warning about increased suicidal thinking and behaviour for individuals under 25. The fact that antidepressants continue to be prescribed to our youth at an increasing rate highlights that this is a major problem in our mental health system. High demand for psychotherapy services in New Zealand means they are not always available, resulting in antidepressants being prescribed instead. In the UK, talk therapies or counselling in conjunction with medication are considered best practice.

Antidepressants have a range of side effects such as weight gain, sexual problems, tiredness, stomach upsets and memory loss. Another disadvantage is that they also take up to four weeks to be fully effective, and it's not uncommon to try 3 or 4 different types at varying doses before finding what works best or has the least side effects. This means that people who are in an extremely vulnerable state and potentially at risk of suicide lose precious time cycling through different drugs, waiting for them to take effect. As many as ⅓ of people with depression aren't helped by the first antidepressant they try, and up to ⅓ don't respond to multiple different attempts at treatment.³⁴

Despite widespread use, societal attitudes continue to vary around antidepressants. This has implications for sufferers of depression, as Lingam and Scott (2002)³⁵ concluded that patients' beliefs and attitudes towards medication are as important as side-effects in predicting adherence to treatment in depressive disorders. Stigma appears to be linked to perceived emotional weakness, and a lack of belief in the efficacy of antidepressants (Castaldelli-Maia et al, 2011³⁶). This is exacerbated by news reports that negatively portray the medication, an example of this being a 2017 BBC article on the well-known case of James Holmes who murdered 12 people in a Colorado cinema at a Batman screening.³⁷ The article insinuated that an SSRI (selective serotonin reuptake inhibitor) antidepressant was responsible for the killings, and featured psycho-pharmacologist and campaigner Professor David Healy. Healy has made numerous investigative films for the BBC which highlight cases where people with no prior history of suicidal thoughts or violence began taking SSRI antidepressants, leading them to inflict severe harm on themselves or others. These kinds of media reports can be extremely harmful as for many people antidepressants are useful in managing their depression, and it can perpetuate isolating and shameful stereotypes that people who take antidepressants are dangerous or defective.

In looking at the issue of antidepressant use, academics have also highlighted the need to examine the use of this medication in cross-cultural terms. For example, in India antidepressants are the first line of treatment, where they are largely seen as tools to combat marginality, promising the individual the ability to re-integrate into society. This is not observed in the West. Cross-cultural discrepancies have implications on the perceived efficacy and use of antidepressants, and are important to consider for both medical professionals prescribing medication, and awareness campaigns that are primarily targeted to majority groups in society.

Givens et al conducted a cross-sectional Internet survey involving 68,319 Caucasians, 3,596 African-Americans, 2,794 Asians/Pacific Islanders, and 3,203 Hispanics, measuring treatment preference, stigma and attitudes towards depression.³⁸ Results revealed that African-Americans, Asians/Pacific Islanders, and Hispanics were less likely than Caucasians to believe that medication is effective in treating depression, or that depression has a biological basis. They were also more likely to believe that antidepressants were addictive, and support non-pharmacological options

³³ Wiggins, Amy. *Number of children and teens on anti-depressants doubles*. [online] Available: https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11870484 [24/10/2018]

³⁴ WebMD. *Treatment Resistant Depression*. [online] Available: <https://www.webmd.com/depression/guide/treatment-resistant-depression-what-is-treatment-resistant-depression#1> [24/10/2018]

³⁵ Lingam R and Scott J. *Treatment non-adherence in affective disorders*. [online] Available: <https://www.ncbi.nlm.nih.gov/pubmed/11939969> [24/10/2018]

³⁶ Castaldelli-Maia JM, Scomarini LB, Andrade AG, Bhugra D, de Toledo Ferraz Alves TC, D'Elia G. *Perceptions of and attitudes toward antidepressants: stigma attached to their use--a review*. [online] Available: <https://www.ncbi.nlm.nih.gov/pubmed/22048139> [24/10/2018]

³⁷ Jofre, Shelley. *The Batman Killer- a prescription for murder?* [online] Available: https://www.bbc.co.uk/news/resources/idx-sh/aurora_shooting [24/10/2018]

³⁸ Givens JL1, Houston TK, Van Voorhees BW, Ford DE, Cooper LA. *Ethnicity and preferences for depression treatment*. [online] Available: <https://www.ncbi.nlm.nih.gov/pubmed/17484934> [24/10/2018]

such as counseling and prayer (SA Jacob, 2015).³⁹ Given the multicultural nature of New Zealand society and our large numbers of immigrants, it is important to take these wider studies on belief systems into consideration.

Electroconvulsive Therapy

Electroconvulsive Therapy is mainly used in the treatment of severe depressive episodes. Patients are anaesthetised then small electric currents are passed through the brain to stimulate the neurons, triggering a brief seizure. Although highly effective, ECT has significant side effects including short term confusion and fatigue, and the potential for longer term memory loss and cardiovascular complications. ECT utilisation remains low in NZ, with only 251 patients receiving it in 2016, 102 of which without their consent. The low rates are likely to be a result of the side effects and a negative societal perception of the treatment being cruel, dangerous and inhumane (exacerbated by films such as 'One Flew Over the Cuckoo's Nest'.) ECT was also controversially administered to children at Lake Alice Psychiatric Hospital near Wanganui in the 1970s, where it was used as a form of behavioural control and punishment.

Taha Tinana- Physical Wellbeing

Exercise

There is a positive correlation between exercise and alleviating clinical depression symptoms, and it is undeniable that exercise is essential in living a healthy lifestyle. However, the exact mechanisms underlying the antidepressant effects of exercise remain unclear. It is highly likely that a combination of biological, psychological and sociological factors influence the relationship between exercise and depression. This is consistent with current treatment for depression in which the effects of pharmacotherapy and psychotherapy on depression are cumulative. One theory is the endorphin hypothesis⁴⁰, which predicts that exercise has a positive influence on depression due to an increased release of β -endorphins following exercise. Endorphins are related to a positive mood and an overall enhanced sense of wellbeing. Another theory is the self-efficacy hypothesis (DeVries, 1981)⁴¹, which refers to the belief that one possesses the necessary skills to complete a task, and the confidence that the task can be completed to achieve the desired outcome. Depressed people often feel inefficacious to achieve desired outcomes in their lives, and have limited ability to cope with their symptoms. This can lead to negative self-evaluation, negative ruminations, and faulty styles of thinking. It has been suggested that exercise may provide an effective vehicle to enhance self-efficacy, due to its ability to provide the individual with a "meaningful mastery experience."

Green Prescriptions

The Green Prescription is a primary prevention campaign that has strongly drawn on psychological principles. For people over 18 with less severe mental illness, GPs may prescribe a green prescription which is a programme to improve health and wellbeing through free physical activity. These are available nationwide, due to a partnership with general practitioner groups and funding from the Ministry of Health. Sport Wellington for example run green prescription programmes, where individuals referred by a doctor or nurse are contacted by the Healthy Lifestyles team and started on an activity programme.⁴²

Taha Wairua- Spiritual Wellbeing

Religion (Pasifika)

Religion is an integral part to the cultural identity of Pasifika, and therefore plays a key role in wellbeing. 73% of the Pacific population in New Zealand are Christian,⁴³ and churches play a significant role in the lives of New Zealand's Pacific Island communities, often acting like a village with the minister in a powerful role similar to a village chief. They provide a place for not only worship and spiritual fulfilment, but also social support and connection. The importance of churches and their ministers means they are a powerful partner in gaining access to Pacific people and optimising receptiveness to ideas.

³⁹ Sabrina Anne Jacob, Ab Fatah Ab Rahman, and Mohamed Azmi Ahmad Hassali. *Attitudes and beliefs of patients with chronic depression toward antidepressants and depression*. [online] Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4455848/> [24/10/2018]

⁴⁰ Lynette L. Craft and Frank M. Perna. *The Benefits of Exercise for the Clinically Depressed*. [online] Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC474733/#i1523-5998-6-3-104-b52> [24/10/2018]

⁴¹ Hein de Vries, Margo Dijkstra, Piet Kuhlman. *Self-efficacy: the third factor besides attitude and subjective norm as a predictor of behavioural intentions*. [online] Available: <https://academic.oup.com/her/article-abstract/3/3/273/671516> [24/10/2018]

⁴² Sport Wellington. *Green Prescription*. [online] Available: <http://www.sportwellington.org.nz/green-prescription/> [24/10/2018]

⁴³ Pasifika Proud. *Understanding who we are*. [online] Available: <http://www.pasifikaproud.co.nz/assets/Resources-for-download/PasifikaProudResource-Understanding-who-we-are-infographic.pdf> [24/10/2018]

Urban Green Spaces/ Environmental Connectedness

The World Health Organisation has stressed that having access to urban green spaces such as parks and sports fields can improve wellbeing and assist in the treatment of mental illness.⁴⁴ This is increasingly being viewed as an important, inexpensive way to address mental health in urban communities. Green space may impact depressive symptoms through increased physical activity, aesthetic value, and creating an environment that enhances social interaction and support (Patel, 2017).⁴⁵ A randomised, controlled study conducted by the University of Pennsylvania and other institutions discovered that greening vacant urban land significantly reduces feelings of depression and improves overall mental health for surrounding residents (South et al., 2018)⁴⁶.

Taha Whānau- Social Wellbeing

In Carol Ryff's Six Factor Model of Psychological Wellbeing (Ryff, 1989)⁴⁷, she emphasised the importance of positive relations with others, which is repeatedly stressed in theories of psychological wellbeing. Evidence of social support being protective against depression has been illustrated consistently. Extensive research highlights that having good-quality relationships can increase life expectancy and decrease mental health problems, providing us with purpose and a sense of belonging. A review of 148 studies carried out by the UK Mental Health Foundation concluded that "the influence of social relationships on the risk of death are comparable with well-established risk factors for mortality such as smoking and alcohol consumption and exceed the influence of other risk factors such as physical inactivity and obesity." It also asserted that "physicians, health professionals, educators, and the media should take social relationships as seriously as other risk factors that affect mortality".⁴⁸

HEALTH PROMOTION

Health promotion is "any event, process, or activity that facilitates the protection or improvement of the health status of individuals, groups, communities or populations" (Marks et al, 2005)⁴⁹. It often involves activities that promote changing to a more health-enhancing behaviour, and assisting with the development of necessary skills to implement such change. The socio-ecological model is relevant to health promotion, as it reflects the dynamic interplay between the respective levels, from societal to individual. Collaborative efforts that encompass multiple levels can produce a greater combined benefit and drive positive change.

In November 1986 the World Health Organisation organised the First International Conference on Health Promotion.⁵⁰ At this event, The Ottawa Charter for Health Promotion was signed, an international agreement which identified action areas and strategies for health promotion as displayed in the graphic below.

The World Health Organisation Ottawa Charter⁵¹

⁴⁴ World Health Organisation. *Urban Green Spaces*. [online] Available: <http://www.who.int/sustainable-development/cities/health-risks/urban-green-space/en/> [24/10/2018]

⁴⁵ Patel, Deven. *The Association between Green Space and Mental Health Symptoms in a Cardiac Rehabilitation Population*. [online] Available: <https://urresearch.rochester.edu/fileDownloadForInstitutionalItem.action?itemId=33385&itemFileId=183583> [24/10/2018]

⁴⁶ Eugenia C. South, Bernadette C. Hohl, Michelle C. Kondo. *Effect of Greening Vacant Land on Mental Health of Community-Dwelling Adults*. [online] Available: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2688343> [24/10/2018]

⁴⁷ Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being. Carol D. Ryff. University of Wisconsin— Madison. *Journal of personality and social psychology* 1989, vol 57, no.6, 1069-1081

⁴⁸ Mental Health Foundation. *Relationships in the 21st century: the forgotten foundation of mental health and wellbeing*. [online] Available: <https://www.mentalhealth.org.uk/publications/relationships-21st-century-forgotten-foundation-mental-health-and-wellbeing> [24/10/2018]

⁴⁹ Marks, D.F., Murray, M., Evans, B. Willig, C., Woodall, C., & Sykes, C.M. (2005). *Health psychology: Theory, research & practice*. London: Sage.

⁵⁰ Ottawa Charter for Health Promotion. [online] Available: https://en.wikipedia.org/wiki/Ottawa_Charter_for_Health_Promotion [24/10/2018]

⁵¹ Ottawa Charter. [online] Available: https://erol.side.wa.edu.au/content/file/5f698b78-0fe9-423e-a203-852ec48068b3/1/Health_Studies_Unit3.zip/Health_Studies_Unit3/Cell_1/content/01_health_inequities/page_06.htm [24/10/2018]



Individual Action

This year I took my own personal action to raise awareness for an underutilised treatment for depression in New Zealand, transcranial magnetic stimulation. I did this through participating in the Sir Paul Callaghan Eureka! Awards Competition for secondary school and undergraduate students. The aim of this competition is to pitch an innovative science idea that will bring tangible benefits to New Zealand's economic, environmental and social wellbeing. It involved making a six minute speech at the Wellington Regional Competition, following which I was selected as one of twelve national finalists, and a 12 minute speech at the National Finals. During the National Finals, I was also questioned by radio broadcaster Kim Hill and a panel of scientists.

My 12 minute speech in the National Final- TMS: The Mental Health Solution

https://www.youtube.com/watch?v=j4X3tSwB8bY&index=15&list=PLlrlvIGbTAleeZj2kwR6Um-29o_kPasqo&t=0s

Transcranial Magnetic Stimulation⁵²

Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure approved in 2008 by the US Food and Drug Administration as an effective treatment for depression. TMS provides many advantages over antidepressants and electroconvulsive therapy due to its minimal side effects and has been proven to be more effective over a longer period of time. In New Zealand TMS treatment is currently only available at Healing Minds clinic in Auckland for patients who can personally afford to pay for it, costing around \$5000-\$8000.



New Zealand is significantly trailing global adoption for this treatment, with 700 TMS machines in use in America alone where treatment is covered by health insurance. Professor Paul Fitzgerald, a world expert in TMS, has run the largest clinical TMS program in Australia for 13 years and has trained over 250 people. Yet Australia is seen as "behind other countries" for TMS treatment.

Dr Mendel, the sole practitioner in NZ, believes that the reason that TMS treatment is not already implemented in our public health system is due to lack of knowledge, interest and bureaucracy in the Public Service. He has stated that the low utilisation rates are due to the cost of investing in the necessary equipment, rather than the effectiveness of the treatment, although it is "cheap compared to surgical procedures." The aim of my speech was raise awareness of TMS treatment and how it could be viably implemented in our public health system. I provided an economic cost-benefit analysis, highlighting that the cost of New Zealand's district health boards investing in TMS machines is dwarfed by the potential economic savings. I also suggested that the government could consider public private partnership funding solutions to encourage the private sector to invest in this technology, supported by long term government contracts for subsidised treatment. This would require collective action from a number of groups, and therefore come under the "mediate" strategy for health promotion as identified in the Ottawa Charter. For my speech to have a greater impact, it would require the Youtube video to be shared on social media, preferably by high profile mental health advocates, and gain media attention in order to prompt government action.

⁵²Peckel, Linda. *Repetitive TMS as Maintenance Therapy for Bipolar and Unipolar Depression*. [online]

Available: <https://www.psychiatryadvisor.com/depression-advisor/repetitive-transcranial-magnetic-stimulation-for-depression-maintenance-treatment/article/758901/> [24/10/2018]

While preparing for this competition, I performed my speech for the Year 13 biology class at school. This prompted a multitude of conversations among my peers surrounding depression and mental health, many of whom commented that they had a lack of adequate knowledge on the topic, and expressed a desire for better mental health education in schools. I also observed that following my speech people felt comfortable opening up to me about their own experiences with mental health issues, which reinforced to me the importance of breaking down the stigma and shame associated with this topic. Several of my peers expressed the belief that the more depression is talked about, the more people start to convince themselves that they have severe problems when they actually don't. They also stated a lack of belief in the statistic that one in six New Zealanders suffer from depression. These judgements can be stigmatising as they express doubt in the validity of people who claim to be suffering, and could cause people who are struggling to question whether they need to seek help.

Mike King and Key to Life

Mike King is a New Zealand comedian and mental health advocate, who began a radio show called The Nutters Club in 2009 evolving from his own experiences of depression and addiction. The show airs weekly on Newstalk ZB, aiming to “forever change the way people feel, think, talk and behave in relation to mental health”.⁵³ He claims that The Nutters Club has highlighted that sharing life stories is a “powerful and cost effective method in breaking stigmas, removing fear, and promoting a community driven healing and recovery process.” His charity, Key To Life Charitable Trust, is committed to a long term goal of a zero suicide rate. As part of this, he and other advocates recently travelled from Bluff to Cape Reinga on scooters as part of the I Am Hope Aotearoa Tour 2018, giving 70 talks and meeting over 20,000 people. King's campaign is largely a behavioural change model, aiming to provide people with information that will change their beliefs, attitudes and behaviours towards mental health issues. This is driven by his belief that “the current harden up, stay staunch and let's not talk about it attitude” that surrounds mental illness is a major contributing factor to the problem.

I attended Mike King's community talk in Karori on the 16th October 2018 which was largely focused on the “inner critic” that we all grapple with, and included frequent use of humour and relatable anecdotes to engage the audience. Throughout his speech he asked a series of questions and requested that the audience raise their hands, which included “who has seen a counsellor before” and “who has had a suicidal thought.” He then encouraged the audience to look around, and observe that the vast majority of the audience had. This technique King uses in his speeches is aimed at normalising mental health issues and reducing stigma. He also spoke vehemently against the belief that it is better not to talk about suicide in the fear that it can cause copycat incidents, which is a common issue brought up concerning health promotion with regard to mental health. At the end of the speech, he encouraged the audience to take a “I Am Hope” wristband, which is intended to signify trustworthiness and understanding, as well as pamphlets on depression. King's health promotion through his speeches is largely focused on the “creating supportive environments” and “strengthening community action” action areas as set out in the Ottawa Charter.

Mental Health Awareness Week 8th-14th October 2018

Mental Health Awareness Week (MHAW) has occurred annually in New Zealand since 1993, and is organised by The Mental Health Foundation under contract from the Ministry of Health. The theme for 2018 was “let nature in, strengthen your wellbeing,” with a variety of wellness-related events held around New Zealand, and posters and stickers available to for schools and workplaces to order for free online. MHAW 2018 was centred around how to use the “Five Ways to Wellbeing” (give, connect, keep learning, be active, take notice) in nature. There was a strong focus on Maori culture, with events held for Maori communities to reconnect with traditional practices and enhance wellbeing. Selah Hart, Chief Operations Manager from Hāpai Te Hauora, commented “we strongly feel that continuing to engage with and connect with Māoritanga, whakapapa and identity is an important way for all to maintain mental wellbeing.”

MHAW faced criticism from psychotherapist and co-host of The Nutters Club, Kyle Macdonald, who wrote an article for Stuff in which he recognised the importance of awareness work in confronting stigma, yet lamented the choice of “Let Nature In” as a theme. He emphasised the danger of talking about “mental wellbeing” interchangeably with “mental illness” as this theme does. Although it may engage the wider public, “it can also leave others who are struggling under the weight of deep depression, suicidal thinking, overwhelming anxiety or crippling emotional pain invalidated through the apparent simplicity of improving your wellbeing.” Macdonald also highlighted that it can lead

⁵³ Maori TV. *Mike King- Key to Life Charitable Trust*. [online] Available: <https://www.maoritelevision.com/mike-king-key-life-charitable-trust> [24/10/2018]

people to assume that those with depression just need to “do something to help themselves- go outside, go for a walk, get some exercise.”⁵⁴

The Government Inquiry into Mental Health and Addiction

Demand for mental health services has increased by 70% over the past decade. In 2017, Kyle MacDonald and Mike King worked with ActionStation to carry out The People’s Mental Health Review, a report which discovered that police are responding to 90 mental health related calls every 24 hours. The findings were collated from more than 500 stories submitted anonymously online, and long wait times, strain on workers and an under-resourced system were common points brought up by respondents. Public Service Association national secretary Erin Polaczuk said that New Zealanders were suffering due to the underfunded mental health system. She stated that a recent survey of 6,000 people working in health found that nine in ten people “feel they don’t have the staff or resources to give New Zealanders the health care they need, when they need it.”⁵⁵

What is being done to address this? New Zealand’s overstretched mental health system and tragic statistics have led to mental health being an election issue, with the Government Inquiry into Mental Health and Addiction launched in January 2018. Chair of the Inquiry Ron Paterson described the envisioned outcome as “a solutions based report that generates hope and sets a clear direction for the next five to ten years that Government, the mental health and addiction sectors, and the broader community can pick up and implement.”⁵⁶ It has a wide ranging focus looking at how to prevent mental health and addiction problems, how to intervene early and respond better to people in need, and how to promote wellbeing.

The first step in the process was to compile a stocktake of programmes and services currently in place to support mental health and identify where the gaps and problems are. This particularly applies to the “mediate” section of the Ottawa charter, requiring the collaboration of a number of organisations. A country wide series of meetings were also held to listen to communities, service providers and users, Maori and Pacific peoples, the elderly, immigrants, and many other parties and sector groups. These meetings involved over 2000 people, and over 5500 submissions were made, in order to include as many different perspectives as possible. The highly qualified panel consists of two Pakeha, two Maori, and two Pasifika to represent a variety of cultural views.

The Inquiry panel is required to report back by 31 October with recommendations on key areas which include:

- Roles and responsibilities of agencies in the health sector
- Improved co-ordination between the health system and other key dependencies such as education, social services, housing and justice;
- The design and delivery of services and effective engagement with all relevant stakeholders;
- Governance and accountability standards to ensure access to an appropriate standard of mental health services is consistently provided across the country

The Inquiry follows a collective action model, a socio-ecological approach that engages members of the community in critical action to drive positive change at a collective level. The vast number of people involved in the Inquiry means that a significant amount of data has been collected, however it is unlikely that the Government will be able to action all the recommendations due to funding constraints. For the Inquiry to achieve its objectives, there needs to be sufficient resources allocated to implementing change.

The Socio-Ecological Model

Ehara taku toa i te toa takitahi, engari he toa takitini.

My strength is not that of an individual, but that of the collective.

To address the mental health crisis in New Zealand, a socio-ecological approach is required. The Socio Ecological Model (SEM) illustrates the interrelated effects of personal and environmental factors that determine behaviours,

⁵⁴Macdonald, Kyle. *Psychotherapist Kyle MacDonald: My concerns about Mental Health Awareness Week*. [online] Available: https://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=12140199 [24/10/2018]

⁵⁵King, Helen. *Cracks in NZ mental health system revealed in review*. [online] Available: <https://www.stuff.co.nz/national/91655909/cracks-in-nz-mental-health-system-revealed-in-review?rm=m> [24/10/2018]

⁵⁶Department of Internal Affairs. *Mental Health and Addiction Inquiry submissions underway*. [online] Available: <http://www.scoop.co.nz/stories/PO1804/S00282/mental-health-and-addiction-inquiry-submissions-underway.htm> [24/10/2018]

with five hierarchical levels. The most effective approach to health promotion requires interventions at all levels of the model.

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Individual

This level encompasses knowledge, attitudes, behaviour and stigma that exists within individuals. From the individual level, an attitudinal change is required to eliminate the stigma around mental health issues which prevents people from accessing care. Education is an important part of this, which can be assisted through effective and targeted health promotion and awareness campaigns. Mike King's speeches at schools around New Zealand are vital as they normalise mental health issues and shape young people's attitudes, influencing them to be more understanding and supportive of struggling peers. The individual level also includes racial/ethnic identity, sexual orientation and financial resources. It is essential that we recognise how these factors influence

mental health, and our approach to mental health in this country must be tailored to provide both appropriate care and equality of access for minority groups.

Interpersonal

The interpersonal level includes social support systems (e.g. family and friends), a protective factor for mental health which can influence individual behaviour. People must be educated in how to support the people around them who are suffering from mental health issues, influenced by health promotion campaigns such as "Just Ask. Just Listen." This campaign was run by the Mental Health Foundation and is targeted at friends and family of people experiencing mental distress.

Community

The community level includes relationships among organisations and institutions, including schools and businesses. Many corporate organisations now recognise that they have social responsibilities. A possible initiative could be businesses sponsoring mental health education and counselling services in schools. This would be similar to ANZ Bank's recent initiative, where they have recently providing sanitary products in 35 low decile schools in New Zealand. Community groups can also invite people from local mental health organisations to speak to them, to challenge prejudice and support recovery and inclusion.

Organisational

The Mental Health Foundation runs the national Like Minds, Like Mine campaign on behalf of the Ministry of Health, providing a multitude of resources as well as public relations, media and communications services. They also run a Kai Xin Xin Dong programme, focussing on Chinese, Indian, Korean and Filipino communities to promote inclusiveness and equality of access to services through a bilingual website. Organisations such as the Mental Health Foundation have an important role to play as they are highly influential in shaping New Zealand's perception of mental health issues and ensuring the public is well informed.

Policy/Enabling Environment

The Government allocates resources based on their priorities, and mental health has been promoted as a priority area for our current government. The Inquiry into Mental Health and Addiction was a key election promise, with an allocated budget of \$6.5 million, and will make specific recommendations. Whether the Government will action those recommendations is yet to be seen.

⁵⁷ CDC. *The Social-Ecological Model: A Framework for Prevention*. [online] Available: <https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html> [24/10/2018]

Final Thoughts

To conclude, it is impossible to identify one underlying cause for New Zealand's high depression rates, especially when there is still a lack of understanding among scientists around the causes of depression itself. It is clear that social determinants of health have an influence, and that culture is just one factor that affects susceptibility to mental health issues and access to care. New Zealand traditionally has a culture of stoicism, yet numerous awareness campaigns and organisations are working hard to break down the stigma and encourage people to seek help. This is evidently working with the observed increase in demand for mental health services, yet our overstretched system and lack of culturally appropriate care in all instances results in barriers to people receiving the treatment they so desperately need. However, we have effective treatments for depression, we know what works to maintain the four aspects of hauora, and it is vital that we don't give up hope. Mental Health Foundation CEO Shaun Robinson has stated, "there's some real challenges in building an adequate response to mental health problems and building up the resilience and positive mental health of our community." This fact is undeniable, but these obstacles must be overcome. After all, as the World Health Organisation acknowledges, "there is no health without mental health."

Is technology causing problems that are seriously impacting the well-being of youth in New Zealand?

Ashleigh Ngow,
Te Puke High School

Where is technology taking us? Have we become so dependent on it that we are unable to do simple things such as memorising a phone number? When the internet crashes, is work over for the day?

Has technology also become a crux for our social lives? Has constant scrolling through social media meant that we are unable to live in the moment? Is the internet's ubiquitous nature creating a sameness about the world; thus threatening our ability to retain individuality? There are many concerns and there is a pressing need to ensure we are controlling technology, rather than vice versa.

Young people growing up during the information age are experiencing a distinctively different style of living from their parents. The majority of youth in the 21st Century have had the internet for the entirety of their lives. It has become vital in daily life; with cell phones dictating the way they communicate both at school and at home. So how is the incessant use of technology impacting the Hauora of youth in New Zealand? Has the escalation of its use resulted in new issues for our rangatahi? Is it indeed shaping the attitudes and values of youth? This report will analyse the impact technology is having on young New Zealanders.

Traditionally, technology has been termed as the implementation of knowledge for practical or industrial purposes. However, youth tend to view it differently. Technology for them means the internet and social media.¹ This view seems to be spreading. In a school study (*Te Puke High School Youth and Technology Survey*) students were asked what constituted 'technology.' 47.27% responded with computers, devices and the internet. 29.09% said 'scientific or human advancement' and 16.36% said anything 'manmade.'² A staff survey showed similar results. These statistics demonstrate that perceptions around technology align primarily with social media and the internet.³ It is these varied aspects of technology that I will examine.

Whilst investigating youth well-being, we must consider the interconnection of individuals, their friends, whānau and wider society. Interwoven with this are social, political, economic and cultural determinants. Individual and societal attitudes and values will be examined, alongside health promotion strategies and sociological concepts such as the symbolic interaction theory (symbolic interactionist perspective). This theory was initially introduced to American sociology in the 1920s by sociologist George H. Mead.⁴ It refers to the attachment of meanings to symbols; suggesting that people's actions depend upon their subjective interpretation of language and symbols. This theory is relevant to the digitisation of society and the well-being of young New Zealanders.

What are the problems?

Young New Zealanders are affected by numerous issues as a result of technology. In order to fully understand how problems caused by technology impact youth well-being, we must examine the problems and question why they exist. When asked in the school survey what the problems with 'technology' are, students most commonly responded with answers including cyberbullying, addiction, social exclusion, reliance and dependence, decreased social skills,

¹ <https://www.collinsdictionary.com/dictionary/english/technology>

² <https://docs.google.com/spreadsheets/d/108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA/edit?usp=sharing>

³ <https://docs.google.com/spreadsheets/d/108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA/edit#gid=1355083258>

⁴ <https://www.iep.utm.edu/mead/>

depression, youth suicide, body dysmorphia, the fear of missing out (FOMO) and instant gratification.⁵ Information collected from the survey will be referenced and used as supporting evidence throughout this report.⁶

These issues have a significant impact on the Hauora of individuals; affecting their social, emotional and mental, spiritual and physical well-being.

Reliance, Dependence and Addiction to Technology

Technology provides greater social connectivity and access to information. However, these positive aspects are often outweighed by negative implications. Young New Zealanders are becoming progressively more reliant on mobile devices, social media, gaming and the internet. It has become a necessity in daily life; with teens relying on it to socialise, to learn, to be entertained and to simply, live. Today, life without a mobile device is a foreign concept for many teens; with four out of five Kiwi Youth owning a mobile phone.⁷ In the school study, it was determined that 98.3% of teens owned a 'device' (including cell phones, iPods, laptops, computers and gaming consoles).⁸ This demonstrates how prominent technology has become in the lives of young New Zealanders. Although this statistic reflects the local youth demographic within my school, it is important to recognise that it will differ in other settings due to socioeconomic and sociocultural factors. With teens spending countless hours online, both at school and at home, the term 'addiction' arises. In a recent study conducted by *The Programme of International Student Assessment* (PISA) it was determined that one out of six New Zealand 15 year olds spent over six hours on the internet every day (outside of school hours).⁹ Teenagers were classed as 'Extremeusers' with the time spent online tripling from 6.1% in 2012 to 17.3% in 2017.¹⁰

In the study conducted in my school, students were asked how many hours they spent on technology or the internet, discounting school hours. Over 75% of the respondents spent three hours or more on their devices.¹¹ These statistics represent the increasing amount of time that youth are spending online. It is also necessary to consider how this time is being spent. When asked in the survey, 39.8% of youth stated that they use their devices mostly for social media (including Twitter, Facebook, Instagram, Snapchat, Whatsapp among others). 30.3% of youth responded with the use of Youtube and Netflix, 14.3% with gaming, 4.8% with texting, 4.3% with school work, 1.3% with online shopping and 5.2% of youth responded with 'other.'¹² This suggests that digital technology is being used by youth primarily for entertainment and socialising.

Digital technology plays a multi-functional role in the lives of young New Zealanders. Hours 'clocked up' by young people has steadily increased. How has this impacted the health and well-being of our youth?

Shirley Cramer, the chief executive of the Royal Society for Public Health referred to youth technology addiction in an interview with The Telegraph. *"Social media has been described as more addictive than cigarettes and alcohol and is now so entrenched in the lives of young people that it is no longer possible to ignore it when talking about young people's mental health issues"*¹³

Many young people have become dependent on technology to the extent that they are unable to focus without it. In a study conducted by the National Alliance on Mental Illness (NAMI), researchers studied the connection between technology use and attention-deficit/hyperactivity disorder (ADHD). Children who spend a significant amount of time on their electronic devices have trained their brains to receive 'heightened stimulation' and the strong 'hit' of dopamine that this is accompanied by.

As a result of this, they are *"susceptible to similar symptoms as a child with ADHD—as he or she may also begin to have difficulty focusing on classroom instruction or chores."*¹⁴ Decreased ability to focus due to a shorter attention

⁵ <https://docs.google.com/spreadsheets/d/108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA/edit#gid=1355083258>

⁶ https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCOrTpIKH2_XW7Gtk/edit

⁷ <https://www.stuff.co.nz/life-style/parenting/family-life/79326115/tweens-teens-and-screens>

⁸ https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCOrTpIKH2_XW7Gtk/edit?usp=sharing

⁹ https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11841147

¹⁰ https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11841147

¹¹ https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCOrTpIKH2_XW7Gtk/edit

¹² https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCOrTpIKH2_XW7Gtk/edit

¹³ <https://www.stuff.co.nz/technology/digital-living/92809326/instagram-is-the-worst-social-network-for-young-peoples-mental-health>

¹⁴ <https://www.nami.org/Blogs/NAMI-Blog/August-2017/Attention-Spans-in-the-Age-of-Technology>

span will have a range of negative impacts on the mental and emotional well-being of young New Zealanders. This could include difficulties with learning, inability to socialise and decreased ability to make and keep friends.

In a sociobiological context, experts have referred to technology addiction as a 'gateway' addiction to gambling, with concerns around dangerous habits taught by gaming. Andree Froude, the Director of Marketing and Communications at the New Zealand Problem Gambling Foundation believes that it is the incentives involved with gaming that are most dangerous: *"you've got all the gambling imagery, loot boxes and things that are very, very close to gambling and it normalises it for young people."*¹⁵ It is estimated that 3-4% of young people suffer from a serious gaming addiction, which demonstrates the need for support strategies to help youth curb their addictions.¹⁶

Addiction in youth is also apparent with social media. The constant need to check social media has developed into a habit, with many teens browsing through Instagram and Facebook because they feel like they need to; not because they are interested in the content. This can make us question the value of social media. =Perhaps digital technology is acting as a symbol of 'security' for youth; who are relying on it to feel comfortable. Intense dependence on digital technology has become the root of a number of issues for young New Zealanders. Inability to focus due to a strong technology addiction can result in decreased physical and social engagement; impacting the taha tinana and taha whānau of young New Zealanders.

The increased amount of time spent online and on mobile devices is inversely proportional to the amount of time spent outdoors by youth. In a study conducted by the University of Auckland, it was determined that 'children and teenagers struggling with weight issues found their physical activity levels were low, while their screen time was high.'¹⁷ Reduced physical activity is influencing health issues such as obesity. Results from this study showed that 'Only a minority (19 percent) met national physical activity guidelines of at least one hour of moderate to vigorous aerobic physical activity per day.'¹⁸ It is evident that reduced physical activity is influencing the taha tinana of New Zealand youth through the prominence of health issues such as obesity. Statistics gathered by the New Zealand Ministry of Health reflect this. '20% of New Zealanders aged 15-24 are classed as obese.'¹⁹ This large demographic of New Zealand youth classed as 'obese' are at risk of secondary health issues such as diabetes, high blood pressure and sleep apnea.

Taha wairua (spiritual well-being) of youth is also affected, with strong addiction sometimes resulting in distraction or lack of motivation. Potentially preventing youth from developing personal interconnectedness and a direction in life. Through a socio-ecological lens, technology addiction is inducing a 'ripple effect' within families, groups and societies in New Zealand. Parents that constantly use technology are subliminally influencing their children; creating a home environment that encourages technology use. Parents are role modelling obsessive behaviour to their children; setting a 'standard' for incessant use of digital technology. A strong sense of irony is present in examples such as parents who take their children to the park to play, and use their phones while they wait. Digital devices are acting as 'babysitters'; symbolizing 'easy entertainment' for youth by parents. This is presumably having a sociological and intergenerational impact on tomorrow's youth; with young people being raised to play with iPads and Laptops, instead of each other.

Mental well-being

The impact of technology on mental well-being is evident through mental health conditions arising in youth. The internet is providing access to an alarming amount of information, with images, posts and videos changing the way that youth view themselves. Today, value is placed upon how many 'likes' a selfie gets on Instagram or how many 'friends' one has on Facebook.

Heightened self-consciousness is most prominent in teenagers and has been linked to the medial prefrontal cortex of the brain. In a study published online by the Association for Psychological Science in 2013, it was found that different levels of reactivity to social evaluation was present in the medial prefrontal cortex of the brains of children, teenagers

¹⁵ <https://www.tvnz.co.nz/one-news/new-zealand/theyre-quite-similar-pokies-kiwis-join-international-bid-restrict-gambling-elements-in-video-games>

¹⁶ <https://www.newshub.co.nz/home/entertainment/2017/08/gaming-addiction-in-nz-why-getting-help-is-so-hard.html>

¹⁷ <https://www.auckland.ac.nz/en/about/news-events-and-notice/news/news-2017/02/kids-with-weight-issues-do-little-exercise--spend-lots-of-time-o.html>

¹⁸ <https://www.auckland.ac.nz/en/about/news-events-and-notice/news/news-2017/02/kids-with-weight-issues-do-little-exercise--spend-lots-of-time-o.html>

¹⁹ http://archive.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/obesity.aspx

and young adults.²⁰ Youth that are already self-conscious are more susceptible to the negative impacts of social media. Relying on social media to feel validated, youth focus on their 'profiles', seeking likes and comments to help boost their self-esteem.

This interlinks with the symbolic interactionism theory, as mobile phones and social media profiles, have become a symbol of self-worth. Temporary validation provided by social media is sought after by youth; who are participating in a virtual 'popularity contest' where 'likes' and 'followers' determine 'social status.' Momentary feelings of 'happiness' and 'belonging' provided by social media is fueling the strong technology addiction that many young New Zealanders have. Psychologist Emma Kenny referred to 'likes' and social media as, "*a reward cycle, you get a squirt of dopamine every time you get a like or a positive response on social media.*"²¹ A craving for instant gratification caused by spikes in dopamine levels is causing addiction to digital technology.

Another issue arising from obsessive technology use is body dysmorphia. It has become prominent in teens due to unrealistic beauty standards set by celebrities and social media influencers. Teens are virtually flooded with images of what society deems as the 'perfect body.' With prominent social media personalities such as Kylie Jenner having over 99 million followers, exposure to unrealistic expectations is unavoidable. In a study conducted by New Zealand Women's Health Action within the 'Body Image Programme' titled the 'Youth 2012 Health and well-being of New Zealand Secondary Schools survey', results demonstrated that "A third of young women (31.6%) are unhappy or very unhappy about their weight, with the levels of unhappiness increasing in the later years of secondary school."²² This statistic demonstrates how common it is for young New Zealanders to have low self-esteem when it comes to body image. It is normal for youth (particularly young women) to heavily edit and filter their photos in an attempt to look 'perfect.' Image based platforms (such as Instagram, Snapchat and YouTube) are causing youth to become obsessed with their appearance. Social media showcases lifestyles and relationships that are not the 'social norm'; normalizing extravagant styles of living.

Furthermore, unrealistic expectations around relationships are also formed due to the constant exposure that illustrates the 'perfect' relationship. This can invoke feelings of inadequacy within youth and their partners, who are trying to fulfil these high expectations, in an attempt to 'match' what is shown online.

Additionally, misleading information posted on social media platforms can make people feel as though their lives are meaningless, in comparison with what they are seeing online. This can have a hugely detrimental impact on the taha hinengaro of youth. The 'fear of missing out' (FOMO) has become extremely prevalent due to social media. Shared content is invoking an irrational fear within youth, who may believe the lives of others are superior to their own. In response to this, youth may try to create a virtual facade of their own in order to 'restore' their reputation and dignity. Thus demonstrating social media as a symbol of social 'status' to youth. Youth may try to enforce these expectations on their family; thus having a socio-ecological impact on taha whānau.

Comparison was once referred to by Theodore Roosevelt as the "*thief of joy.*" This quote epitomizes the strong feelings of jealousy and inadequacy that social media invokes in youth. It is vital that youth understand that social media platforms capture only the 'highlights' of people's lives. Influencing individuals into creating a virtual 'reputation' that fails to recognise the 'lowlights' and normalities of life. Some young New Zealanders are not equipped with the skills that are necessary to cope with the burdens of social media. This impacts the spiritual well-being of youth, who may experience a lack of motivation or purpose when comparing their lives to what they see online.

The consequences of social media use on youth are clearly demonstrated through the prominence of mental health issues and suicide rates in New Zealand. Figures revealed by the New Zealand Ministry of Health determined that the percentage of youth (aged from 15 to 24) struggling with mental health issues has steadily increased from 5% in 2013 to 8.8% in 2015/16 to 11.8% in the last year.²³

²⁰ <http://journals.sagepub.com/doi/10.1177/0956797613475633>

²¹ <https://www.cosmopolitan.com/uk/reports/a9931660/psychology-social-media-likes-mental-health-issues/>

²² <https://www.womens-health.org.nz/programmes/body-image-programme/>

²³ <https://www.stuff.co.nz/national/health/99014681/Rising-depression-and-anxiety-among-Kiwi-youths>

Additionally, the number of youth that are using antidepressants in New Zealand has increased by 98% in the last 10 years.²⁴ These rising statistics are likely to be linked to an increase in the use of digital technology. This can be supported through findings from a 2015 study led by Dr Heather Cleland Woods from the

University of Glasgow. In this study *“Scientists measured the sleep quality and social media use of 467 teenagers and found that pressure to be available online 24 hours a day and respond to messages impacted on mental health issues.”* Dr Cleland Woods²⁵ said, “Evidence is increasingly supporting a link between social media use and well-being, particularly during adolescence...”²⁶ Thus demonstrating the extreme impact technology is having on the taha hinengaro of young New Zealanders.

This can be further reinforced through statistics reflecting New Zealand youth suicide rates which are among the worst in the world. This is demonstrated through results published in a report by the Unicef Office of Research, ‘The rate of 15.6 youth suicides per 100,000 people puts NZ at the bottom of the table.’²⁷ The steady increase in youth suicide rates is undoubtedly linked to digital technology. This link was made in a study conducted by Dr Jean Twenge, who said *‘Researchers found a sudden increase in teens’ symptoms of depression, suicide risk factors and suicide rates in 2012 — around the time when smartphones became popular.’*²⁸ Thus demonstrating how social media, devices and the internet are impacting the mental and emotional well-being of young New Zealanders. Stigma surrounding these mental health issues has been created by societal views that deem mental health as ‘unconventional’; connecting with the symbolic interactionism theory. The theory states, *‘individuals base their views upon societal ‘norms’*. Open conversation about mental health is difficult for youth because society that has made it a ‘taboo’ subject.

Social well-being

“While much of the technology we are senselessly addicted to promises us greater connectedness, people are more isolated, disconnected and lonely, than ever before in history.” - Bryant H. McGill, American Author²⁹

Digital technology is acting as a tool that improves social connectivity. In a socio-ecological context, societal connectivity and social organisation have significantly improved aided by technology. It makes social events, movements and operations significantly easier to coordinate and execute. Social unification through affinity with ‘Netflix shows’ and gaming is also common. However, the authenticity of relationships formed online is questionable.

Youth are becoming socially isolated; interacting virtually instead of physically, through social media instead of ‘face to face.’ This connects with the symbolic interactionism theory which states that individual growth is dictated by the images that others have of us. This is further explained by sociologist Charles Horton Cooley (1864-1929) who created the sociological concept of a ‘primary group’ which he defines as *“those characterized by intimate face-to-face association and cooperation. They are primary in several senses, but chiefly that they are fundamental in forming the social nature and ideals of the individual.”*³⁰ However in today’s digital world, how can the ‘primary group’ of youth be defined? An individual’s social nature and ideals are shaped by those that they interact most heavily with. Therefore, heavy interaction by youth through social media may impact their individual growth, beliefs and ideals.

Relationships between youth and their seniors can be affected, with some being criticised for constant use of technology. Possibly resulting in intergenerational issues within the family. This can be demonstrated through information gathered in a survey I conducted with staff in my school. When asked “How does technology addiction affect your family?” the most common answers included less family interaction, more family conflict and less activity outside.

A reduction in social interaction within a family unit can have severe long-term impacts on youth taha whānau. Family time creates a feeling of belonging and enables youth to learn important interpersonal skills which are then transferred

²⁴ https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11870484

²⁵ https://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11511936

²⁶ https://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11511936

²⁷ <https://www.tvnz.co.nz/one-news/new-zealand/new-zealands-high-youth-suicide-rate-highlighted-in-report>

²⁸ <https://www.npr.org/2017/12/17/571443683/the-call-in-teens-and-depression>

²⁹ <http://www.quotehd.com/quotes/bryant-h-mcgill-while-much-of-the-technology-we-are-senselessly-addicted-to-promises-u>

³⁰ <https://mediastudiesrepository.wordpress.com/category/symbolic-interactionism/>

into their social lives. As stated in a report by Fordham University titled 'The Influence of Technology on Family Dynamics', *"In a study of the psychological and social impact of the Internet on involvement and well-being, although the Internet was used primarily for communication, a relationship was found between greater use of the Internet and declines in communication between family members within the household"* (Kraut, Patterson, Lundmark, Kiesler, Mukhopadhyay, Scherlis, 1998).³¹

Thus demonstrating the socio-ecological impact technology is having on New Zealand youth and their families. Virtual communication is seen by teenagers as the most efficient method of interaction. Fifty percent of student respondents from the school survey agreed that social media was an easier method of communication in comparison with physical communication (talking face to face).³² The ubiquitous use of digital technology hinders the development of fundamental communication and listening skills. This is shown through results from the 2014 Computers in Human Behaviour study, conducted by the University of California, Los Angeles. Studies showed that "sixth-graders who went five days without even glancing at a smartphone, television or other digital screen did substantially better at reading human emotions than sixth-graders from the same school who continued to spend hours each day looking at their electronic devices."³³ Youth that lack these social skills may be disadvantaged socially, emotionally, educationally and possibly in the workforce.

Social media and the internet create an illusion of connectivity, contrasting with a reality in which youth are more disconnected than ever before. Reduced interpersonal interaction is creating feelings of loneliness and isolation in young New Zealanders. Demonstrating how technology's impact on social well-being intertwines with the emotional and mental Hauora (health) of youth.

Cyberbullying

Cyberbullying is widely renowned as one of the biggest issues stemming from social media and the internet. In the recent New Zealand Attitudes and Values Study (NZAVS) this was examined. It was determined that *"Women aged 18 to 19 reported the highest levels of cyber-bullying among all groups, with roughly three in five experiencing cyber-bullying,"* said Harrison Steiner-Fox, who compiled the research using data from the ongoing New Zealand Attitudes and Values Study (NZAVS).³⁴

When asked in the survey, 25.6% of student respondents at my school said that they had been affected by cyberbullying.³⁵ The internet and social media have become a platform that not only enables bullying but encourages it. Youth culture today reflects attitudes and values that normalize cyber bullying; deeming virtual abuse as 'acceptable.' Young New Zealanders are acting as perpetrators, bystanders and victims of cyberbullying, with virtual anonymity enabling anyone with internet access to engage in cyberbullying.

Previous forms of bullying were restricted to physical actions and words. Today, bullying through social media can be hidden and therefore others are not always aware of it. This makes punishment for cyber abuse difficult as 'evidence' can be erased.

Due to the severity of cyberbullying, a large number of mental health conditions and social issues have arisen. Strong feelings of loneliness and depression can emerge, influencing body dysmorphia and youth suicide. Cyberbullying also brings with it the risk of conflict escalating into 'real world' actions. Current laws that penalise cyberbullying have been implemented under the '2015 Harmful Digital Communications Act' which enforce fines and potential imprisonment for the publication of offensive messages, posts and images that cause serious emotional distress or suicide.³⁶ The effectiveness of this law is demonstrated through 2017 statistics which state, *'Since November 2016, the legislation has resulted in 132 charges filed, 77 criminal cases finalised, 4 diversions completed, 3 dismissals, and 1 discharge.'*³⁷

³¹ <https://docs.rwu.edu/cgi/viewcontent.cgi?article=1062&context=nyscaproceedings>

³² https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCORtPlKH2_XW7Gtk/edit

³³ <https://www.sciencedirect.com/science/article/pii/S0747563214003227>

³⁴ https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11612551 Original Study

<https://cdn.auckland.ac.nz/assets/psych/about/our-research/nzavs/Feedback%20Reports/NZAVS-Policy-Brief-Rate-of-Cyber-Bullying.pdf>

³⁵ https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCORtPlKH2_XW7Gtk/edit

³⁶ <https://www.bullyingfree.nz/about-bullying/cyberbullying/>

³⁷ <https://www.nzlawyermagazine.co.nz/news/50-offenders-convicted-under-cyberbullying-law-235068.aspx>

However, as the distinction between the virtual world and the ‘real world’ becomes less pronounced, it becomes more difficult for youth to distinguish the difference between the two realities.

Education

Better policies around education are a fundamental material factor that contributes to the health and well-being of youth. In today’s society, the structure and focus of the education system contrast heavily with what we have seen in the past. Traditional classrooms have evolved into open-plan learning spaces, with the focus shifting from traditional ‘rote learning’ to inquiry-based learning. Consequently, technology has become prominent in schools ranging from early childhood to high school and tertiary levels of education, in the forms of Chromebooks, iPads, chromecasts, laptops and virtual learning programmes. But has technology improved the quality of learning for young New Zealanders?

As a high school student learning in the 21st century, I use a laptop in most of my classes on a daily basis. Online programmes such as Google drive, Google Classroom and Google Docs have become important tools for my learning. These programmes provide greater ‘connectivity’ between students and teachers, as they enable online editing by multiple people at any time, anywhere. Thus changing traditional methods of learning, word processing and marking work which was less time efficient. The roles of students and teachers are also evolving; teachers are no longer needed as a source of information, as students have access to an abundance of knowledge on the internet. Instead, teachers are taking on a facilitative role that emphasises teaching skills and techniques as opposed to teaching informational content.

The evolution of education and the integration of technology into learning impacts the well-being of youth positively and negatively. The internet and tools such as Skype enable youth living in rural areas to gain access to better quality education that they may have previously been excluded from. Additionally, students are able to connect with people all over the world, increasing opportunities for positive learning experiences. Virtual reality devices and 3D simulators can be used by students to learn practical skills in context. An example of this is virtual reality driving simulators used by learner drivers in a safe environment before they move onto driving in a practical situation.

However, there are negative implications involved in educational technology use. The ability to access information at any time, although convenient, can prevent youth from being able to think critically for extended periods of time. Youth are no longer challenged to come up with answers on their own and have become accustomed to using Google. Potentially resulting in a smaller attention span and decreased ability to think creatively. An issue that I have encountered as a secondary student sitting NCEA (National Certificate of Educational Achievement) has been the absence of handwriting practice during the year, which has decreased my ability to perform in external examinations. Poor preparation for handwritten exams due to keyboard use during the year is just one implication. However, the possibility of handwritten examinations being phased out and replaced with virtual examinations could eventually eliminate the need to write by hand.

Instant gratification

Continuous growth of technology has brought a change in the style and pace of living. We are cultivating a culture of impatience, with society changing from a previously unhurried structure to one that values instant gratification and convenience. Instant gratification can be defined as the “desire to experience pleasure or fulfilment without delay or deferment.”³⁸ It provides easy access to an abundance of information and services, creating an expectation for ease and efficiency that has transferred into all aspects of life.

Online services such as Uber Eats and New World ‘iShop’ have made life more convenient; with food, clothing and even furniture available with the click of a button. But how is this impacting the Hauora of youth? This contributes to the fast-paced style of living that most members of society are beginning to lead. As this lifestyle continues to grow in prominence, we must consider how it is going to affect the well-being of young New Zealanders today and in the future.

³⁸ <https://www.entrepreneur.com/article/235088>

The risk of a stagnant, secluded lifestyle can impact youth physical well-being; increased risk of health issues due to 'sedentary living.' Social well-being can also be impacted; resulting in an inability to socialise 'face to face.' Potentially impacting the taha tinana of youth due to health-related issues, as well as the taha hinengaro of youth due to body image and mental health issues.

The impact of an instant gratification style of living on youth well-being is demonstrated through results from the school survey. Students were asked how technology has changed the way that they live. Responses included "less time spent reading books", "less time writing by hand" and "less time spent outside."³⁹ " As a young New Zealander that owns a mobile phone, I can attest to the fact that the amount of reading I do from 'physical books' has decreased. Through this argument, it is clear that technology is changing the mindset and daily life of young New Zealanders.

Is it a problem?

We have examined the implications of youth technology use in the 21st century. However, it is important to analyse the attitudes and values through the perspectives of young people and adults in order to truly understand how the Hauora of our youth is truly being impacted.

Perspective of youth

The perspectives of youth on technology are shaped by the attitudes and values of friends and whānau, their socioeconomic position, geographical location and age. This interrelates with the symbolic interactionism theory; which discusses how the association of meanings with symbols by youth is influenced by the social interaction one has with others and society.

The perspectives of youth may be represented through the school study, in which respondents were asked what the 'pros' and 'cons' of technology were.

The 'pros':

1. Accessibility

Accessibility to endless information is seen by youth as one of the biggest advantages of technology use. The ease and efficiency in which information can be obtained has been identified as a "useful" and "helpful"; beneficial for education through improved research and study methods. It is used for keeping up to date with current affairs and global news. Youth said "You have a ridiculous amount of knowledge at your fingertips" , "If I need something for homework I can easily search for it" and "ability to learn new things, even the simplest of tasks (I had no idea how to make a fire but youtube taught me how..."⁴⁰ These extracts demonstrate that greater access to information through technology use is valued by youth.

2. Connectivity

Another advantage recognised by youth is the social connectivity that digital technology provides. Communication has become more efficient due to the virtual conversation. Youth stated "*The internet helps you to stay connected to friends and family from all over the world.*"⁴¹ Youth are able to form and maintain interpersonal relationships through social media and the internet. Technology can be used as a tool to virtually communicate with others when this isn't possible in 'real life.' Therefore, acting as a tool for job and university interviews through video and audio 'chatting'; eradicating the need for costly, time-consuming travel. It can be used to organize social events with 'group chats' and 'Facebook events' enabling easier management and planning. Therefore, creating more opportunities for physical and social interaction and improving interpersonal connectivity for young New Zealanders.

3. Entertainment

Youth have recognised 'entertainment' as one of the biggest advantages of technology use: "*Entertainment is so easy to come by*", "*you can entertain yourself when you are alone.*"⁴² It provides entertainment through mobile and online

³⁹ <https://docs.google.com/spreadsheets/d/108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA/edit#gid=1355083258>

⁴⁰ <https://drive.google.com/open?id=108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA>

⁴¹ <https://drive.google.com/open?id=108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA>

⁴² <https://drive.google.com/open?id=108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA>

gaming, video, movie and television streaming, social media, EBooks and audiobooks, blogs and articles. Technological entertainment is extremely convenient, as it is available on devices that can be carried in one's pocket ready for use at any time. Youth are no longer hindered by factors such as the weather or transport (which were necessary for many traditional forms of entertainment outdoors) to be entertained. Therefore, technology use for entertainment is popular; used as a primary source of entertainment for young New Zealanders.

4. Expression and Opportunity

Digital technology enables global information sharing; thus creating connections between people that share similar passions. Self-expression is beneficial for both the mental, emotional and the social well-being of youth. Social media gives young people the ability and perhaps the confidence to express themselves in ways that they may not be able to physically (perhaps due to shyness, lack of self-confidence, fear of public speaking). Ultimately providing opportunities that could shape the career paths of youth. The internet has given rise to new jobs, including social media influencers, 'YouTubers', internet celebrities, gamers and video bloggers.

The 'cons':

As previously mentioned, cyberbullying continues to act as one of the biggest issues, with youth describing it as *"an easy way to spread homophobia, sexism and race inequality, animal abuse..."* with *"Some people misusing social media platforms and using them to harass others or bully people."*⁴³ Virtual anonymity has also been recognised as a significant disadvantage that enables bullying, catfishing and access to illicit content. Whether they are fulfilling the role of the inflictor or the victim, young people are at risk of danger from those imposing harm from "behind the screen." Therefore, it is vital that emphasis is put on the education and prevention of cyberbullying, in order to prevent dangerous behaviour that is impacting young New Zealanders.

Distraction and procrastination have also been deemed as a major disadvantage, with digital technology interfering with youth's ability to remain focused. This can impact academia, levels of productivity and the ability to converse, with one in four youth respondents saying that they use their devices whilst physically communicating with others.⁴⁴

An imbalance in lifestyle due to heavy usage of technology is another disadvantage acknowledged by youth. Youth respondents said *"You forget the important things in life like family time"* and youth *"could stay up late and get no sleep."*⁴⁵ Time that was originally spent outdoors, reading, cooking and with friends and whānau has been compromised with excessive use of technology.⁴⁶ As mentioned previously in this report, the perpetual use of technology can "spiral out of control" resulting in an imbalanced lifestyle that does not fulfil the requirements that a healthy lifestyle demands. Therefore, impacting the social, mental and emotional well-being of youth.

This relates directly to the concept of 'Te Whare Tapa Wha' (Māori Health model) which depicts well-being as having four equal foundations; Taha Tinana (physical), Taha Wairua (spiritual), Taha whānau (social) and Taha Hinengaro (mental and emotional). Should one of these important health dimensions be damaged or missing, an individual may become unwell and their overall Hauora will be compromised.⁴⁷

The aspects of technology that have been deemed by youth as advantageous and disadvantageous assist in developing a better understanding of the youth perspective. However, it is important to consider the potential for bias that may be present in these perspectives, as the 'general consensus' may not be completely representational of the entire demographic.

The majority of youth have grown up using technology, as it is integrated into the way that young people learn, play and work. Therefore, the youth perspective is likely to contrast heavily with those of their elders, who have not experienced the same 'connection' from a young age with technology. They therefore, may be less likely to understand the true impact of technology on young people.

Perspective of adults

⁴³ <https://drive.google.com/open?id=108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA>

⁴⁴ https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCOrTpIKH2_XW7GtK/edit

⁴⁵ <https://drive.google.com/open?id=108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA>

⁴⁶ <https://drive.google.com/open?id=108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA>

⁴⁷ <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

The perspectives of those that have not grown up in the 'era of the internet' reflect a different upbringing. Today's teenagers are growing up in a society with 'constant connectivity', whereas their parents were teenagers in an 'internet free' world. This shaped the contrasting viewpoints of youth and adults.

Social media expert Ekant Veer of Canterbury University referred to these viewpoints in an article with Stuff NZ, highlighting the difference in ideals of parents and their teens. Parents want to engage in physical, face to face communication with their children, whereas teenagers are content with communicating virtually. Traditional values such as maintaining eye contact during conversation are not families, as parents begin to view technology in a negative light. Veer says this difference in ideals, *"leads to a resentment of technology rather than an acceptance that connecting via technology is just different, but not inherently bad. It is bad from a parent's perspective because it's not what they value, but a teen might find having to disconnect from the world as being equally bad because it's not what they value."*⁴⁸ It is the difference in attitudes and values of adults and teenagers that are shaping the conflicting viewpoints of youth and adults.

These viewpoints are illustrated through results gathered from a survey conducted with staff at Te Puke High School. Staff members (and parents) recognised reduced social skills, cyberbullying, distraction and addiction as some of the biggest issues involved with technology use. 70% of staff members with teenagers in their family responded with the belief that their teens have an addiction to technology.⁴⁹ When asked how this has affected their family, the most prominent answers included less social interaction and increased conflict, but better connectivity with extended family and better 'family entertainment' through programmes such as Netflix.⁵⁰

The parental role in today's society can be difficult to fulfil due to a difference in viewpoints and understanding of technology. Youth are fully equipped with the skills needed to use devices and the internet. Their parents however, might not have the same capabilities; making the monitoring of technology use difficult. 58.3% of parent respondents said that they use the removal of technology as a form of punishment in their household.⁵¹ Although parents are able to extend authority over their teens through the removal of devices or an internet connection, it is still difficult for most to fully understand how their teens are using technology. The absence of parental presence in the 'digital world' can create further issues, likely contributing to cyberbullying, access to illicit content and exposure to online predators. Thus having a 'flow on' effect on the social, mental and emotional and spiritual well-being of young New Zealanders. Youth and adults have different attitudes and values when it comes to technology use. This can create an opportunity for conflict; impacting the taha wairua of youth who may believe they have a different purpose in life and therefore demonstrate differences in self-awareness and personal identity.

It is important to emphasise the fact that neither of these viewpoints are 'right' or 'wrong' they are just different. However, differences in beliefs may affect the social well-being of youth; who could face communicative difficulties with the adults in their lives. Youth taha hinengaro can also be impacted, with some youth 'bottling up' their emotions as they feel unable to confide in their elders.

The parents of tomorrow have experienced growth during the 'age of the internet.' Perhaps this will give them the ability to relate with the viewpoints of their children. However, with advancements in technology occurring every day, tomorrow's digital world is likely to be exceedingly different. Therefore, the risk of intergenerational misunderstanding is still probable.

Future steps/ What can we do to fix these problems?

Health promotion strategies are vital to ensure better health outcomes. They are the responsibility of all sectors within society; education, health, science and community. These important methods of health promotion can be depicted through the Ottawa Charter; an international agreement signed at the First International Conference on Health Promotion organised by the World Health Organisation. The three basic strategies for health promotion include 'advocate', 'enable' and 'mediate.'

⁴⁸ <https://www.stuff.co.nz/life-style/parenting/family-life/79326115/tweens-teens-and-screens>

⁴⁹ https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCORTpIKH2_XW7Gtk/edit

⁵⁰ <https://drive.google.com/open?id=108PIK1siEzK-QeJihas5tSuyhV8et2gV9ulZjcesraA>

⁵¹ https://docs.google.com/document/d/1CvOq-uYbkZR0x9B6p2J-YEWnpgCORTpIKH2_XW7Gtk/edit

1. Advocate

The advocacy of health through health promotion involves political, social, economic and cultural determinants. These determinants create societal conditions which influence the well-being of youth.

Laws and policies within New Zealand must reflect the needs of New Zealanders to ensure a safer, supportive society that enables positive health outcomes for digital technology users. Monitorisation, research and consequential policy change are vital for individual and communal adaptation to the digital world. Further funding (economic determinant) and support must be invested in education (from early childhood to adult level) and social development to maximise health promotion.

Policy changes to support people who are suffering at the hand of digital technology through funding counselling and mental health services will enable youth victims or perpetrators of virtual dangers to be supported and rehabilitated. This will be significant for socioeconomically disadvantaged youth that were previously restricted from support due to financial constraints. Thus showing the interconnection of social, economic and political determinants of health. Social and cultural determinants are a consequence of government policy that aims to create a culture of 'technological innovation.'

Policies engrained in the justice system must also be addressed. With the lines between the digital world and reality becoming increasingly more blurred, it is imperative that harsher cyber laws are implemented and reinforced. This will lower cybercrime rates and reduce the impact of virtual threats on youth well-being.

Combating these issues before they progress is imperative. Preventative measures supported through policy change will make a sustainable difference on a legislative level. This will transcend through all levels of society; helping to build a community that promotes good health and well-being for everyone.

2. Enable

Equal opportunity and resources for all New Zealanders must be obtained to achieve maximum health potential. Education is a primary sector within society that enables development. Therefore, equal access to learning around cyber safety and digital technology will improve the Hauora of individuals, their friends and whānau, and wider communities. Thus imposing a positive socio-ecological impact on the framework of an increasingly digitized society.

Youth need to be provided with strategies to prevent virtual dangers. The implementation of a compulsory programme in schools (ranging from primary to secondary school) that prepares youth with approaches to cope with digital danger will have a positive long-term effect. Education from a young age will create a society in which technology is used responsibly and safely.

The 'digital divide' that is present between youth and adults in today's society can be addressed through education. Providing learning opportunities for adults may improve the relationships and social well-being of youth and their parents. New Zealanders will individually and collectively be better equipped to cope with the evolution of digital technology.

Teaching skills of emotional resilience, empathy and self-control is vital for well-being in a digitized society. This is supported by an International Network for Government Science Advice report, written by Sir Peter Gluckman and Kristiann Allen. In this report, it is stated that "*Greater focus on the core dimensions of early childhood education and impacts of digital technologies*" is one of the key strategies needed to improve the 'digital well-being' of youth.⁵² Greater focus on taha hinengaro combined with a deeper understanding of digital technology will help to create a supportive environment for youth that promotes positive, controlled technology use. This relates to the 'self-empowerment' model which '*seeks to develop the individual's ability to control their own health status as far as possible within their environment.*'⁵³

⁵² <https://drive.google.com/file/d/0BzIBBe79sVZWa3FEV1dReFNVU2F1S2gwRWJmWGVwbzJtM2hV/view?usp=sharing>

⁵³ <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Socio-ecological-perspective/Defining-health-promotion/Models-of-health-promotion>

Socio-ecological empowerment is also necessary through political representation in which a spokesperson is able to communicate with all members of society to achieve better health outcomes.

3. Mediate

The mediation and coordination of various societal groups will ensure that the best interests of individuals and groups are considered in the pursuit of health and well-being. By ensuring continuity and coordinated action on a socio-ecological level, health promotion can be achieved in a unified, collective manner. Health, economic, governmental, media, voluntary and non-governmental (NGO) sectors are responsible for the mediation of different societal stakeholders to ensure better health outcomes. By monitoring, researching and evaluating the digital well-being of youth, a sustainable, impactful difference through education can be made. The research will be extremely beneficial in areas such as mental health, in which appropriate, ethical forms of treatment and effective preventative measures are necessary. Research can then be put into action and used to benefit the taha hinengaro of young New Zealanders.

Observation of our environment and circumstances and the reaching of conclusions through monitoring and research is extremely important for the development of individuals, societies and the human race. With the world around us constantly evolving alongside digital technology; it is vital that we are aware of the impacts this has on health and well-being. It is arguably more important that we are formulating plans and strategies for the future that will enable the following generations to survive and thrive in the digital world.

Final Thoughts

“Technology is a useful servant but a dangerous master.” - Christian Louis Lange⁵⁴

Technology is escalating at a rate that we are struggling to keep up with. Embedded in all aspects of life, digital technology has become hard to live without. This has given rise to numerous implications that affect youth taha tinana, taha wairua, taha hinengaro and taha whānau. Results from my study show that digital technology is indeed causing problems that are impacting the well-being of youth. These implications have a wide-spread socio-ecological influence ranging from an individualistic to a societal level. These problems need to be addressed. Technological innovation continues to grow, bringing with it a risk that its sophistication will surpass our ability to understand its full implications. It could be argued that digital technology is becoming too advanced for our own good. We must take control, before it takes control of too many areas of our lives.

The sweeping power of technology needs to be facilitated with refinements in legislation and a re-evaluation of cultural values. This will ensure better health outcomes for youth. In order to implement these changes, we must prognosticate the future and act upon our predictions. Technology’s presence in our lives is inevitable. Its negative impacts can be minimised by researching, monitoring, advocating and mediating the way we choose to live. This is a conversation we need to have.

As a young New Zealander experiencing the consequences of digitization, I believe that the pressing need for youth support is obvious. Young people must live in a society that supports well-being. With digital technology’s ever growing presence, this is critical. By providing support strategies through health promotion, we can ensure that all New Zealanders don’t just survive, but thrive.

⁵⁴ <http://www.quotemaster.org/military+technology>

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The power of society's body image ideals influencing female physical activity

Angela Bartolome

St Mary's College, Auckland



Introduction

Body image, which should come from within, is overwhelmingly influenced because of society's values and beliefs. Societal ideals of the female body are unlikely to fit all three billion women on earth. Slightly uneven breasts, bellies poking out, thighs that do touch and marks striping against the skin do not fit the ideals of our current culture. However, this body description is just one of the many miraculous female body types on this earth. These bodies which take around nine hundred and sixty breaths each hour, more than a thousand steps a day and up to one hundred heart beats per minute. The female body comes in a variety of shapes and sizes and is capable of so many things. So why does society have specific body ideals instead of an overall acceptance for all three billion female bodies?

Society has constructed ideas of which aspects of the female body are most beautiful. However, this social construction hinders many women from participating in physical activity due to not fitting these specific ideals. Value is only added to certain bodies, not all bodies. So, women feel excluded from society and others when their bodies don't align with these ideals. As said by Kirk et al, "Many people learn to dislike their bodies because they fail to represent the socially constructed notion of what is attractive and desirable." (McBain and Gillespie, N.D).

Similarly, I have vivid memories of feeling excluded from society and others due to my own body and society's values. As a result, this hindered me from participating in physical activity at school. An example of this was when I could not participate in physical education as I was too underweight. This was a result of the pressure I felt from societal body image ideals to be thin and toned. Not only did I feel excluded from society to not fitting these body image ideals, but from others as well as I could not participate with my class.

Results from the Youth 2012 Health and Wellbeing of New Zealand Secondary School Students Survey provided insight into how we, the youth think and feel about our bodies. A third of young women (31.6%) are unhappy or very unhappy about their weight, with the levels of unhappiness increasing in the later years of secondary school (Women's Health

Action, 2014). This statistic indicates that this issue is more common than we think. The value of inclusiveness is not being reflected as what society believes is beautiful limits the lives of young women. This impacts not only the way we feel about our bodies, but the way we move through physical activity.

This makes me wonder, why is the role of the media and society so powerful when looking at female body image? How does this social construction hold back females from physical activity? As well as, how do women in sport deal with societal pressures to look and be a certain way? The aim of this report is to consider why society does not value all body types and what women in sport can do to combat this. Through discovering this, women across the globe will be enabled to truly embrace their bodies for what it is worth and participate in physical activity, no matter what type of body they have.

Role of Female Gender in Body Image and Commodification of the Body

The role of female gender has a significant impact on the way society and the media views body image ideals. In this report, I am not denying the fact that men face pressures to look and be a certain way, because they do face these issues. However, there is an abundance of research which shows that across a lifespan, females are much more likely to experience body image dissatisfaction compared to males (Journal of Sport Behavior, 2018). This is because there is more pressure put onto women than men by the media and society to look a certain way. This is evident through women traditionally being more dominant in industries involving beauty and physical appearance. As a result of this, there are higher expectations for women to look like other women seen in magazines, billboards and other aspects of the media.



Figure 1 (Victoria's Secret, 2015).

We see this in commodification of the body which is when the body is used to sell products in this consumer culture which plays a big role in body image (McBain & Gillespie, N.D). The media and consumer culture is incredibly influential to this issue as companies aim to strategically market their products through advertising them with women who are the ideal body type. This type of advertising has a significant impact on young women and their body image as constantly seeing bodies that are not like yours can be disheartening and can lead to many forms of insecurity and body dysmorphia. The "I love my body" campaign (Victoria's Secret, 2015) as seen in Figure 1 had initial intentions to promote positive body image and

increase self-confidence but the use of only one body type which were tiny unrealistic figures did not produce outcomes promoting inclusiveness and self-love. This advertisement was not inclusive to all body types which is just one of the many examples to how women have felt pressured to look a certain way.

In a school survey I have conducted, I asked the question "Do you think the role of female gender impacts how society/the media views body image?". Many responses said yes with similar ideas focusing on how women are sexualised in the media, as well as how women must look a certain way, whereas men do not face the same pressure. Throughout history, females have held a traditional belief that "a woman must impress a man" and that "by males we are sexualised having certain views on how we should look, needing their "approval"" (School Survey, 2018). Not only does the media have an influence on how women see themselves and what they should look like, but the power imbalance between men and women also impacts this too. An anonymous response to this survey had said "If you're not seen as desirable you find yourself being unwanted. That feeling sucks". This shows how powerful the media and society's values and beliefs on ideal body types has influenced young women and how they feel about their bodies. The power imbalance between men and women is evident where males have dominance over females in sporting contexts linking to hegemonic masculinity. An example of this is seen in the sport of basketball where in some cases "female basketball players earn \$4,428,000 less, or only 1.6% of the male salary" (Adelphi University, 2014). Not only is there inequality in pay between the sexes, but the way individual athletes are described is different. Research conducted by Nicholas Subtirelu in 2015 showed that after reading over 5000 articles on basketball, 3451 discussed men's basketball whereas only 1825 discussed women's basketball. Men in this field of sport were described as powerful in regards to their body and weight with descriptions like "a 6-foot-10, 245-pound power forward". Whereas on the other hand, women's body and weight were left out leaving female basketball athletes seen as less powerful

and strong to men. This difference is most likely a result of society's body image ideals and how women aren't necessarily seen as appropriate for sports that are dominated by men such as basketball.



Above: Tessa Talo-Tomokino

In an interview I had conducted with Tessa Talo-Tomokino from the AON New Zealand Women's U17 Basketball team, we discussed being a female athlete in a male dominated sport as well as how women in basketball can combat the body image ideals society has. Women in sport as seen in society are not as highly praised as men due to the stereotype and traditional ideals of women being soft and weak, instead of strong and athletic. When asked "Do you feel that being a female in your sport impacts the way you perform?" Talo-Tomokino had responded saying, "Personally, I feel like it impacts me in a positive way as I feel like I need to prove a point when playing... This motivates me to train harder, play better and develop more as an athlete". The way society limits women in sport may seem like a barrier. However, Tessa Talo-Tomokino sees it more as motivation to do well in her sport. She is influenced to overcome the obstacles of these stereotypes and pressures to look and be a certain way as a female through her performance in sport.

Talo-Tomokino has said that, "As a society, we need to stop being so judgemental. Mental health is a rising issue in society and if people were more open minded the world would be a better place. In regards to basketball, being accepting to all body types would encourage more people to join the sport". Although it seems simple, for all female body types to be accepted in society, we need to see them represented in every

aspect of life which includes sport. By having different sized females in different sports, this will encourage young women to participate in physical activity no matter what body type they have.

When asked "How do you think women in your sport can combat body image ideals society has?" Talo-Tomokino has said that, "There are professional players and coaches who constantly remind young girls and up and coming athletes that they shouldn't base their self-esteem and body image off what society says". The hegemonic relationship between the media and us is extremely important. Although the media and those in authority are dominant, they also have the platform to influence young women to fight against stereotypes and negative societal values and beliefs in regards to body image and ideals. Talo-Tomokino continues to say that, "I feel that women in basketball should continue to remind one another that we are fine the way we are, and we shouldn't feel obliged to changing the way we look because society said so". With more young athletes like Talo-Tomokino advocating for positive body image and physical activity, more young women across New Zealand and the globe will begin to appreciate their bodies for what they are worth. As a result, more women may be encouraged to participate in physical activity, fighting against traditional female stereotypes placed upon us by society.

With feminism progressing over the years, this has influenced society to reduce negative female gender roles. More female body shapes and sizes are being praised. For example, in a Harper Bazaar U.K interview with American professional tennis player Serena Williams she has stated that "It was hard for me. People would say I was born a guy, all because of my arms, or because I'm strong. I was different to Venus: she was thin and tall and beautiful, and I am strong and muscular – and beautiful, but, you know, it was just totally different" (Harper Bazaar U.K, 2018). Throughout the years not only has society become more accepting of female athletes with different body sizes, but athletes themselves are beginning to become more accepting of themselves reflecting self-love. Serena Williams continues to say that "This is me, and this is my weapon and machine..." (Harper Bazaar U.K, 2018) gesturing towards her biceps. With women in sport who hold such powerful platforms and names such as Serena Williams, this is incredibly influential to young women in sport to achieve their goals no matter what body type they have.

Another example of how more female body shapes are being recognized in society is New Zealand wellness influencer, Makaia Carr. As Carr has a significant social media following of over 100,000 people, she has a responsibility to use her platform to make a positive impact by the words and photos she chooses to share. One of the ways she has expressed this is through her declaration posted on social media. One of her points which really resonates with me and promotes body image and physical activity in a healthy way is her third point which states, “I will not do any form of exercise for the sole purpose of dropping a dress size or shedding kilograms” (Makaia Carr, 2017). In my School Survey 2018, I

My declaration to you and to myself from here on out is this:

- ♥I will not ever again go on a diet, encourage diets or promote dieting products.
- ♥I will not avoid particular foods I love because I'm trying to lose weight or think it will make me fat! #moderation
- ♥I will not do any form of exercise for the sole purpose of dropping a dress size or shedding kilograms.
- ♥I will not crash diet in preparation for photo shoots or public appearances.
- ♥I will never again refer to myself as too fat, ugly or tell myself that I NEED to lose weight!
- ♥I will choose to embrace and love my body every single day.
- ♥I will eat foods that make me feel good and fuel my body with the energy to do lots of fun stuff.
- ♥My mental and emotional health is my priority. With this taken care of my actions to look after my physical health will follow.
- ♥I will move my body to have fun, enjoy new activities, feel bloody amazing, to show respect and take care of this amazing thing I take for granted and have hated so much in the past - my one and only body!

asked students “Why do you exercise?” and 27% of results said, “to achieve a certain body type”. One student had said that they hate to admit it, but to achieve a certain body type is the reason why they exercise. This shows that influencers such as Makaia Carr can make a huge difference as many young women experience the same personal struggles of facing pressure to look and be a certain way, which then impacts their attitudes and values towards health and wellness. Individuals are more likely to succeed in reaching their fitness goals if they have intrinsic motivation for their exercise. This is through having the desire to exercise to achieve a certain body type, rather than for the sole purpose of keeping fit and healthy.

Above: My Declaration (Makaia Carr, 2017)

2018). Females have been exposed to this from a very young age as it is seen everywhere in the media. Therefore, this idea of perfect body ideals and what we should look like is planted within us most often before we grow into our adult bodies. Being judged from a young age by not fitting into this ideal may have lasting effects into adulthood as well. Studies have shown that body image dissatisfaction intensifies during adolescence, most notably amongst girls (Journal of Sport Behavior, 2018). So, the exposure of different body type ideals may be damaging to the way young women think and feel about their bodies when growing up. This links to Albert Bandura’s Social Learning Theory (1977) as children pay attention to influential models which includes the media. Children’s actions and values are a result of what they grow up seeing from influencers. Therefore, while it is upsetting, it is not surprising that more than half of girls as young as 6 to 8 feel their ideal body is thinner than their current body size when 87% of female TV characters aged 10 to 18 are below average in weight (Common Sense, 2015).

Females have more body type ideals which are largely plastered everywhere compared to men (School Survey,

Although there is no doubt that men experience pressure to look a certain way, that pressure does not impact other areas of their lives. Whereas, for women the need to look a certain way is constant and germinated within us from a very young age. In my School Survey, 2018 I have noticed a reoccurring trend of “having to look a certain way” and how that has a significant impact on the students who have answered this survey. Men have a much looser way to how they should look and aren’t exposed to constant media focusing on male body image. According to Brennan, Lalonde, & Bain, 2010, “Women, however, internalize more, body shame more, and body surveillance more than men”. This suggests that unlike men, females are more likely to do these things as they constantly see advertisements and media posts aimed at female body image.

There are higher expectations for women to fit these ideals in comparison to men. Women are still not equal to men as in some parts of the world such as the United Kingdom where skirts are banned in certain high schools for being a “distraction” (Laura Bates, 2015). Also, in Saudi Arabia abaya’s which are ankle-length covering garments are compulsory for women to wear to hide their female figure from men who are not related to them. This reflects Saudi culture of religious devotion, social pressure and tradition (National Geographic, 2016). Whereas, in other countries where women can dress freely, they are still judged for either revealing too much skin or covering up too much. This impacts women as the media’s values and beliefs show women that they need to dress a certain way based on their body type. Not only do we have to dress a certain way to cater for our body type, but there is also a pressure to exercise for the reason of achieving a certain body type that is ideal in the eyes of the media and society.

Society Body Image Ideals and Participation in Physical Activity

“Has society/the media’s expectations and ideals of body image impacted your participation in physical activity?” was a question I asked in my School Survey. Many students had said yes showing that the societal concept of what is

beautiful in a body does have a significant impact on young women. The results of the Youth 2012 Health and Wellbeing of New Zealand secondary school students survey further supports this as three quarters of young women (75.5%) are worried about gaining weight and have attempted weight loss in the past twelve months (Women's Health Action, 2014). Many females in sport (75.5%) have attempted to lose weight to either reach a healthy weight or achieve a certain body type. Weight loss can be achieved through exercising more frequently, with greater intensities building up per training session. In relation to the principles of training, training the muscles, energy systems and skills specific to achieving the goal of losing weight is very essential. If individuals are not exercising to fit their needs, their overall goal will not be met. Variety is also essential with weight loss as motivation may be lost through having the same training sessions. By having a variety of ways to work out, the individual may become more motivated to lose weight healthily to reach their end goal.

In order to keep up with society's expectations, many students have found themselves changing the way they work out and eat. With social media being so influential today, many young women have compared themselves to unrealistic ideals set by the media. This is because the media is everywhere which results in constant reminders to young women that we must look and be a certain way in order to be accepted by society. An anonymous answer from my survey had said, "Whenever I am exercising there is always the main goal of losing weight to become the size and body shape I want to be. I am exposed to these body goal models on Instagram frequently. I can't tell if they motivate me or discourage me". There is a fine line between social media being a powerful tool to help reach your goals and a tool used to set unrealistic expectations making individual's feel worse about themselves and their personal growth. When individuals face these negative thoughts through the influence of social media, the use of visualisation and mental preparation is essential to overcoming these. Using visualisation along with physical practice, creates an effective way for individuals to reach their body image goals. By being in a relaxed state of mind as well as seeing yourself perform skills correctly in a positive way, this may reduce the anxiety and stress the media creates from its strong influence on body image ideals. The phase of mental preparation which relates to this the most is the stress management plan. Through mentally practicing the performance of a task, this allows the individual to mentally deal with their problems which could be the pressure from the media to look a certain way, and to then take this energy to perform even better to move forward in their activity.

An example of the fine line between social media being a powerful tool but also a discouraging tool are popular Instagram pages which are used to promote healthy living and fitness. Kayla Itsines, an Australian personal trainer and entrepreneur, has a mass following of 10.2 million and is very influential with her posts reaching many people. She uses her platform to share her follower's body transformations, videos for different workout routines, healthy food to promote a good diet as well as motivational quotes intended to improve others wellbeing and encourage them to live a healthy lifestyle. While her use of social media shares a message, which comes off across as positive and body inclusive at a surface level, what other influencers and her share is their smaller body size. Therefore deep down, this may be disheartening towards many females who don't share similar body sizes as her and the many other influencers on Instagram and other social media platforms. This further shows how powerful the media can be and how this tool can be seen in both a positive and negative light.

Many people work out to look a certain way and this certain look is influenced by what is advertised in the media. Social media platforms like Instagram and Facebook are giant platforms used to promote physical activity and healthy eating. This can be seen using popular fitness hashtags. In the year ending 2015, the hashtag #Fitness had 102,500,668 posts with another hashtag #Fitspo having a total of 24,342,312 posts on Instagram (Shape, 2015). Although this shows the abundance of individuals getting into exercise and healthy eating which should be a positive culture shift, this is most often not the case. This can sometimes have damaging effects on young women as the posts we see are sometimes edited and are unrealistic to achieve. An anonymous response from my school survey had said that they started going to the gym and wanted to get fit for the wrong reasons. Instead of exercising to enhance their lifestyle and be healthy, they exercised to look like famous people we see in the media. Many young women face similar issues. These psychological factors of wanting to look like society's expectations affects not only an individual's mental health but their performance and participation in sport as well.

Many women, like the anonymous responders from my school survey are impacted by this issue and use motivation to achieve their goals. In this case, where someone participated in physical activity in hopes of looking like influencers we see in the media, her desire to go to the gym was driven by extrinsic motivation. When you are extrinsically motivated, the external factor of the pressures of social media and its constant exposure often pushes us to exercise in hopes of earning a reward. In this case, this reward is to look like what we see in the media which is often unrealistic towards many different female body types. This can be damaging towards young women impacting their confidence not only about their body image, but their performance within physical activity as well. For example, transformation

and progress photos are very popular on Instagram. However, some women may use this platform to compare their performance to someone else which may result in discouragement. This is very subjective as our skills and abilities differ from person to person. However, when being constantly exposed to certain body type ideals and not yet reaching them, this may impact an individual's self-worth making them feel like they will never reach a goal of looking like what they see in the media.

Whereas, by being intrinsically motivated, women are more likely to reach their fitness goals in a healthy way. Having the desire to exercise for its own sake of being healthy is a much better outlook towards this situation. This form of motivation may most often lead to better confidence in physical activity for women. This is because confident women in sport will most likely have positive thoughts about their performance and use psychological methods of self-talk and goal setting to promote positive thinking. By using self-talk and saying things such as "My body is strong and beautiful. I am at a healthy weight which fits my body" as opposed to saying, "Why doesn't my body look like the people I see on social media?" will impact the way women feel about their bodies and view their personal body image. When participating in physical activity, SMART goals need to be set to ensure they are met and are fitting for the individual. Therefore, to have a goal of looking like a famous person may most often not be SMART as our bodies are each unique to our own, and it is not ideal to compare ourselves to something that is not realistic.

Not only do people work out to look a certain way, but there is also a stigma where people need to look a certain way to work out. There are different methods of training which favour different types of body image. For example, flexibility and continuous training help develop the aerobic system and muscular endurance. Therefore, this method of training would be used to manage an individual's weight and tone for sports such as rowing and swimming. Whereas, resistance or plyometrics would be used to build muscle bulk as this method develops muscular endurance, strength and power for sports such as rugby and boxing.

The idea of needing to look a certain way to work out is evident through different sports having different body type ideals to suit the type of physical activity taken place. For example, in martial art sports there are weight divisions. An anonymous response from my survey had said "My club members are always talking about diet and exercise to go down divisions". This shows that there is a constant need to change and look a certain way as there is constant talk about exercising and diet to achieve certain weight divisions. Not only does this create a competitive atmosphere, but it leaves individuals never feeling content or fulfilled with their body type.

In an interview I had completed with New Zealand Taekwondo representative for the Under 68kg Grade 1 Division, Mackenzie Hiebendaal, we discussed the pressures of having to look a certain way and how women in her sport can combat the body image ideals society has. During Taekwondo tournaments, athletes are weighed by officials on the day and failure to meet the weight requirements results in instant disqualification. Therefore, there is a pressure for these women to maintain their weight and keep within the frame of being below their weight division but above the weight division below. I asked Hiebendaal, "How has this [weight divisions] personally impacted you and others in your sport?". Her response was very personal and explores how much pressure weight divisions puts onto them, which is related to the media's values and beliefs on body image ideals. She said that "We have to put down our weights weeks in advance on our tournament entry forms so it's really difficult to maintain the same weight due to constant fluctuations. I have frequently starved myself and upped my personal exercise around a week out from tournaments, so I can drop up to 5kgs often to get into a lower weight grade because the people don't kick as hard". She also continued to say that, "Other people in my club do similar things and there are some others who will over eat to move up or make weigh in. Some of us even drink laxatives so it's pretty extreme". Although the aspect of weight divisions in Taekwondo are primarily for fairness of competition and safety, a side effect of this is that individuals may go to these extremes to do well in their sport.

This shows the powerful effect of society's body image ideals impacting sports which later impacts females participating in physical activity. While it is necessary to have weight divisions in Taekwondo, as an athlete in the under 68kg division will most likely kick harder than an athlete in the under 49kg division, there is always room for society to improve to become more inclusive towards all body types. Hiebendaal has said that, "I think height should also be taken into account when sorting the divisions on the tournament host's behalf. In Taekwondo tournaments the ideal body type is to be tall and skinny so that you're in a lower weight division but still have the height advantage. As someone who isn't very tall for my weight, I find myself dropping weight for tournaments, so I don't have to fight taller people". This shows the motivation behind her actions to achieve a certain weight in regards to this sport. However, if the World Taekwondo Federation took this on board, many athletes would be less likely to resort to unsafe methods of losing weight to achieve their goals within this sport.

When speaking to Hiebendaal about how women in Taekwondo can combat body image ideals that society has, she explored the importance of a supportive environment and clubs for this sport. She said that, “I can’t speak for other clubs, but my club draws from a range of different people with different athletic abilities and body types. So overall, it’s a very supportive environment which I think is required to combat the body image ideals presented by society”. This is extremely relevant and important to promote positive body image and become more inclusive towards all body types. By being supportive and accepting of what each body can do and achieve, rather than having certain ideals and wishing that everyone could meet these ideals, body positivity would be much more common in today’s society.

Another example of how different sports have different body type ideals is yoga. Although yoga is advertised as a physical activity suited for everyone, its image and stereotypes that come with it contradict this message (Women’s Health, 2015). The ideal body type for yoga which the media focuses on is thin and toned, which discourages women of different body sizes to participate in this physical activity. This is because many women who don’t fit into society’s ideals may feel excluded from participating in this type of physical activity which disadvantages them.

The media is not only very influential when it comes to body type ideals, but also with body type ideals in certain sports. Yoga is a physical activity which is predominantly focused on thin, athletic figures, particularly focusing on younger, white women as well. The media’s values and beliefs of what is beautiful has been reflected into the culture of yoga as well as many other physical activities too.

However, there are campaigns such as the “This is What a Yogi Looks Like” by the Yoga and Body Image Coalition to raise awareness of the diversity of body types within yoga (Wroth, 2015). Melanie Klein, founder of this Coalition has stated that “Marginalized groups are often misrepresented or not represented in yoga and the culture at large... Our idea is to represent everybody. Let’s create a paradigm shift that popular culture can recognize. We know yoga is powerful and transformative; we want to make it accessible to a broader range of the population” (Wroth, 2015). This statement suggests that the values and beliefs held by the media and popular culture creates a barrier to those wanting to participate in physical activities like yoga. If individuals do not have the ideal body type when it comes to certain sports, it makes these sports inaccessible which does not promote values of social justice.

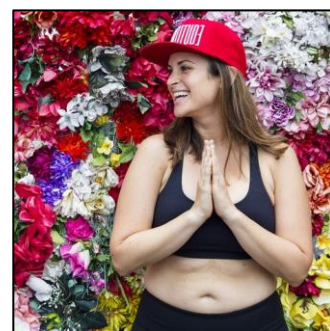
Although these values create barriers to participating in these physical activities, individuals like Kristen Deandrade and Emily Nolan have overcome these and have faced the odds. In an interview with Women’s Health Magazine from 2015, these women have been shining examples of how women in sport can combat the media’s exclusive values and beliefs, to truly embrace their bodies and participate in physical activity no matter what body type they have.



*Above: Kristen Deandrade
(Women’s Health, 2015).*

Kristen Deandrade has achondroplasia which does not align with what society pictures an individual participating in yoga to look like. Standing at less than 150 centimeters being a 30-year-old woman, many would say that Deandrade is not an ideal individual to practice yoga. However, she has stated that “Yoga has taught me to love myself and that it is necessary to make it about me” (Women’s Health, 2015). This shows that although the media is very influential, we should still participate in physical activity to suit our body types instead of the body type ideals that are difficult to live up to.

Emily Nolan is another example of how women can fight against the media’s exclusive values and beliefs on body image and physical activity. Nolan is a model who has evolved into different body sizes throughout her lifetime. She has stated that “I’d rather be happy at any size than morbidly unhappy while trying to look like a Photoshopped image of a supermodel” (Women’s Health, 2015). This statement suggests that what we see in the media is not an accurate representation of true female bodies and the wonders they can do. In my School Survey, 2018, many people had stated that they “feel as though they have to live up to the media’s standards”. Due to the constant exposure of campaigns and advertisements with Photoshopped female bodies, we may sometimes start to believe that this is how real women look like. However, there needs to be more awareness that what we see may not always be real and realistic to achieve.



*Above: Emily Nolan
(Women’s Health, 2015).*

Nolan has said that “Practicing in the studio was the first time I had ever experienced the feeling of universal acceptance for who I was” (Women’s Health, 2015). Through studios and groups becoming more inclusive of all body types, this enables women of all bodies to fully embrace themselves and participate in physical activity. Participating in physical activity in an environment which made Nolan feel “supported and loved in, no matter my age, body type...” (Women’s Health, 2015) needs to become more common in today’s society. Through this, many more women will be able to perform at a high standard and participate in sport without the negative affect of psychological factors such as the pressures of the media’s values on body image as well as studios and groups being exclusive.

An anonymous response on my School Survey, 2018 stated that “I feel that to work out, I should have to look a certain way”. Although everyone should feel empowered to exercise and be healthy, some people may be hindered from doing so. This is because when we look at posts related to exercising and staying healthy, there is a common theme of skinny, toned bodies. Not being exposed to other body types working out makes the bodies that are not advertised feel like they can’t participate in physical activity.

Body type exclusion which supports the statement of having to look a certain way in order to work out, can be seen through gym advertisements and marketing. One perspective may be that the way gyms market their brand is to show what individuals can achieve by joining their gym. Plastering fit, toned individuals to be the face of their brand to represent them may invite more people in communities to exercise and maintain their health with them. It also gives individuals motivation to join their gym and live a better lifestyle as well.

However, another way of looking at this is that it is showing discrimination towards body types that aren’t toned and skinny. In a world with roughly three billion female bodies, it is unlikely that every woman in this world will look like the women shown in gym advertisements. This factor may hinder women from going to gyms as they may feel like they don’t belong and don’t have the right body to participate in physical activity.

The media and consumer culture play a big part in this issue as companies aim to strategically market their products through advertising them with women who are the ideal body type. This type of advertising has a significant impact on young women and their body image as constantly seeing bodies that are not like yours is disheartening and can lead to many forms of insecurity and body dysmorphia. Commodification of the body which is when the body is used to sell products in this consumer culture plays a big role in body image as well as discussed earlier in this report.



Figure 2 (Les Mills, 2017).

Many gyms across New Zealand such as *Les Mills* have values of being “committed to dramatically improving health and happiness, helping people to become the very best they can be” (Les Mills, 2018). Whereas, other gyms like *City Fitness* employ “staff to help support you achieve your fitness goals” (City Fitness, 2015). Although these gyms promote positive body image and encourage individuals to reach their goals to look a certain way, the advertisements for these brands do not reflect the values that they embody.

For example, *Les Mills*’ ‘Unleash Yourself’ brand line from 2017 only advertised thin, toned women as seen in Figure 2. Although the goal of this campaign was to “stay energized with imagery and messaging that captures the essence of the Les Mills experience” (Origami, 2017), this may have

suggested to customers that only women with this body type can have the “Les Mills experience”. In order for all women to feel included in physical activity, change needs to happen. Gyms are inclusive of all body types as implied in their values and beliefs. Therefore, their advertising and marketing needs to adapt to this.

Although there is always room for constant improvement in society, the representation of women in sports advertising has come a long way. There is no longer the masculine marketing mantra that “sex sells”, as more companies are realising that strong women in sport is what sells (Sportette, 2017). As a result of this realisation, there has been an abundance of advertisements highlighting women in sport which is empowering and inspiring for young women to achieve their goals, no matter what body type they have.

For example, Nike’s 2017 *This is Us* advertisement explores the different stories of elite and everyday athletes across Turkey. As said by Nike, “The film encourages women to push beyond personal barriers and the limitations others may place on them”. Throughout this advertisement are scenes of traditional female roles jump cutting to what women can do defying society’s expectations and stereotypes. An example of this is of İpek Soylu; Tennis Player saying “We’re

always quiet and humble” which is a traditional stereotype of women. However, the scene then cuts to her being loud and proud playing tennis showing a clear contrast to this stereotype. The Turkish National Basketball Team Captain, Işıl Alben has said that “Sport has done so much over the course of my life to help me raise my self-esteem. When you learn to play and participate in sport, you discover an inner strength. And, once you realise this power, there is nothing you can’t go up against in life”. With more women in sport being vocal about the power of our bodies and what we are capable of, as well as advertising and the media adjusting their attitudes and values, there will be more body positivity and less body exclusion empowering women across the globe.

Discussion

There is no doubt that the media plays a powerful role in today's world. The media is our main form of communicating ideas and beliefs which is why there is such a strong hegemonic relationship between the media and those in society. As seen in *Figure 3*, the high statistics show how the media has a powerful effect on how women feel about their bodies. Not only does this show that the social construction of perfect body ideals is set in stone in the minds of women from a young age, but it has led to them wanting to lose weight and take action through physical activity for the wrong reasons.

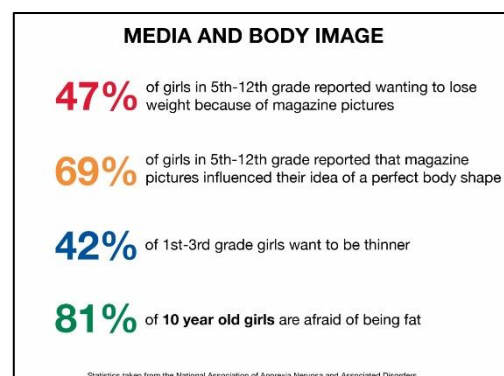


Figure 3

It is clear that the media can deeply impact women and how they feel about their bodies. But why is it so powerful? Due to the culture of the world we live in and its investment in the lives of those who are influential, we are absorbed and are obsessed with how they look and act. Therefore, people with big platforms who have large audiences have the most impact and can influence how we think and feel about our bodies. Social media influencers and women in sport have a lot of authority and responsibility to showcase their lives to society which is where we get trapped. Under all the photoshop and adjustments they have real bodies just like you and I do. However, at times it is easy to forget that what we see is most often not the real image.

I have noticed a reoccurring trend in my 2018 School Survey as to why young women believe that society and the media is so powerful in terms of this issue. When asked, “Why do you think society/the media is so influential when it comes to body image and body ideals?” nearly all the responses had said “because it is everywhere”. In today’s age, the media is the biggest it has ever been in history. People constantly post about how they are living their life, that sometimes we get trapped in the idea of theirs and how ours should look exactly like theirs too. Even when we look up from our phones, the power of society’s body image ideals influencing female physical activity is still seen in front of us. Whether it is through computers, television, billboards, packaging on products, it is indeed everywhere.

The power imbalance between the media and society can lead to many women facing body image issues limiting them within physical activity. Since the media and those in authority have more control, they can sell off the idea that there are perfect body type ideals for specific sports and that those who don't match these ideals don't belong in society. This is done through the constant promotion of these specific body types and how other bodies are rarely shown in the media due to them not reflecting the ideas which society values.

There is a clear line between those who are disadvantaged and advantaged in the relationship between the media and women in society. Those in the media are much more advantaged as they promote bodies that sell. They often fit in the box with what society values and treasures.

However, everyday women are disadvantaged as many women don't fit the unrealistic standards of how their bodies should look and work. This relationship can be very damaging which is why we need more body diversity and acceptance in today’s world. Without having different types of bodies portrayed in the media, women face difficulties with participating in physical activity as they find trouble accepting themselves and what their body can do.

Conclusion

From exploring how powerful society's body image ideals can be on young women and their participation in physical activity, I believe that we can also make a difference for a better society creating equitable outcomes for all. Although the media is incredibly influential in this day and age with rising numbers of influencers on social media platforms and more young women participating in sport, we have the ability to help create a culture shift in the way society views ideal body types.

By being more accepting and advertising the different body types out there, the realisation that not everyone will fit into what society believes is "beautiful" will occur. This will then create a shift in attitudes and values that we are beautiful even if society says otherwise. If we begin to appreciate our amazing bodies and for what they are worth through participating in physical activity, we will be adding value to all bodies, not only certain bodies.

In conclusion, although the power of society's body image ideals influencing female physical activity is immense, there is also so much responsibility in our hands to fight against this. This has given me insight into the different ways women can combat these ideals through creating more body inclusive environments in sport as well as advertising different body type ideals in the media. My research in a school survey gave me insight on how female youth think and feel about their bodies and sport. As well as this, through my interviews with Tessa-Talo Tomokino in a male dominated sport and Mackenzie Hiebendaal in a sport with constant pressure on body image and weight, I have learnt about how influential society's attitudes and values are especially in this digital age. This has allowed me to see the impact society's body image ideals have on female physical activity but most importantly, what we can do to combat this.

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Appendix

Interview with Mackenzie Hiebendaal

- 1) Do you feel that being a female in your sport impacts the way you perform, and the way society sees you? Has it hindered you in any way?
In my particular sport (taekwondo), no. If anything taekwondo had helped me to feel more confident because I can defend myself which is always a concern as a female in society. Also because taekwondo is a kicking martial art mostly, it is fairly even between males and females rather than grappling or punching oriented martial arts which males tend to be more dominant at as they require more upper body strength. My club is pretty equal in terms of numbers of males and females and although in tournaments we're in separate divisions I'm used to fighting the boys at training and am very comfortable to do so.
- 2) Please explain how weight divisions work in your sport.
Basically there are a range of weight categories which vary depending on different tournaments. For example Under 49kg, Under 62kg, Under 68kg and an open division with heaps more divisions in between etc. So basically to qualify for the Under 68kg division you have to be under 68kg but above the weight division below which is under 62kg. There are exceptions sometimes to qualify however because it is also segregated by belt grade so you might be put in a lower belt grade division but higher weight division and vice versa. We are weighed by officials on the day of the tournament and failure to meet the weight requirements will result in instant disqualification.
- 3) How has this personally impacted you and others in your sport?
We have to put down our weights weeks in advance on our tournament entry forms so it's really difficult to maintain the same weight due to constant fluctuations. I have frequently starved myself and upped my personal exercise around a week out from tournaments so I can drop up to 5kgs often to get into a lower weight grade because the people don't kick as hard. Other people in my club do similar things and there are some others who will over eat to move up or make weigh in. Some of us even drink laxatives so it's pretty extreme.
- 4) How do you think society can improve with becoming more inclusive of all body types in regards to your sport?
It's kind of a hard one because weight divisions are quite necessary in Taekwondo. Obviously someone who is 68kg is gonna kick a lot harder than someone who is under 49kg so they ensure fairness in that respect. However I think height should also be taken into account when sorting the divisions on the tournament host's behalf. In taekwondo tournaments the ideal body type is to be tall and skinny so that you're in a lower weight division but still have the height advantage. As someone who isn't very tall for my weight I find myself dropping weight for tournaments so I don't have to fight taller people. Therefore I think taking height into account for divisions on the World Taekwondo Federation's behalf would be more beneficial to stop people from resorting to unsafe methods of losing weight.
- 5) How do you think women in your sport can combat body image ideals society has?
I can't speak for other clubs, but my club draws a range of different people with different athletic abilities and body types so overall it's a very supportive environment which I think is required to combat the body image ideals presented by society. So I think attending a club where both genders are treated as equal is very important. Personally I just train as much as I can to be the best at my sport as I can regardless of my body type.

Interview with Tessa Talo-Tomokino

1. Do you feel that being a female in your sport impacts the way you perform, and the way society sees you? Has this hindered and/or motivated you in any way?
Personally, I feel like it impacts me in a positive way as I feel like I need to prove a point when playing. As women we can sometimes feel belittled and demoted as we are physically built differently to men where we aren't as strong, or as fast, or as athletic. But personally, this motivates me to train harder, play better and develop more as an athlete – reason being to not prove the stereotype placed upon us women.
2. How do you think society can improve with becoming more inclusive of all body types in regards to your sport?
As a society we need to stop being so judgemental. Mental health is a rising issue in society and if people were more open minded the world would be a better place. In regards to basketball, being accepting to all body types would encourage more people to join the sport. It relates back to society, the sport of basketball being more open minded to different body types, different types of players and styles of play.

3. How do you think women in your sport can combat body image ideals society has?

Luckily in women's basketball in New Zealand and also around the world, there are professional players and coaches who constantly remind young girls and up and coming athletes that they shouldn't base their self-esteem and body image off what society says. I feel that women in basketball should continue to remind one another that we are fine the way we are and we shouldn't feel obliged to changing the way we look because society said so.

St Mary's School Survey on Body Image and Physical Activity

1. What do you think is the ideal body type? e.g. fair skin, big waist, tall, etc.

29 Responses

5	anonymous	Very westernised - white, tall, clear skin, curvy - but not too curvy, skinny, not much muscle
6	anonymous	Tan skin, Taller than average but not too tall, small waist, big butt and chest.
7	anonymous	I think being visibly strong even if you are relaxing your muscles. When you walk you can see your leg muscles contracting and when lifting things you see your arm muscle tense and you see the outline.
8	anonymous	The body stereotype determined by the media is either tall, thin, defined muscles and cheek bones no stretch marks Or small and petite with curves.
9	anonymous	healthy? not anorexic or obese i guess
10	anonymous	I think the ideal body shape is fit and strong, toned, tall, clear skin, and like nice curves.
11	anonymous	Tan skin, small waist, lean and tall and athletic
12	anonymous	To me the ideal body type is one that you are proud of and that you feel comfortable in.
13	anonymous	Tall, thin, tan
14	anonymous	I don't think there should be/is an ideal body type, but most of the Western world believes and portrays the ideal body type to be fair skin and a curvy body with a small waist.
15	anonymous	Tall and thin.

2. How would you rate your personal body image? 1- Poor 2- Average 3- Confident

[More Details](#)

29
Responses

1.97 1.97 Average Rating

3. Has society/the media's expectations and ideals of body image impacted the way you feel about your own body?

[More Details](#)

● Yes 25
● No 4



4. Please explain your answer of Question #3.

29 Responses

20	anonymous	I feel that if you look a certain way, you will look more physically appealing
21	anonymous	Constantly seeing women who are models and portrayed in societies eyes as beautiful makes me want to look like them in order to feel beautiful myself and for others to view me that way as well
22	anonymous	You can't help but compare yourself to images on social media etc and see that you look nothing like those girls that everyone wants to look like
23	anonymous	just constantly inadvertently putting ideas in women's heads about what's 'beautiful'
24	anonymous	Under celebrity influence
25	anonymous	I do see the medias views on the 'perfect body image', I dont agree with these expectations of others and this doesnt affect how i see myself and how i see my body image, as i believe that everyone is perfect in thier own ways
26	anonymous	instagram models and advertising etc. has made me feel that in order to feel happy, i should fit the media's 'ideal body type'
27	anonymous	Because majority of the models or people who are over social media are 'skinny' and shows that you can't show your 'flab' around if you are wearing binkis or crop tops
28	anonymous	There is a certain look, a certain way that you want to look because of these girls although these girls train for hours a day by professionals and have nutritional plans it's not realistic
29	anonymous	Media only puts forward certain images of females and then society expects women to look like that. Women are in only told they look nice or acceptable if they fit that image otherwise they are told to change or are shamed.

5. Has society/the media's expectations and ideals of body image impacted your participation in physical activity?

[More Details](#)



6. Please explain your answer of Question #5.

29 Responses

12	anonymous	I think in order to maintain a physique that matches what society wants us to look like it is necessary to exercise regularly
13	anonymous	People feel as though they have to live up to the media's standards
14	anonymous	I love sport and have been a part of sports teams my whole life, and ideals of body image have never affected me in terms of wanting to do sport.
15	anonymous	Yes and no. I want to exercise more. I just don't have the time.
16	anonymous	I am sure I can do anything it doesn't limit me at all
17	anonymous	I feel that to workout I should have to look a certain way.
18	anonymous	I do a sport which has weight divisions so my club members are always talking about diet and exercise to go down divisions
19	anonymous	I started going to the gym in 2014 for fun and then started to want to 'get fit' but it was really for the wrong reasons eg. to look like famous people. I can now happily say I love going to the gym for my mental health and to get fit for myself :)
20	anonymous	You need to be physically fit to look the way you want to look like
21	anonymous	I'd say yes and no. Yes because I'm conscious of how my body looks and how others will therefore see it in regards to expectations in society but also no as I don't play a netball to look good I play it because I love the game - it's just a bonus that it helps keep me fit
22	anonymous	I love physical activity anyway and it's my way to de-stress so my levels of exercise are not impacted, but my eating habits are impacted by expectations.

7. Do you think the role of female gender impacts how society/the media views body image? Why?

29 Responses

7	anonymous	Yes. As feminism progresses and helps society abandon negative female gender roles we are seeing different female body shapes being praised alongside the regular size 0-4 women. Because of this movement people who aren't accepting women of different sizes are ridiculed and sometimes boycotted. The no tolerance to these people are forcing them to reconsider their values.
8	anonymous	Yes because the traditional belief that a woman must impress a man can be still seen in the way many females feel as if they have to look a certain way
9	anonymous	yeah, men are pressured to look a certain way as well BUT that pressure doesn't really bleed over to other areas of their lives, for women the need to look a certain way is constant
10	anonymous	yes, females are supposed to look a particular way. males have a much looser way they should look and we are not constantly seeing adds and media posts aimed at males body image.
11	anonymous	Yes because female celebrities mostly have the small quiet personality so they're body image in small and petit too. The loud opinions women are usually not well liked and never the prettiest of people Meaning that girls watching want to be the small quiet women
12	anonymous	Yes because as females we are supposed to be able to do it all eg work, raise children, run the household and have a social life, all while looking perfect. As a result, society and women themselves place unrealistic expectations on women to look perfect and when these expectations are not achieved, this often creates a negative body image.
13	anonymous	Yes. As girls feel like if they want to feel and be accepted they have to look a certain way

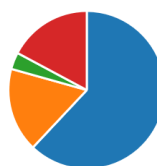
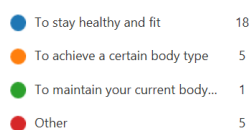
8. Why do you think society/the media is so influential when it comes to body image and body ideals?

29 Responses

		people we are constantly seeing
22	anonymous	Because we see body types that aren't something we come across on everyday life. We may not even be thinking about bodies and then wow up pops an ad for losing weight and there's a picture of a beautiful model that I DON'T LOOK LIKE
23	anonymous	because it is a platform that comes in so many forms. it is involved in so many lives and is a constant 'reminder' of the ideal body image
24	anonymous	Because we are always on our devices, we see it everyday
25	anonymous	The media puts its view across worldwide for everyone to see, this is very influential as many people can access this information and their opinions on body image
26	anonymous	because they are able to idealise and embellish people and create unrealistic expectations for bodies. This then becomes the 'norm' because people are surrounded by the 'perfect' body type all the time, so strive to fit the narrow and unachievable body
27	anonymous	Because all over media is ads about getting smaller in size like Jenny Craig, or healthy food ads. Also media when advertising clothing brands or any brand really uses good looking people who are skinny.
28	anonymous	Because those girls seem to be successful and happy and that's what you want to be so if you look like them then make you'll be them, some girls think like this
29	anonymous	Phones and technology are everywhere and it's addictive. Even when you aren't on your phone there are constant reminders of how someone should look such as billboards or packaging on products. People are influenced by the media and society because they want to fit in and not feel excluded or different.

9. Why do you exercise?

[More Details](#)



10. Do you think society/the media is inclusive of different body types and physical activity to suit these? Why?

29 Responses

20	anonymous	I think society is slowly coming to accept all body types in the real world and that we should all be accepting of them
21	anonymous	Yes, because women who are considered boggered are called plus size models rather than just models - you don't see them calling slim models 'lower size models' which gives the impression that 'plus size modelling' isn't acceptable. There is also the idea that women can be too strong and therefore unattractive as they aren't feminine enough. Centrally all our beliefs around on body type when there are so many different shapes and size women can be.
22	anonymous	It's getting better but we have a long way to go
23	anonymous	i think it is becoming more inclusive but has a long way to go
24	anonymous	No, model agency is discriminative
25	anonymous	I think the media and modelling agencies are more inclusive than what they were earlier on but not as inclusive as they can be.
26	anonymous	i think that society is (very) slowly coming to terms with other body types, other than just super skinny. This is shown in the plus-size model industry (even though the term 'plus-size' is still discriminative). But overall, i would say that the media is still pretty exclusive
27	anonymous	Yes, because they would show that the ones who exercise to stay healthy and fit doesn't do as much to get a good body
28	anonymous	Kind of, i feel like as the years go by the media becomes more and more accepting
29	anonymous	No because we don't see a lot of different body types doing sports as they are always toned, tan, slim

A Critical Analysis of the Rise of Elitism within High School Sport

Keely Sexton

Hamilton Boys' High School

Sport has always been a staple ingredient in the recipe for a typical Kiwi lifestyle. Whether that be Under 6 Ripper or line tag at school, most Kiwi kids have been held to the societal expectation of participating in some form of physical activity. As we have progressed through to adolescence, sport has presented more viable opportunities to thrive on a larger stage at a regional or even, for a spectacular few, national level. The development of youth sports has catalysed the development of a genuine industry for this in the form of events such as the Youth Olympics and Sanix World Rugby Youth Invitational Tournament. Many opportunistic parties have capitalised on the growing exposure of teenage sports looking to promote themselves through the platforms of sponsorships, endorsements and other means of integrated advertisement. Consequently, youth sports have seen a rapid commercialisation to establish its very own niche in the sports market. This has been expedited through mass media coverage with one such local example being the Land Rover 1st XV Rugby programme in which many elite high school rugby fixtures are televised and commentated. One of the parties that stand to gain the most from this growth and exposure of youth sport are the New Zealand schools that educate the athletes. A considerable desire to increase national exposure and reputation has seen the rapid development of elite sports programmes within several secondary schools which operate as selling points to recruit potential athletes. The maintenance of these programmes is a strategy that allows the respective school to attract a greater variety of students with the advertisement that they have a unique difference from other schools. Many parents and students regard these programmes as a means to forge a pathway into the realm of professional sport as adults. However, media coverage and financial backing do not guarantee the production of a successful athlete. This leads us to the crux of this report which is the investigation of the effects, on student athletes and schools, of the rise of semi-professionalism and elitism within high school sport. The investigation will deconstruct the pros and cons of having elite sports programmes in schools regarding the pillars of the student's well-being and the potential compromising of a healthy school environment. Ultimately I will weigh up whether the pressures applied within these programmes are truly conducive to the development of professional athletes which will reveal whether high schools are justified in having these programmes.

Elite sports programmes demand commitment. Whether this be in the form of a rigorous training schedule, strict dieting or the disregard for an exterior social life these programmes assert a definitive influence on a student's time at school. This section will look to anatomise the physiological stresses that are applied by elite sports programme and gauge whether these programmes are to the holistic benefit or the detriment of a student's Hauora. To achieve this, I will analyse the implications of such rigorous routines and competition regarding the ramifications of early specification in sport, forced dieting and potential for burnout.

The Imposition of Early Specialisation, Subsequent Effects and Potential Alternatives

The debate over the benefits of early specification in sport has become an increasingly prevalent topic of controversy in recent years. There are several articles in advocacy of premature specialisation in sport claiming early specialisation does in fact increase the potential for sporting success at a higher realm or level. In the early stages of the development of early specialisation in sport, several articles produced considerable evidence - much of which originated from case studies - that painted early specialisation in a favourable light. One such article contributed to the argument with the reasoning that the "early start of deliberate practice [will dictate whether] the individual attains an elite level of adult performance" (A. Ericsson, R. Krampe, C. Teach-Romer, 1993). It is this report that also famously first proposed the '10,000 hour' rule where proficiency at any given skill can be obtained through 10,000 of suitable practice. This has been popularised and waved as a banner on the side of early specialisation advocates to persuade athletes it is imperative to start this 10,000 hour journey as soon as possible. The assumption that arises from this is that by starting

off an athlete's specialisation at a younger age they have a head start on completing these mandatory 10,000 hours of deliberate practice compared to the competition, which will ultimately put them ahead of their peers in the long run. Real life evidence would soon reinforce this assumption, and others of its kind in the form of athletes who would enjoy great sporting success whilst claiming early specialisation as a key contributing factor and enabler. One such local example of this can be found in one of the most impressive and renowned athletes that New Zealand has ever produced. At the young age of 17 years old, Lydia Ko would become the youngest number one ranked woman professional golfer in the world and distinguished herself as one of New Zealand's most exceptional athletes in of the last decade. Lydia first picked up a golf club at the young age of five years old and by the age of seven she was already drawing the attention of the media by competing in the New Zealand national amateur championships. As soon as she picked up a golf club, Lydia committed herself - likely due to parental, peer and potentially self-influence - to an increasingly intense regime of mass deliberate practice. Epitomising the ideology of those that promoted early specialisation in favour of diversification in youth sport (Wikipedia, 2018). It is success stories such as these that have served as the foundation and the key driving force behind the argument in favour of early specialisation. Similarly, cases of this ilk have been increasingly mass consumed by hopeful parents and athletes who wish to recreate this success. Subsequently, many schools have opportunistically capitalised upon these stories and the reactions they have produced to market themselves as providing the best means to do so. This has catalysed the construction of elite sporting programs within schools that advertise themselves as one of the most viable means to realising the dreams of these parents and youth. Through boasting an impressive arsenal of both resources and personnel, these programs project the image that they will provide the greatest opportunity for progression into the pro sporting realm. Ultimately, it is these programs and their magnitude which feeds into the popular assumption by parents and prospect of athletes that this is irrefutably the best avenue by which to pursue a future career in professional sport.

Despite evidence that maintains the benefits of early specialisation in sport, there is proportionately equal if not more evidence that is contradictory. The main premise for this disagreement is that specifying early is likely to increase the potential for physiological ailments and injuries later on in life. One research report concluded, that "risks of early sports specialisation include higher rates of injury and increased psychological stress," (N. Jayanthi, C. Pinkham, C. LaBella, 2013). The recurrence of consistent trends in injuries in the form of reported cases of knee, elbow and shoulder damage/failure serve as ample justification to reproach the ideals surrounding early specialisation for many medical professionals. These trends also suggest a commonality for causation and the physiological stresses induced through excess mass deliberate practice are assumed - by medical professionals and athletes alike - to be the probable culprit. The concern of these medical professionals was perhaps best validated and voiced in a survey which identified that "kids who had higher levels of specialisation were at about a 50 percent greater risk of having an injury," (A. Aubrey, 2017). This notion is not a foreign one and, if applied to the ideals of Hauora, is quite a sensible one. To enjoy a consistent status of healthy well-being, balance of the pillars of Hauora is imperative. Evidently, an over devotion to physical activity in the form of mass deliberate practice will result in a hyper compensation towards physical development, with potentially detrimental neglect of the external and internal facets of life that make up an individual's wellbeing. With particular regard to social interaction and growth which are often forgone in favour of training. Additionally, the observed increased potential for injury has also led to the development of burnout theory. This posits that the intense practice regime of a specified athlete is liable to see them "burnout" and under perform in a sporting and wider life environment which further reinforces the intrinsic link between the aspects of Hauora and how their equilibrium is essential to quality of life. Burnout is characterised by "tension, fatigue, irritability, decreased energy level, problems sleeping, increased occurrence of illness, inconsistent performance, and exhaustion," (O'Connell, n.d). Burnout is typically hypothesised to originate from high stress (physiologically and psychologically) environments such as those found within several elite high school sporting programmes. Besides the supposed physiological stresses, burnout theory has also been proven to apply genuine and serious psychological stress upon the athlete. The subsequent lowered arousal levels can be attributed as barriers for performance on the chosen sporting field and also further increase the potential for injury. This stems from the reasoning that lower arousal brings complacency and a subsequent disregard for clinical performance. Depending on the sport, this complacency could prove fatal in times of intense physiological stress - such as in heavy contact sports like rugby or incredibly technical sports like Olympic lifting - where a split second marks the difference between success and error. Thus we have been provided with another example of the necessity of a balanced Hauora as high performance and development of consistent physical wellbeing depends on a proportionate development of emotional wellbeing to maintain sufficient emotional engagement to translate into the required arousal levels and vigilance. These discussions bear relevance to this report's context as early specialisation is an ideology that is expressed within many elite sporting programmes as they typically promote growth for an individual sport in favour of others. Whilst many schools have multiple elite sports programmes each one often requires complete commitment to their code and their code only. Therefore, high school sports programmes can be labelled as one of the largest instigators of the growth of early specialisation.

Several medical and sporting professionals posit that diversification in sport - i.e. exposure to a multitude of differing physical activities - serves to develop an athlete into a holistically more well-rounded and physiologically balanced competitor. This is theorised to translate into increased potential to compete as a professional athlete later on. One report recognised this in “a study of Division I female National Collegiate Athletic Association athletes [that revealed that] only 17% had previously competed exclusively in their college sport.” (E. Wojtys, 2013). This reveals that within this entire sample of emerging pro athletes, an incredible 83% opted for some degree of diversification in sport in their primary and secondary education years. The conclusion provided by this report is in direct opposition of the aforementioned assumption which hails early specialisation as the key to professional sporting success. This argument is further substantiated by local real life evidence. For example, the current All Blacks captain Kieran Read, and All Blacks player Jordie Barrett, both opted for diversification and excelled in both cricket and rugby before specialising in their young adult years. In fact, many sports critics propose that the coordination for fine motor skills obtained through cricket actually translates across to the rugby field and contributes to the success of these athletes.

There is also a supposed reduction of potential for future injury attributed to those that opt for diversification over specialisation. One study acknowledges this with the conclusion that “players who engaged in diverse sport activities had healthier social relationships and fewer injuries (including fewer catastrophic injuries like ACL tears)” (S. Smith, 2016). This information serves to further paint diversification in a positive light whilst simultaneously discrediting elite sporting programmes. I would posit this because from my exposure to elite sporting programmes I have witnessed more injuries from my peers that have elected to specify early than those who have diversified. For example, I have had one close friend who injured his ACL training and then his MCL in his first season back. From my time within an elite Rowing programme I have seen peers with recurring lower spinal injuries and multiple cases of mild or greater tendinitis. Interestingly, few injuries occur on ‘game day’ but instead happen during the participation in the rigorous training regime that is a shared characteristic between all the elite high school sporting programmes that enforce early specialisation. This is a direct challenge to the aforementioned assumption that a head start in completing the ‘10,000’ hours of single-minded practice will inevitably put an athlete ahead of their peers. The reasoning behind this is that an injury as severe as an ACL or recurring tendinitis will prove to be a larger barrier for professional sporting success later down the track than specifying a few years later is. Specialising at a later age will mean that the athlete has amassed a more well-rounded foundation of motor skills and physical ability which will reduce the potential for a later injury. Although it should be noted that this does not guarantee an injury free career, or even a career in pro sports to begin with, as there are several further, often unforeseen, determining factors that come into contention later on.

It is not only physiological injury that has been observed as a negative potential result from early specialisation within elite sporting programmes. In more recent years the psychological effects of the pressures of eagerly specialisation has been a large focus point for many sporting and medical professionals. The intensive training regimes imposed by elite high school sports programmes rarely allow for the maintenance of a healthy social life extending beyond sport. This is referenced in an article which states that “lack of opportunities for socialisation outside the sporting context dramatically reduces the athlete’s social development, peer acceptance and can have a damaging effect on the child’s developing self-identity” (E. Pattinson, 2013). By neglecting a child’s need to socially interact and experience life with the rest of their generation they are being put at a disadvantage amongst their peers as they might feel alien outside of their sporting environments. This presents yet another example of the absolute necessity for a balanced Hauora. In this instance, the growth and maintenance of interpersonal relationships is being repressed by an overwhelming drive for sporting success expressed through the over stimulus of the individual’s physical commitments. However, the restriction that accompanies a commitment to an elite sports programme may also have detrimental effects upon an individual’s values outside of the sporting environment. One example of this that I have borne witness to has again been through the elite rowing programme at my school. One of my close peers had to choose rowing over attending church with his Whanau as Regattas and training camps often consumed both days of the weekend. This had negative impacts upon his spiritual wellbeing as he was forced to make a decision whilst under pressure from his personal religious beliefs and his sports coaches. Again, we are provided an example of how an imbalance of one’s pillars of Hauora reduces an individual’s quality of life. We are also provided a contextualised example of how elite sporting programmes can sometimes disrupt this balance by over developing/stressing our physical wellbeing and/or hindering the development of our other pillars. From a socioecological perspective, this is perhaps symbolic of a wider disregard/overlooking of the cultural influences that constitute, and contribute to, an individual’s values and attitudes. This indicates a wider issue whereby societal (in the form of these programmes) expectations are being enforced with not enough regard to potential cultural values. What this conveys is that there is a lack of open mindedness and acknowledgment of the differing perspectives and beliefs that are shared by the various demographics that these sports programmes, and wider society, are comprised of.

If we review the evidence presented on both sides of this assumption, then a discrepancy of modernity becomes apparent. Much of the evidence in support of early specialisation dates back prior to the year 2000 (notably the acclaimed report by Ericsson), while almost the entirety of research that is pro diversification has surfaced in much more recent years up to the present day. This bears a considerable importance as the sporting industry has evolved drastically even over the last 5 years, let alone the last 25. Not only have the type, scale and accessibility of professional sports undergone a radical change but we now also have an incomparably greater comprehension of the human body's biophysical capabilities and modes of functioning. Thus, it is only logical that the more contemporary research should bear a greater prevalence in this investigation. Based on this premise, I would conclude that the elite high school sporting programmes - which impose the necessity for early specialisation - fail to offer the benefits they advertise in terms of opening the pathways to professional sport or at least do so to a far lesser extent than is assumed. Furthermore, the increased opportunity of damaging young athletes through some form of psychological or physiological burnout is indicative that diversification may be the safer and, potentially more rewarding, avenue for prospective athletes to pursue until they are sufficiently developed physically, socially and emotionally.

Dieting Expectations and Regulations in High School Elite Sporting Programmes

In many elite high school sporting programmes there is a considerable influence and pressure regarding what an athlete eats as well as their body composition. It is not uncommon in this day and age for elite sports programmes to draft up strict a strict dieting regimen for an athlete to follow. However, this diet often includes supplements such as protein, mass gainer, BCAAs and Creatine. The heavy recommendation of these products help give birth to the assumption that taking these supplements will guarantee the provision of an extra edge over the rest of the competition. It is not only the elite sporting programmes that feed into this assumption but also the supplement brands themselves who are the primary stakeholders and who use fitness icons with 'idealistic' physical attributes as if to say these supplements will catalyse a similar Captain America type transformation. These fitness icons put in countless hours outside of the modelling studio in order to obtain their physiques or they are on some form of steroid which they aren't advertising. Nonetheless, many hopeful athletes buy into this commercialised product under this assumption. Contrastingly, there is a considerable pool of information that counters this assumption with one such report reading that "Young athletes sometimes take protein supplements or nucleic acid supplements (creatine) to help their sports performance. However, studies have not shown these supplements help improve sports performance in younger athletes" (HealthyChildren, 2017). Although some have taken this argument further by claiming that a lack of improvement is equivalent to harm however this has, for the meantime, been disproven by sources which highlight that "the mistaken notion that protein powders somehow cause kidney damage is even more prevalent when talking about youth,[...] Thankfully, protein does not have these effects, since it's essentially food" (S. Orwell, 2013). This source, coming from a supplements promotion website, may be influenced by the bias of needing to sell their product. However, as the author sources numerous examples of supporting evidence I have trusted it as reliable. Ultimately, so long as a teenager has access to a balanced diet which contains a range of proteins, omega fatty acids, salts and carbs (to name but a few central components) then there is no scientifically recognised benefit to the ingestion of these supplements. From these opposing arguments, the derived conclusion is that the imposition of elite sporting programmes to ingest supplements is at best unnecessary and at the worst detrimental.

However, this assertion is merely made with reference to the potential physiological benefits of elite sporting programmes enforcing the consumption of supplements. From a socioecological perspective, the pressing of elite sports programmes upon athletes to consume certain supplements is a potential inhibitor of cultural values. For example, several of the elite sporting programmes in New Zealand schools are partially comprised of Pacific Island youth that are imported on scholarship or financial aid. Religion is an integral aspect of many Pacifica communities with one such example being found in the Cook Islands where 7th Day Adventists are very prominent. The Adventist Health Ministry writes that their traditional diet should "avoid replacing animal foods with refined, sweet, fatty commercial products - even if these are from plant sources". Supplements are essentially refined commercial products and, by definition, are therefore in violation of this traditional diet. Therefore, when elite sports programmes maintain an expectation for all their athletes to follow this diet, there is some degree of disregard towards the attitudes and values that stem from a historically cultural source. Pressuring a young athlete to make concessions surrounding their cultural/spiritual values may be damaging to their emotional and cultural well-being which is liable to translate to their sporting performance as well. Truthfully, the practice seems rather pointless to begin with as the aforementioned research lead to the conclusion that most these substances catalyse no obvious improvement in a youth's sporting performance.

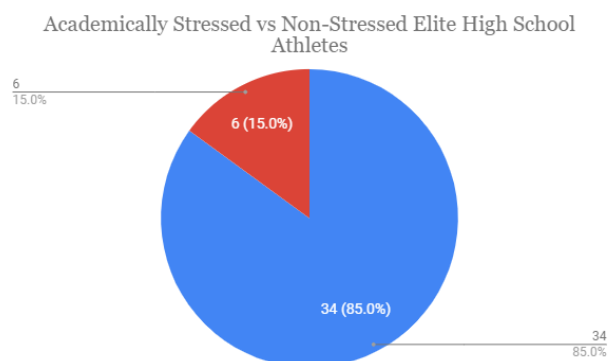
Technocentricity in Elite High School Sport Programmes

As well as dictating what their students put into their bodies, several elite sports programmes are also culpable for maintaining a decidedly technocentric *modus operandi*. This comes into effect when scouting, training and reviewing in game performance of their athletes. One of the head 1st XV rugby coaches at a prestigious sporting boys' school commented that "we [the senior management of the rugby programme] use statistical analysis and numerical benchmarks for our athletes because we do not have the funding or luxury to do otherwise." However, this is an area of the elite sporting programmes that certainly has the potential to threaten an athlete's wellbeing. Being judged purely upon things such as gym maxes, tackle counts and erg scores is a very close minded means of appraising an athlete's ability as they do not necessarily reflect some more obscure attributes (such as interpersonal skills, tenacity and integrity) that serve as integral qualities to a professional athlete's composition. Furthermore, there is little account for the vast disparities in ability that are prevalent in high school sport due to the varying rates at which everyone undergoes pubescent change. So whilst one prematurely developed athlete may be able to bench 20kg more than everyone else they might not necessarily have the finer motor skills and body awareness of their less developed peers. In sports such as rugby or tennis the implementation of biophysical principles such as force summation and hand eye coordination are integral to success the rapidly developed athlete, who is unaccustomed to his altered body composition, is liable to error. The foundation of this assumption is purely scientific and was best concluded in an investigative report which concluded that "A sudden increase in height affects the body's ability to control established motor skills, such as walking. Adolescents tend to show previous control of the body when growing up, but the motor control behaviour is organised on the body's dimensions. Following a growth spurt, the body needs time to adjust to changes to the periphery," (Dr M. Bisi, 2015). This conclusion substantiates my assumption that it is impractical to utilise a technocentric method of training youth athletes. This is because a technocentric viewpoint would not take into account the nuances of puberty that can simultaneously improve one facet of an athlete's performance but also temporarily hinder another that is equally imperative to success in their elected sporting field. When elite sports programmes operate under a technocentric dogma, they are creating a high stress environment that is potentially detrimental to the individual that feels that - on a stats sheet and therefore as an athlete - they are under-performing in comparison to their peers or their coach's expectations. A prospective outcome of this is an affliction of self-deprecation which is symptomatic of a lack of self-value on a personal, and a wider societal, level. This premise subsists on several surveys and investigations such as the one conducted by the National Collegiate Athletic Association. The NCAA published a study investigating student-athlete suicides and depression. This revealed that "during the nine-year study, 35 student athletes suicided, making up 7.3% of the student athlete mortality rate." (Mental Health Australia, 2018). The causation of this trend was attributed to the high stress levels of the elite sport and elite sporting programmes of which they were a part of. Therefore it can be asserted that the technocentric ideals of several elite sporting programmes in New Zealand is prospectively detrimental to a young and growing athlete.

Elite Sport Programmes Effects upon Academic Performance

The physically taxing nature of high school elite sports programmes also have the potential negative consequence of interfering, excessively, with an athlete's academic performance. Time consuming and taxing training regimes detract from time that could be allocated to revision. Furthermore, the fatigue received from early morning and late night trainings - or late night homework that was pushed back by long afternoon trainings - is something that an athlete has to keep at bay throughout the school day. This means that there are athletes who are battling fatigue - and by doing so potentially compromising their education - whilst they are supposed to be learning and acquiring skills for the future. It was rather difficult to locate conclusive evidence on this subject. Instead, I conducted a survey of 40 students (results to the left) who were either a part of the elite rowing crews or rugby teams and in Year 12 or Year 13. My selection of this sample was completed with the reasoning that as seniors they would have the most rigorous training regimes as well as the most intense study schedule in preparation for university. In this survey, I learned that 85% of these athletes felt as if their training schedule and overall involvement in their respective elite sporting programmes impaired their learning experience. Some frequent explanations given by the subjects were that they could not focus in classes due to fatigue (i.e. some were almost falling asleep in class) and/or stressing about their performances in recent trainings and/or recent and upcoming fixtures. Whilst this was a relatively small sample that lacked the variability which may have been provided from an interschool survey, I do believe that it maintains relevance as rowing and rugby are two of the most prestigious high school sports in New Zealand. Many schools have elite programmes solely for these sports and as such the survey, in my mind, would be specific enough to maintain relevance if not lack of a multi gender representation. Therefore, from this survey I can conclude that elite sports programmes can very easily prove to be a barrier for academic success. This is emblematic of a wider societal issue where if the athletes who go through the sports programmes do not turn pro, they

emerge as members of society with potentially limited opportunities and pathways. It is important to reference this because, statistically, not everyone can be a pro athlete. In fact, this notion was reinforced by the NCAA who acknowledge that “Fewer than 2 percent of NCAA student-athletes go on to be professional athletes. In reality, most student-athletes depend on academics to prepare them for life after college. Education is important.” Therefore, when reaching the conclusion of this investigation, we must take into consideration whether the potential to succeed at a professional sporting level outweighs the toll upon academic performance that is incurred through participation in a high school elite sporting programme.



Agendas within and Ethicality of High School Elite Sport Programmes

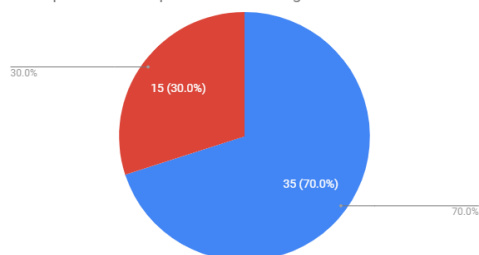
When reviewing the impacts that elite sporting programmes can have on a student's wellbeing, it is imperative to deconstruct the ethical approach that these programmes typically adopt within their school. There is an assumption that, as the numerous resources poured into these programmes only benefit a select few, these programmes are not created from a utilitarian approach. That is to say that these programmes are not developed with the greater good of their respective school, and its entire student body, in mind. For example, elite rowing programmes commonly possess tens of thousands of dollars worth of rowing boats, some of which are only rowed by a select few a couple of times during the season. Are these resources really accessible to, and beneficial to, the greater student body? For example, there are several blossoming sports - such as ultimate frisbee, archery and inline hockey - that would benefit from a share in the financial aid that is extended to the elite sports programmes. Sharing this funding would be an effective strategy to increase participation in physical activities. Additionally, as things stand these minority sports and even people that don't perform at a higher level in the sports that do have elite programmes are not necessarily privy to the same support and treatment that those in elite sports programmes are. To an extent, this is an inherent inevitability as not everyone can be an elite high school sportsman which is just a reality of life. However, I do believe that, intentional or not, this elitist reward can invoke negative effects on the wider school environment.

Perhaps these elite sports programmes actually manifest a divide between the elite athletes and other members of the school which detracts from a school's culture. If athletic superiority and elitism are acknowledged excessively in comparison to the remainder of the student population, then there is the risk of the degradation of the wider school environment. This assertion is founded upon the way in which these athletes are often pedestalled within the school at the risk of granting much of the remaining cohort an inferiority complex. Another survey that I completed (results displayed on the left) of 50 social sports or non-sports players from my school revealed that 70% of students felt that the 1st XV Rugby players and Maadi 8 Rowers had had a “crown placed on their heads” which meant they were privy to special treatment within the school. Again, this is a small sample to used to make inferences about the wider student population of New Zealand. However, as this data comes from one of the leading schools in elite high school sport - which has such traditional sporting programmes - it is an incredibly appropriate place to derive a sample from. This divide can come in many forms such as resentment towards the elite athletes or conflict between the two groups. However, one particularly significant repercussion of the development of an elitist mentality in schools, through the elite sports programmes, is the degradation of a school's sporting culture. This feeds into the inferiority complex whereby students feel too insecure and afraid of trialling for sports teams if they are not a part of the elite sports programmes. In fact one study has revealed that by age fifteen, 70% of kids have dropped out of a sport because “it's just not any fun anymore” (J. Milner, 2016). This attitude is born out of the inordinately elite and pervasively competitive school environments where even those who wish to play sport socially feel judged and inadequate. Subsequently, there is a resounding effect upon an individual's attitudes and values with regards to self-value. Whilst

not everyone can be an elite or pro athlete, anyone can participate in physical activity in some way shape or form. However, a sporting culture that only acknowledges and rewards elite performance does not show care and concern with regards to positive involvement in the form of participation. This is liable to discourage those who seek to engage in physical activity purely out of enjoyment which may see potentially detrimental repercussions upon a non-athletic student's Hauora in a multitude of ways. Firstly, any recurring feeling of inferiority is indicative of a deficiency in emotional and spiritual wellbeing regarding self-value and belief.

Undoubtedly due to the fact that low self-esteem and apprehension towards participating in what someone used to regard as enjoyable are symptoms of a declining spiritual and emotional wellbeing. Furthermore, if students are refusing to engage in physical activity, then there is the inherent negative physiological impact as physical activity is necessary to maintain a strong Taha Tinana. It is of particular importance that youth engage in physical activity as this will help set healthy routines to ensure that they maintain a state of wholesome wellbeing later on in life. In actual fact, if this issue is not addressed then the over competitive sporting mentality produced through these elite sporting programmes may catalyse the degradation of the sporting environment in wider society.

Perception of Elite Sportsmen and Programmes



Even outside of school sport is often utilised as a medium for relaxation and socialisation however the saturation of overtly competitive athletes within the sporting field, from elite sport programmes, may prove to degrade the amiable sporting culture that is a fundamental characteristic of New Zealand's society. Like in high schools, this may result in the mass alienation of people that participate in sport for the social element, or for personal health-related reasons. I propose this with the reasoning that they may be harbouring feelings of inadequacy and insecurity when encountering the many driven and hopeful athletes that have come from elite sporting programmes. A potential long-term impact of this is the compromise of a wider communal sense of wellbeing, where a fear of an inevitably over competitive environment serves as a deterrent for those wishing to participate in physical activity recreationally. This prediction is concordant with the wider mentality typically attributed to Kiwis. A mentality where if the stoic and proud Kiwi were to not succeed would be unthinkable in the eyes of society. The staunch pressure to achieve success and fear of failure or asking for help is an embedded mentality in New Zealand as referenced in an article which wrote about a "fixed mentality" whereby our youth - cyclically influenced heavily by their parents values - express a "fear of failure [and inferiority] so they stop trying," (J. Benveniste, 2016).

Hegemonic Relationship Between Stakeholders

In an elite sporting programme there are typically two general groups of stakeholders. The first of these are the coaching staff, management and school board within the elite programmes whilst the other is the student athlete. It is important to recognise that each of these stakeholders have their own separate agendas and reasonings for their involvement within elite high school sports. Firstly, the coaches and board operate these programs to achieve success within high school sporting competition. Effectively, this is their strategy to attract more societal renown and prestige which will in turn capture the interest of more students which typically equates to more funding and growth. This funding and growth is often injected back into the wider school which would directly challenge the earlier assumption that elite sporting programmes are not utilitarian but elitism by nature. Whilst there may be a short-term devotion of funding and support to the elite programmes and their athletes, if their success catalyses school wide growth and improvement then elite sporting programmes may actually be utilitarian by nature for the long term.

For the purpose of this investigation, the prospective athlete's aspirations and agendas are to utilise the resources and experiences gained from elite sporting programmes to later ascend to the professional sporting realm. This is a realistic expectation as one article reveals how there is an exponential increase over the last few years in students who maintain the belief that "going to the 'right school' is increasingly important for getting a look in at the top level,"

(College Sport Media, 2018). Therefore, it is evident that there is a subtle difference between the agendas of the two stakeholders. Because the coaches actually wield the power of developing and training the athlete in whichever way that they desire, they can be perceived as occupying a status of hegemony within this dynamic. Essentially, this means that the athlete is at the mercy, to an extent, of the coach's decisions. For example, if the coach was solely driven by the desire to win schooling then, in their hegemony, they could impose these values onto the student athlete and train them only for this purpose with minimal regard to the student's sporting career post high school graduation. In fact, it seems as if this may be the case in instances where coaches force their athletes to train themselves ragged so that once they have fulfilled their quota of generated success for the school, they are susceptible to the detriment of burnout. The hegemony of coaches over the athletes in an elite sports program bestows upon them a certain social responsibility where they are expected to look after their athletes. The relationship between coaches and athletes was adeptly recognised in an article which wrote "coaches' leadership behaviours have been found to highly associate with athletes' burnout and satisfaction," (Z. Altahayneh, 2003). Therefore, the ability of an elite sports programme to produce professional athletes is certainly heavily influenced by, and contingent upon, the values and attitudes of the coaches and management staff within them. If a coach experiences genuine care and concern for their athletes, and values them and their aspirations, then the probability of those athletes progressing to the professional sporting realm is increased. Contrastingly, a coach may merely intend to create a one off national title winning team with an intentional disregard for the long-term wellbeing of their athletes. If this is the case, then that elite sporting programme is not only potentially detrimental to student wellbeing, but it is also less likely to produce professional athletes with the increased probability of burnout.

Effects Of Importing Players into Elite High School Sport Programmes

One perceived benefit of elite sporting programmes is that they serve as an enabler for those who are impoverished, but have sporting ability, to succeed. A primary example of this is found in many of New Zealand's elite high school rugby programmes where many Pacifica and Maori players are imported on scholarships or some other form of financial aid. The resources and experiences provided within these programmes allow the athletes to grow and mature as sportsmen/women in a way that may not have been possible in their place of origin. Furthermore, the surge in commodification - which has seen a rapid transition of youth sport into semi-professionalism - of high school sport has increased this opportunity more than ever with things such as live streams of tournaments and the Land Rover 1st XV providing players with exposure to potential scouts. This is a very viable means of success and financial stability for many of these athletes who come from lower socioeconomic backgrounds. In fact, there have been quite a few cases of imported athletes enjoying sufficient success and exposure in elite rugby programmes to progress to a higher level of sport outside of school. Two boys I lived with in the boarding house last year, from Fiji and Tonga respectively, left school and went straight into contracts with the Bay of Plenty and Taranaki rugby unions immediately. Another iconic example of this form of success story belongs to Malakai Fekitoa who left Tonga to play rugby on scholarship at Wesley College and then progressed into becoming an All Black. He is currently a financially secure provider for his family under a contract with Toulonnais in France. Therefore, it is evident that these sports programmes do provide/represent some form of opportunity - especially to those who come from humble beginnings. Obviously it is important to recognise that not every person who comes on scholarship will succeed these programmes as professional athletes because, as was mentioned earlier, there is a relatively low probability of ascension to a professional sporting level. However, I do think the evidence suggests that, at least for these imported players, it considerably increases their potential to succeed from what it was initially.

Whilst the assumption exists that high school elite sports programmes are beneficial to those that are imported on the grounds that they are granted previously unavailable opportunities to succeed; it can be argued that the new foreign school environment is unhealthy for the development of the individual on an emotional, social and cultural level. The reasoning behind this is that - continuing on with the Pacifica example - an elite New Zealand sporting school is a vastly foreign and alien environment to someone who has spent their life on a Pacific Island. Therefore, when these youths are imported over, it is unreasonable to expect them to be able to conform and thrive under a society with entirely different values, norms and culture.

Probability of progression to professionalism

In order to ascertain whether New Zealand high schools are justified in maintaining elite sporting programmes, I am using the probability of progression to professionalism to draw a final conclusion. Quantitative information exploring this trend, in the local context of New Zealand, was particularly difficult to locate. One of the few statistics I managed to pinpoint stemmed from a Radio NZ talk where it was revealed that of the entire intake of players into the All Blacks in the last 2 years 95% of them came from elite sporting programmes. However, if we compare this to previous intakes as recent as 5-8 years ago there is a dramatic difference. In this timeframe, many All Blacks were picked that came from schools that did not have elite rugby programmes. Some classic examples of this are Charlie Faumuina who came from Papatoetoe High School (drafted to the All Blacks in 2012) and Matt Todd who attended Kaiapoi High School (drafted to the All Blacks in 2013). This information leads me to draw two conclusions.

Firstly, New Zealand's sporting terrain has undergone a clear metamorphosis in the wake of the increased commodification of high school sport with particular emphasis on rugby. Due to this commodification, there has been a definitive increase of exposure of youth sport who has converted youth sport into an almost semi-professional environment. This makes student athletes more reviewable and accessible to scouts and coaches. However, this exposure is, on the whole, biasedly directed towards schools with elite sports programmes as they have the funding to scout - those that are on paper considered - the "best athletes" from the region as well as having the resources to attract this coverage. A potential problem with this is that, in the wider New Zealand high school community, there are schools which are in a state of sporting decline as they are having their players poached by larger schools. This "rich get richer" cycle may be further degrading New Zealand sporting culture as many schools struggle to be competitive with their larger neighbours. One newspaper recognised this issue when they discussed how this trend "is creating too many one-sided contests and doing much to preclude the lower-spending schools from winning [titles]" (G. Paul, 2013). What this indicates is a decided lack of care and concern shared by the larger schools with regards to the survival of these comparatively under-funded and disadvantaged schools. A consequence of this is that there is no longer concern for the maintenance of a constructively competitive sporting environment. In the long term this could become detrimental to youth sport in New Zealand with an emergence of completely one sided competition that deters youth to participate in sport due to a perceived futility in doing so.

My second conclusion is that there is too little evidence in this current time frame to draw a definitive conclusion as to the benefit or detriment of elite high school sports programmes. The All Black drafting trends of the last two years may merely be the result of a particularly gifted age group coming through the ranks, with it being pure coincidence that the vast majority of them had progressed through elite sporting programmes. This point is especially profound when taking into account how these trends were so drastically different only five or so years before. The relatively recent commodification, and subsequent semi-professionalisation, of high school sport dictates that we have to wait a fair few more years before we can determine whether the relationship between participation in elite sporting programmes and progression to the professional sporting realm was merely correlational two years ago or whether this trend is a prelude to what will become a long term causal relationship. However, this report has revealed that these programmes have several flaws that need to be addressed so as to ensure that they operate in the best interest of the wellbeing of their athletes as well as the wider school. Consequently, I have recognised some strategies that may be conducive to improving elite high school sports programmes in New Zealand.

Strategies to Improve Elite High School Sport Programmes

The hyper competitive and stressful environment of an elite high school sports programme - as previously discussed - can inflict a considerable degree of stress to student athletes to the point where it becomes detrimental to their mental health. Some schools have slowly begun to recognise this as a potential barrier for the maintenance of their athletes' wellbeing and have justly begun to establish support pathways and networks (such as sports psychologists, counsellors and mentors) to counter this. The strategy I would suggest is for all schools to restructure their elite sports programmes to incorporate these support systems. In fact, schools are technically legally obliged to do this anyway under the National Administration Guideline 5 which stipulates that "Each board of trustees is also required to: provide a safe physical and emotional environment for students." The decline in mental wellbeing, contracted through involvement in elite sports programmes, would define elite sports programmes as being an unsafe emotional school environment. Furthermore, - as has been reiterated frequently in this report - sporting success at a national or even a schooling level is far from guaranteed and when athletes encounter initial failure, it is not uncommon for them to resign from their dreams. This is a trend that has been on a steady rise in recent years as parents are being criticised for being "helicopter

parents” that hover protectively over their children and don’t allow them to experience failure or situations that require determination. A perceived consequence of this has been a noted decline in youth resiliency. What this means is that students are entering elite sports programmes with the expectation to succeed regardless of their actual performance. Therefore they are even more shocked when they fail which may lead to their premature concession. Subsequently, it has been acknowledged by the acclaimed Angela Duckworth that there needs to be a higher focus on building grit in young people. Grit is essentially as an aspect of resiliency that Duckworth herself defined as “sticking with things over the long term until you master them,” (A. Duckworth, 2016). These support systems will assist in the embedding of grit into our youth so that if they progress into the realm of professional sport, then they are mentally equipped to succeed and even if they don’t they are mentally equipped to bounce back and succeed through an alternative pathway. The implementation of this strategy is not only a viable means of promoting student wellbeing but also a nod to our historical founding document, Te Tiriti O Waitangi, which promises protection of the people of New Zealand. This protection of course extends to emotional protection and as such this strategy would be seen as adhering to, and promoting, one of our most traditional values. Therefore, elite sports programmes and New Zealand’s wider sporting culture would benefit from the increased introduction, and solidification, of support systems that cater to the development and maintenance of youth resilience and grit.

The second strategy that I propose to improve elite high school sporting programmes would be an increase in support for athletes that wish to diversify across two or more high school sports. A considerable chunk of this report was devoted to reaching the conclusion that the ideals of early specialisation imposed through elite sporting programmes are liable to be detrimental to the development of student athletes. Therefore, in order to improve a student’s physical wellbeing within these elite sports programmes, which schools again have a legal responsibility to do under the NAG 5, there should be an increased push for athletes to have the opportunity to diversify. One strategy to accomplish this could be the establishment of a better link between sporting codes so that they are cooperatively developing a shared pool of athletes which should theoretically manifest into holistically more balanced sportsmen/women. This strategy would also be embracing some of the traditional ideals of Te Tiriti O Waitangi. Firstly, partnership is a key component of Te Tiriti which initially meant partnership between the British and Māori to ensure the establishment of a flourishing synergistic society. In this instance, however, these values are being applied to establish a partnership between sporting codes to ensure the well-rounded development and support of New Zealand’s future athletes. Furthermore, this strategy would also be perpetuating the values surrounding participation which are also an integral component of Te Tiriti. Historically, this was established intending to encourage a continued active participation of citizens within the communal, and even national, affairs. Within this context, these values are being adopted as a part of my strategy to ensure continued participation and engagement in a range of stimulating physical activities that contribute to the development of a healthy state of wellbeing. This strategy, as well as recognising important traditional values, would reconstruct the framework of elite high school sporting programmes into a format that produces significantly more physiologically well rounded - which can be imperative to success at a professional sporting level - and holistically healthy student athletes. Subsequently, I believe that it is a strategy which would benefit not only student athletes and schools but also the wider New Zealand sporting culture and community.

Conclusion

This critical analysis has established that the meteoric development of elite high school sporting programmes - attributable to the globalised commodification of high school sport - has resounding effects upon the wellbeing of student athletes. The physical and mental pressures that emerge from an insistence towards early specialisation, strict dieting and a technocentric supervision are, on the majority, unjustifiably detrimental to short and long-term student wellbeing. This has been reflected in the concerning statistics revealing a positive correlation between elite sporting environments and the manifestation of mental illnesses. Furthermore, elite sporting programmes are also potentially harmful to the maintenance of a schooling, and wider societal, sporting culture and environment. One of the identified processes that enables this is the biased exposure of almost solely larger, wealthier, schools which promotes an inconsistent regional development of youth sport and sporting competition. Contrastingly there are also the perceived benefits of these programmes such as the importation of disadvantaged students, the increased exposure to coaches and scouts and the training facilities and resources that are emblematic of the sudden semi-professionalisation of youth sport. However, the inconsistencies in quantitative information regarding progression from these programmes into professional sport supplemented by the contemporary nature of this entire issue in general do not justify the existence of elite sporting programmes in my mind. I believe that - following the models of the strategies I have presented - elite sports programmes can certainly be improved to the degree where there is a severely reduced impact on student wellbeing. From this perspective, this may justify these programmes but until that happens I remain firmly

grounded in the belief that there are still opportunities to succeed as a professional athlete outside of these programmes which are more user friendly and that promote wellbeing instead of hindering it.

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Appendix
Survey One:

Name _____

Year Level _____

Do you play an 'elite' sport?

- ☐ Yes: _____
☐ No

How many weekly hours do you spend training/competing in this sport?

- ☐ None
☐ Less than 3 hours
☐ 3 hours-5 hours
☐ 6 hours-10 hours
☐ 11 hours-15 hours
☐ More than 15 hours

Do you believe that your training/competing in sport negatively influences your learning experience?

- ☐ Yes
☐ No

If yes, how does your involvement in sports affect your learning experience?

Thank you for participating.

Survey Two:

Name _____

Year Level _____

Do you play a sport?

- ☐ Yes: _____
☐ No

If yes, do you consider this a social sport/do you play it socially?

- ☐ Yes
☐ No

Do you believe that members of elite sports teams at our school (ie The Maadi Eight, The Rugby 1st XV) receive unfair/special treatment within the school?

- ☐ Yes
☐ No

Do you believe that members of non-elite sports teams receive unfairly low levels of recognition (accidental or intentional) for their achievements?

- ☐ Yes
☐ No

Thank you for participating.