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Intimate Partner Violence Practitioners' Understandings of Wellbeing Practices During the Covid-19 Pandemic

A thesis submitted in partial fulfilment of the requirements for the degree of

Masters

in

Science (Psychology)

at Massey University, Aotearoa, New Zealand

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2023

Abstract

The Covid-19 pandemic signified an unprecedented global event with far-reaching consequences for individuals, communities and countries. Literature to date has explored the experiences of frontline healthcare workers—mainly doctors and nurses—during the pandemic, however the realities of how the pandemic impacted workers in other important support roles lacks coverage. This thesis aims to contribute to the dearth of research and literature on the everyday wellbeing of intimate partner violence (IPV) practitioners in the wake of the Covid-19 pandemic disruption. Providing care is an important aspect that is embedded in the work of IPV practitioners, but caring closely for and working with victim-survivors of IPV during the pandemic lockdowns was difficult with limited face-to-face interaction possible. This situation compromised IPV practitioners' wellbeing. This narrative study is informed by phenomenology and feminist scholarly contributions of care ethics, and draws on the experiences of five IPV practitioners. Each participant undertook two semi-structured interviews, with the second interview based on photo-elicitation to explore their wellbeing practices during the pandemic. Prolonged lockdowns required IPV practitioners to work from home, which blurred the boundaries between work and home lives. Adjusting to this new reality, participants initially experienced apprehension and uncertainty how to best support and work with their clients. This period of transition impeded their ability to practice self-care and together with a high self-expectation to perform well under these altered circumstances diminished their sense of wellbeing. Overall this study demonstrates that wellbeing is holistic, fluid, and embedded in relationships with self, the environment, family and social networks. Participants demonstrate resilience and adapt to the changing conditions of everyday life. The findings also suggest the pervasiveness of norms and ideals such as those constituting 'the good carer' which pressure participants to neglect their self-care in an attempt to achieve unrealistic expectations. Introspection and resilience are key personal resources in addition to wider social relationships which nurture wellbeing and self-care.

Keywords: IPV practitioner, wellbeing, pandemic, everyday life

Acknowledgements

Thank you to the participants who gave up time to speak with me, and share their stories so openly, despite their insanely heavy workloads coming off the back of the pandemic. This thesis would not have been a reality without your involvement. And those who provided me with additional contacts to interview, I am eternally grateful. I am blessed to have had such a patient and helpful supervisor, Dr Amanda Young-Hauser. Amanda, thank you so much for giving up your time over many Zoom calls, and your continuous assurance and encouragement that I was indeed on the right track, even when it felt like I was not. Your knowledge and experience has been inspirational. To my family, especially my darling Nana, thank you for believing in my potential and always being there when things seemed too hard. Becky, thank you for your constant reassurance and affirmation. Special mention to my firstborn fur-baby Ella for her constant companionship, and for always keeping my lap warm. Finally to my partner Andrew, thank you for the many roles you took on to get me over the line. Your endless confidence in me, and love and support throughout the past year and a half has been a godsend. Here's to having your apprentice painter back on the tools!

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Chapter One: Covid-19: 'The Perfect Storm'

Intimate partner violence (IPV) continues to be a pervasive, grave social issue, and a threat to the lives of women globally with an estimated one in three (30%) women subjected to abuse[1] (The World Health Organisation, 2021). The World Health Organisation (WHO) defines IPV as "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviours" (2021). During and after a natural disaster the prevalence of IPV increases (APA Committee on Women in Psychology, 2020; Sety et al., 2014). At the end of January 2020, the WHO announced that the Covid-19 outbreak had evolved into a global health emergency. Subsequently, many countries, including Australia where this research took place, introduced prolonged lockdowns to control and reduce the spread of the virus. Enforced isolation created the "perfect storm" (Usher et al., 2020, p. 550) for volatile and fragile family and couple relationships to escalate with potentially more outbursts of violent behaviour and opportunities to exercise enhanced control with little chance to escape the situation due to the lockdown. Any agency and pockets of freedom, for example going to work or shopping, were stripped away, leaving victim-survivors trapped in a domestic situation and exposed to perpetrators' vagaries. Maintaining contact with family members and formal and informal social networks either ended or was deliberately limited, controlled and monitored by the perpetrator. The limited opportunities to contact agencies such as women's refuge, the police or case workers was of particular concern and exposed women and their children to grievous danger. These sudden, Covid-induced changes also impacted and frustrated IPV practitioners and obstructed their work because they were no longer able to support their clients in the capacity they had when face-to-face interaction was the norm, rendering contact with clients difficult and sporadic. This study focuses on IPV practitioners because intertwined with the experiences of victims of IPV are the everyday lives of caseworkers who respond to

[1] IPV disproportionately affects women, but I acknowledge that men can also be victims of domestic violence. This study, however, focuses on intimate partner violence practitioners and female victims.

emergencies and work with both victims and perpetrators to provide care, support and education. It is crucial that the impacts of Covid-19 as the "perfect storm" (Usher et al., 2020, p. 550) are explored in the context of IPV practitioners, because they play a significant role in changing IPV outcomes under Covid-19 lockdown restrictions. Prior to the pandemic, violence against women was often compared to a pandemic, and since the Covid-19 outbreak, an increase in gendered violence is observed akin to a "pandemic within a pandemic" (Evans et al., 2020, p. 2302), increasing IPV practitioner's workloads under altered and more challenging circumstances. In order to care for others IPV practitioners also need to look after themselves which is the focus of this study. I investigate how IPV practitioners while working from home practice self-care and attend to their wellbeing while caring for women who experience IPV during the pandemic disruption. Their experiences provide valuable insights into the facilitation of domestic violence supports under restrictions, and the unique strategies they develop to connect with clients while practicing self-care. It is important to note that for the purpose of this study, I use the term IPV practitioners to encompass participants working with both victim-survivors as well as perpetrators of violence. Given the nature of this work, the terms IPV and domestic/family[2] violence can overlap and are often used interchangeably in the literature. I focus on literature discussing IPV, however some studies citing family or domestic violence have also been included to capture the intricacies of how violence operates within the home context during Covid-19 restrictions.

This chapter begins with a general overview of the contextual features of everyday life during the Covid-19 pandemic in Victoria, Australia, highlighting key moments and impacts that influence the changes to how individuals go about their day-to-day work and personal lives. Next, I explore the literature on IPV and how this manifests in times of natural disasters, conditions that are

[2] Domestic violence, a type of family violence occurs in intimate relationships (and the term is used interchangeably with IPV), and family violence refers to violence perpetrated against family members more broadly such as partner, children or siblings (Australian Institute of Health and Welfare; AIHW, 2018). Both encompass the same forms of abuse outlined in the WHO (2021) definition of IPV.

similar to those of the pandemic, and introduce the role of IPV practitioners who work with victim-survivors and perpetrators of IPV. Here I discuss the challenges IPV practitioners face in initiating and maintaining contact to provide meaningful, competent and effective support in the face of altered ways of working due to the pandemic. Grounded in the feminist concept of care ethics, the subsequent sections seek to illuminate how practitioners working in this field acknowledge and attend to their wellbeing needs through everyday practices of resilience and self-care while often countering conflicting social and personal norms. Wellbeing is conceptualised through the exploration of both Westernised mainstream philosophical debates as well as indigenous models which capture holistic and relational views of this phenomenon. Finally I define and discuss concepts of everyday life, resilience and social norms and their particular relevance to wellbeing followed by a concluding section outlining the core aims of this thesis and a brief overview of the chapters to follow.

Contextualising Everyday Life during Covid-19

Between early 2020 and late 2021 the Covid-19 pandemic plummeted the world into unprecedented crises resulting in physical and mental health problems, social and economic challenges, and impacting individuals, families, communities, and countries. The early stages of the pandemic were fraught with uncertainties as to the nature of the virus and its virulence, with experts around the world working to gauge the development, spread and consequences of the virus. Many countries opted to impose restricted people movement or lockdowns, overnight altering ways of being, living and working.

On the 30th of March 2020, the Australian government implemented nationwide stay at home orders, citing only four valid reasons for leaving home, which included shopping for essential goods, accessing medical care, exercise, or necessary travel for work and education purposes (Campbell & Vines, 2021). Travel restrictions were presently added, ranging from a 5km to 10km radius depending on residential location. State Governments swiftly published a list of industries

classified as 'essential' with employees able to continue to work on site while the rest of the workforce worked from home or were unable to work. Initially, many businesses such as gyms, places of worship, and entertainment venues had to temporarily close and did not reopen for several months (Campbell & Vines, 2021). Restaurants were limited to providing a takeaway service only. On the 19th of March 2020, Australia closed its international borders to non-residents, and initiated a hotel quarantine system requiring all returning Australian residents to isolate for 14 days before returning to their place of residence (Morrison et al., 2020).

Responses to controlling the spread of the virus between and within states of Australia varied, with Western Australia closing its border to the rest of Australia for almost two years. Other states of Australia introduced interstate travel restrictions in a bid to curb the virus. Temporary border closures were announced in Victoria, South Australia and New South Wales. Subsequently, family and friends were separated for extended periods of time and milestones such as the birth of a baby, visiting relatives in aged care facilities or hospitals, or saying final goodbyes to loved ones were missed. Weddings, funerals, religious gatherings, sport events, music and arts festivals, and exhibitions were forced to cancel events. Many lost their jobs or were unable to work in the capacity they did before the onset of the pandemic due to the strict stay-at-home orders that were in place. In Victoria, mask wearing outside the home was mandated, even for walks outdoors. Social interactions were limited to those within a household, isolating people living alone. Many human interactions turned virtual, with applications such as Zoom, Skype, or FaceTime replacing private and business in-person contact. Overall, everyday life and work changed significantly overnight.

During the earlier stages of the pandemic, frontline healthcare workers received significant attention and admiration, and were recognised for their difficult work situation and courageous efforts whilst negotiating tensions between their duty of care at their workplace and the need to protect themselves and those at home from contracting the virus (Kinman et al., 2020). Images of nurses and doctors in full personal protective equipment (PPE) circulated in the media to emphasize

the gravity of the pandemic and their professional engagement and commitment. Other frontline workers such as essential retail employees, or practitioners who work with victims or perpetrators of IPV were noticeably absent from these representations and public conversations. Subsequently, research and literature examining the impacts of Covid-19 predominantly focused on the wellbeing of health care workers such as doctors, nurses, and other hospital staff, as these were considered to represent the main cohort of frontline workers (Cabarkapa et al., 2020; Couarraze et al., 2021). At the time of writing, a basic search into the Massey University library database using the key terms 'covid-19', 'wellbeing impact' and 'healthcare workers' yielded over 8,000 results, whereas replacing the search term for 'healthcare workers' with 'IPV practitioners' produced less than 10 articles, indicating a dearth of research literature on other affected frontline workers such as IPV practitioners. Thus, less is known about other frontline workers, such as social work practitioners, who too, continued to work closely with their clients under circumstances that had their own unique challenges, for example, practitioners who work with victims of IPV living with their abuser, and children living with parental drug use and neglect.

In order to continue their essential work, social support practitioners faced significant challenges during the strict lockdown conditions. Melbourne (Australia) enforced the longest lockdown period, amounting to a total of 263 days (Lockdown Stats Melbourne, 2021). At the time, public voices scathed the actions of the state premier Daniel Andrews and slogans such as 'Dictator Dan' circulated the community (Smith, 2020). Based on health ministry advice, Andrews ordered a number of lockdowns at short notice. While Melbourne faced a lengthy period in lockdown, restrictions for regional areas of Victoria changed regularly based on transmission rates of the virus within the community. Compared to other lockdowns which had been implemented from 11.59pm to allow for some time to get organised, one lockdown for regional Victoria was implemented from 1pm on Saturday the 21st of August 2021 (Premier of Victoria, 2021), announced only a few hours prior. These fickle restriction implementations caused an overall sense of uncertainty, confusion,

and feelings of 'being on edge'. Closely following press conferences and consuming media to keep up-to-date and informed with daily changes about the latest restriction rules became a time-consuming key feature of everyday life.

In times of natural and human-caused disasters evidence suggests heightened family tension and an increase in IPV prevalence (Moreira & Pinto da Costa, 2020). The Covid-19 pandemic is no exception and the prolonged lockdown periods exposed some women to severe violence while being isolated from social and professional networks (Dominelli, 2021; Pfitzner et al., 2022b). The disproportionate effects of stay-at-home orders on women exposed to violent partners has been documented in the literature, with several studies citing Covid-19 restrictions as representing a key facilitating factor in exacerbating the already difficult conditions within which victims of IPV live (Dominelli, 2021; Heward-Belle et al., 2022; Johnson et al., 2020).

At the onset of the pandemic and lockdown, IPV practitioners in Victoria moved from face-to-face or phone interaction to virtual online engagement and noted a digital divide with some IPV victims which potentially rendered contact and rapport building more difficult (Baffsky et al., 2022). Previous regular contact between IPV practitioners and their clients was disrupted and reduced, resulting in poorer physical and mental health outcomes for victim-survivors (Heward-Belle et al., 2020). Everyday, ordinary life was disrupted not only for women experiencing IPV but also for IPV practitioners, and it is at this intersection that my research focuses: How do IPV practitioners attend to and care for their wellbeing to ensure effective and competent care and support of clients during the pandemic while also adjusting their work practices due to the disruption of lockdowns?

Outcomes for IPV Clients are Difficult to Attain Under Covid-19 Restrictions

In Australia, on average, one woman dies every week at the hands of an intimate partner, with national statistics showing one in six women and one in sixteen men experience IPV (AIHW,

2018). While IPV appears less prevalent in Australia in comparison to global statistics introduced at the outset of this chapter (WHO, 2021), it remains a complex and grave social issue. Research illustrates that the risk of experiencing violence by an intimate partner increases when multiple oppressions based on gender, race, ethnicity, disability and socio-economic status intersect (Cardenas, 2023; Heward-Belle et al., 2022). Therefore, overlapping oppressions can increase anger, violence and vulnerability. The exceptional circumstances of the Covid-19 pandemic and the resulting lockdowns further contribute to an increased risk of IPV instances and warrant closer scrutiny. Specifically, the focus is on the role which the pandemic restrictions played in aggravating the occurrence of IPV, hampering the ability of practitioners to achieve satisfactory outcomes for clients.

Evidence suggests that violence increases, often significantly, during disasters because a disaster often isolates people (Bell & Folkerth, 2016; Nishat & Rahman, 2019), and this results in an increased need for domestic violence support services (Baffsky et al., 2022; Hamadani et al., 2020; Vives-Cases et al., 2021). The United Nations reported a global increase in both prevalence and severity of domestic violence resulting directly from the restrictions imposed during Covid-19 (Majumdar & Wood, 2020). Heward-Belle and colleagues (2022) suggest that confining couples to their homes during lockdown restrictions significantly decreased the safety and wellbeing of women who have already experienced abuse by their partners. In addition, Johnson and colleagues (2020) found that IPV victims experience even more barriers to accessing services than prior to the onset of the pandemic. Control is considered a main strategy to coerce behaviour (Stark, 2007; WHO, 2012). Covid-19 restrictions and prolonged periods spent with an abusive partner allowed perpetrators to create novel ways to exert and maintain control over their victims, for example through using the virus and vaccine to spread misinformation and enforce control over their intimate partner (Carrington et al., 2021; Slakoff et al., 2020). One such tactic plays on victims' potential fears of contagion and the lockdown restrictions as tools for coercion by infiltrating women's place of

residence, convincing them to dwell together, and restricting their movements (Pfitzner et al., 2022b). Several precipitating factors lead perpetrators to commit IPV during Covid-19. These include loss of work and income (Hamadani et al., 2020), a change in the household routine, fears of the disease and managing these, more time spent with the intimate partner and increased isolation from supports outside of the household (Moriera & Pinto da Costa, 2020).

Restricted access to appropriate services contributes to "the perfect storm" (Usher et al., 2020, p. 550), which is of particular concern to IPV practitioners who recognise the critical and potentially fatal situations some women are facing. Producing productive, satisfactory, and safe outcomes for clients becomes increasingly difficult. Constraints in providing early intervention (van Gelder et al., 2021), perceived lack of necessary resources (Wood et al., 2020), and issues switching administrative procedures to online formats (Vives-Cases et al., 2021) represent some of the many barriers identified by IPV practitioners that hampered their service provision during the pandemic. Restricted options to engage, support, and help mitigate risks faced by victims' renders IPV practitioners and social workers feeling frustrated, discouraged, helpless, and concerned for the wellbeing of their clients (Dominelli, 2021). This is turn impacts negatively on their own wellbeing, with some studies reporting that the lack of face-to-face contact meant limited opportunity to notice signs and/or severity of domestic violence (Heward-Belle et al., 2022; van Gelder et al., 2021). In contrast, other studies found that remote support was beneficial for some clients as it removed potential barriers that clients faced before the pandemic such as time, transport and geographical locations (Baffsky et al., 2022).

IPV practitioners and other healthcare workers report that their work affects them personally, more so during the pandemic, because of the balancing act of supporting one's own mental health while bringing the traumatic stories of clients into their home space (Garcia et al., 2021; van Gelder et al., 2021; Wood et al., 2020). This interweaving of work and home spaces created challenges for professionals as well as their family members, particularly when working in a

shared space with children (Garcia et al., 2021). Additionally, professionals were tasked with managing higher occupational burden with less tangible support from colleagues (van Gelder et al., 2021). Therefore, it is essential that the wellbeing of workers is a primary consideration of employers (McLean & McIntosh, 2021) to ensure sustainable support of clients without compromising their duty of care (Bercier & Maynard, 2015). A changed working landscape (working from home), limited resources to engage with and support clients (Wood et al., 2020), a sense of isolation with little to no face-to-face contact with colleagues and clients (Al-Habaibeh et al., 2021; van Gelder et al., 2021), and an acute awareness of clients' predicament, safety and wellbeing contributes to a decline of practitioners' own wellbeing (Heward-Belle et al., 2022).

The professional relationship developed with their clients reflects a strong sense of responsibility and care for clients' wellbeing, which is also illustrated in the literature (Baffsky et al., 2022; Heward-Belle et al., 2022; van Gelder et al., 2021; Wood et al., 2020). Caring for the welfare of others in a professional capacity during a pandemic compromised IPV practitioners' personal wellbeing, which positions care as warranting further exploration. Given that care is an important aspect of the way humans relate, I now turn to consider an ethics of care and draw on feminist scholarship.

Care Ethics in Occupational Settings

The term care emotes several meanings such as "affection, love, duty, wellbeing, responsibility and reciprocity" (Philips, as cited in Thompson, 2015, p. 433), and concerns the welfare of self and others. Care is relational and an integral part of relationships, beginning at infancy and continuing throughout the lifespan (Engster, 2007). While central to the ways we relate, feminist scholarship denotes care as a site of ethical and moral responsibility. Early work by Carol Gilligan (1982) and Nel Noddings (2003) distinguishes the gendered ways that caring relationships play out through exploring an ethics of care (feminine) and an ethics of justice (masculine) to debate the differences in morality of women and men, with care being associated with the private

sphere through 'mothering' and justice with the masculine and public world (Thompson, 2015). Ethics of care is a guiding theory for responding to and meeting the needs of others with morality, valuing individuals as relational beings, and a necessary acknowledgement for attending to these needs (Held, 2005). Alternatively, ethics of justice values fairness and equity in the treatment of others, centring ethical decisions upon a set of universal principles, reflecting a positivist regarding of objectivity (Botes, 2000). Historically, care ethics has been positioned as diverging from theories of justice (Engster, 2007), however ethics of care and ethics of justice are interconnected and not mutually exclusive because understanding human relating through care ethics aids in the articulation of broader notions of justice (Thompson, 2015). Ethics of care positions itself alongside ethics of justice to seek out equity and positive action in society, offering a more nuanced approach to care which is applicable to various settings and transcends public and private realms (Thompson, 2015). For example, considerations of justice alongside an ethics of care is necessary when concerning the burden of care, in which care becomes exploited, or unjust (Bubeck, 1995). The burden of care is gendered, with women's caring capacities generally being vulnerable to exploitation, particularly within the private realm (Bubeck, 1995; Meegaswatta, 2021). Thus converging ethics of justice and ethics of care exposes this exploitation and advocates for more equitable distribution of care.

Other contributions position care ethics as encompassing four key dimensions of "attentiveness, responsibility, competence, and responsiveness" (Tronto, 1993, p. 127), with the integration of all dimensions being essential to effective practice of care. Care needs are infinite, therefore the act of care will always hold moral dilemmas in assessing care needs (Tronto, 2020), and because of the particular contexts individuals navigate in the provision of care. This is particularly salient during pandemic restrictions where practitioners open their home spaces to client issues and stories.

Caregivers, either in professional or private capacities, tend to neglect their own needs and wellbeing (Lewis et al., 2022). Over time this has the potential to lead to significant burnout and negative wellbeing outcomes, which is amplified by the pandemic (Heath et al., 2020; Wood et al., 2022). *Burnout* refers to a reduced capacity in occupational efficacy resulting from emotional exhaustion and detachment (Maslach et al., 2001), and is common in industries where staff are working with clients who are distressed, vulnerable, and often in life-threatening situations (Turnbull & Rhodes, 2021). Occupational burnout and stress have been discussed in literature on wellbeing, predominantly focusing on doctors, nurses, mental health support staff, and psychologists (Heath et al., 2020; Htay et al., 2021; Kinman et al., 2020; Reilly et al., 2021; Turnbull & Rhodes, 2021). Personal factors that contribute to becoming unwell include high self-expectations, significant life changes, personal background and challenges with mental health and trauma, and difficulties in establishing boundaries between personal and work life (Heath et al., 2020; Turnbull & Rhodes, 2021). Compounding these are workplace factors such as organisational culture, heavy workloads and poor quality supervision (Turnbull & Rhodes, 2021). Symptoms of burnout have also been documented in carers of family members (Labrum & Newhill, 2021). The demands of these roles require professionals to observe their personal and professional practices, with supervisors providing support through regular meetings to attend to professional development and wellbeing of their supervisee (Pelling et al., 2009). Clinical supervision has the potential "to better care for those who care for others" (Martin et al., 2022, p. 2), and thus has an important function.

IPV practitioners are carers in their role to support their clients who experience domestic violence. As I have outlined above, IPV practitioners are concerned for the safety of their clients and caring for their wellbeing during the lockdowns is even more important. The caring aspect of their occupation has the potential to include moral dilemmas and complex internal dialogues and tensions when negotiating caring relationships (Ward, 2014). For example, pandemic lockdowns

exposed the vulnerability of human relationships (Chan, 2021) also experienced by care workers who were concerned that their ability to provide care for their clients might be compromised and limited. Ethics of care is central to relationships (Ward, 2015) also encompassing the relationship between employee and employer and thus organisational care is equally important and can include support and the allocation of time necessary to provide care and debrief with colleagues (Barnes, 2012).

Ethics of care can be viewed as a guiding set of morals and practices to promote the recognition of individuals as relational beings (Barnes, 2015). Feminist scholars observe that care is gendered, with women being disproportionately represented in care roles in both public and private realms (Tronto, 1989) and these tend to be undervalued (Thompson, 2015). In contrast to normative constructions of self-care as an individual pursuit and responsibility, care ethics illuminates the "everyday lived experiences of care practices" (p. 47) through seeking to understand the collective experiences of those involved in the giving and receiving of care (Ward, 2015). In this vein, care ethics resemble a political movement by uplifting the voices of those actively involved in relationships of care, and advocating for the importance of collective responsibility in providing care, as it is vital for human functioning (Ward, 2015). As Tronto (2020) posits, "An ethic of care remains incomplete without a political theory of care" (p. 155), to allow for critical political analysis of relationship power differentials and effectiveness of caring from the receivers' perspective.

Furthering the exploration of care, relationships with self and wider social networks become reconfigured as a result of lockdowns, and caregivers face converging responsibilities between care in the home and maintaining workplace care commitments (Chan, 2021). According to an ethics of care, "self and autonomy are conceptualised as relational, that is, a self, embedded in relationships with others who attains autonomy through relationships" (Ward, 2015, p.47), because care needs, including self-care are met through relationships with people, places and spaces (Atkinson et al.,

2012) rendering self-care a relational endeavour. This is useful to my study because IPV practitioners' self-care becomes compromised during the pandemic. When care for the self is neglected, then good care for the other is impaired (Casalini, 2019; Tronto, 2020). Given the increased occupational stress during Covid-19 (Wood et al., 2020), it is important that self-care is at the forefront so that practitioners feel well equipped to care for clients in their professional capacity. Caring relationships also comprise relationships with self, space and place (Chan, 2021). The research participants' care relationships encompass the self, their family, the clients, the organisation and the environment.

Care ethics is a crucial site for understanding the political structures behind the capitalisation of care, as care becomes a marketed commodity (Tronto, 2020), with the main goal of maintaining or increasing productivity, which detaches the practice of care in relationships away from collective societies, and places the responsibility of care onto the individual (Lewis et al., 2022). The valuing of productivity over activities of care fails to acknowledge that care in the workplace is both important and a value to society, because of the role it plays to keep society functioning (Tronto, 2020). For example, self-care has become a discourse utilised in public health policy to shift its management to the responsibility of individuals, and is marketed as a part solution to cost and funding crises in public health systems (Ward, 2015). These discourses play a role in influencing understandings and practices of wellbeing. If self-care is marketed as an individual responsibility and pursuit, then it also exonerates the state in meeting their responsibilities to citizens (Ward, 2015). This shifting of responsibilities effects those working in care roles, who are often taken for granted during times such as the pandemic, as they are forced to grapple with these conflicting discourses, and neglect the fact that they too at times require care.

Drawing on care ethics, Lewis and colleagues (2022) propose an alternative perspective on self-care that moves away from ideas of individual responsibility, conceiving that care for the self is inherently relational and interdependent. This relational approach is relevant for this study, and

instances of relationality are weaved through the subsequent chapters but I elaborate on the importance of relational considerations again in Chapter Five. Next, I draw on wellbeing literature. A relational approach provides a useful lens to examine everyday wellbeing which can have internal and external qualities. Covid-19 restrictions significantly impact wellbeing practices, in particular social interactions, which challenges the innate human need for belongingness (Baumeister & Leary, 1995).

Conceptualising Wellbeing

Wellbeing is a complex and multifaceted concept, with much contention on the definition and meaning (Carlquist et al., 2017; Simons & Baldwin, 2021; Thieme et al., 2015). Historically, Western conceptualisations of wellbeing proposed two philosophical orientations: hedonism (wellbeing as pleasure), and eudemonism (wellbeing as fulfilment) (Wiseman & Brasher, 2008). These two philosophies represent the foundational understandings of wellbeing and their ongoing influence into future theorising. Terms such as quality of life, happiness and life satisfaction are often used interchangeably when describing wellbeing (Roberts et al., 2015; Spratt, 2017), and these synonyms often reflect the dichotomy between the two philosophical branches of early wellbeing ideologies (Simons & Baldwin, 2021).

The influence of eudemonism is also seen in more modern theorising in wellbeing (Simons & Baldwin, 2021). The theory of subjective wellbeing (SWB), pioneered by Diener and colleagues (1998), is based upon the notion that the values, goals and strengths of individuals differ considerably, therefore SWB allows a level of autonomy over defining their wellbeing. In essence, SWB refers to an individual's evaluation of their life and experiences, while also examining how one's affect such as happiness influences their SWB (Diener et al., 1999). Ryff (1989) suggests that the theory of SWB fails to capture relational aspects of wellbeing as well as structures of autonomy and individual growth, and advocates for more long-term wellbeing goals such as the presence of positive relationships with peers and self-awareness, rejecting temporary measures of affect such as

happiness. The theory of positive wellbeing (PWB) offers six key dimensions (self-acceptance, personal growth, and autonomy, purpose in life, positive relationships, and environmental mastery) to underscore that maintaining health and wellbeing is important and worthwhile (Ryff & Singer, 2008). Subjective theories of wellbeing centre the individual as being sovereign over their own wellbeing, failing to acknowledge wider influences which fall outside of an individual's control (Fisher, 2019; Lin, 2022). For example, desire-fulfilment theory stipulates that when one gains their desired state of affairs, this constitutes being well (Murphy, 1999), which fails to encompass external factors that contribute to being well. Similarly, theories such as hedonism and happiness theories are too narrow in their conceptualisation of wellbeing as simply measurable by a person's happiness, or amount of pleasure and displeasure experienced. These, too, place wellbeing within an individual's control. As theorising on wellbeing has evolved over time, social support has been consigned as a supportive factor in the mental and emotional needs of individuals (Godfrey et al., 2011; Guan & So, 2016), emphasizing the need for a more nuanced view of wellbeing.

Further contextualising concepts of wellbeing include social, spatial, environmental and economic insights (Atkinson et al., 2012). For example, the concept of 'therapeutic landscapes' has been used to explore opportunities for wellbeing during Covid-19, where individuals' interact with green (parks, gardens, forests) and blue (urban water features, lakes, rivers, and beaches) spaces to provide a diverse landscape to attend to health and wellbeing (Doughty et al., 2022). The interactions with nature positively impacts individuals' wellbeing (Leavell et al., 2019; Roberts et al., 2015), and changes their relationship with everyday spaces during Covid-19 lockdowns (Doughty et al., 2022).

The ways in which wellbeing is conceptualised forms the basis of policy development in healthcare, employment and other social settings while also shaping wider social norms (Atkinson et al., 2012; Spratt, 2017). Finding a comprehensive and universally agreed definition for wellbeing remains elusive and is further compounded by differing definitions by economics, health and social

science researchers (Dodge et al., 2012; Litchfield et al., 2016; Thieme et al., 2015). Furthermore, the growth of the wellness industry and ambitious marketing tactics in this area has seen the co-opting of the term wellbeing (Wiseman & Brasher, 2008), further complicating a useful working definition. The term wellbeing has become a commonly used corporate 'buzz word', often to promote neoliberal agendas, stimulating productivity and shifting the responsibility of care onto individuals (Fisher, 2019; Lewis et al., 2022).

To offer a more holistic model and to move away from the dominance of the individualisation of wellbeing and definitions grounded in notions of personal responsibility, I draw on Durie's (1994) Māori conceptualisation of health. This is symbolised in Te Whare Tapa Wha (Figure 1) which is Te Reo (Māori language) for the house with four walls. These four walls represent the key dimensions to obtaining and maintaining wellbeing: taha tinana (physical), taha wairua (spiritual), taha hinengaro (mental and emotional) and taha whanau (family and social). If these components are well balanced an overall sense of wellbeing is achieved and experienced (Durie, 1994). While this approach is central to the way Māori conceptualise wellbeing, it encapsulates the relational aspects to wellbeing that dominant theories fail to incorporate. Also key to Te Whare Tapa Wha is whenua (land/roots), a deep connection with the land which forms the foundation of the house. Whenua and relation to the earth provides a channel for connection to tūpuna (ancestors), and to future generations, as well as representing a sense of belonging (Durie, 1994).

Figure 1

Te Whare Tapa Wha, developed by Sir Mason Durie in 1984

Note: From *Te Whare Tapa Wha* by the Mental Health Foundation of New Zealand, 2023, https://mentalhealth.org.nz/te-whare-tapa-wha. Copyright 2019 by Mental Health Foundation of New Zealand. Reprinted with permission.

Several points of connection exist between indigenous and non-indigenous conceptualising of wellbeing in Australia, particularly in spiritual, community and ecological perspectives, however health policy continues to position indigenous approaches as relevant only to Aboriginal and Torres Strait Islander peoples (Shakespeare et al., 2021). Non-indigenous theorising in this space remains loyal to individualism, blocking the potential to embrace the relational aspects of Aboriginal concepts of wellbeing (interconnection between individual, family, community, culture and country) (Shakespeare et al., 2021), which reflect similarities to Māori conceptualisations. Te Whare Tapa Wha provides an alternative approach to frame wellbeing in a holistic and relational manner (Pitama et al., 2007). A useful model to challenge the focus of the physical (tinana) aspect characterised by the biomedical approach, Te Whare Tapa Wha considers both mind and body in

accordance with a Māori worldview that recognises that all elements of the universe are interconnected (Rochford, 2004). The Māori worldview stresses that the earth's resources provide the balance with which all living things depend on (Harmsworth & Awatere, 2013). Therefore, it is useful to consider wellbeing as a balance of the four cornerstones of Te Whare Tapa Wha alongside the natural world to attain a holistic sense of wellbeing. Taha wairua (spiritual) is of particular significance to Māori wellbeing as it fosters faith and illuminates links between the environment and our position as humans (Durie, 1994). Non-indigenous research also positions the environment as an important site for nurturing and enhancing wellbeing to address depression and other mental health concerns (Balanzá-Martínez & Cervera-Martínez, 2022; Berman et al., 2012). Grounding or earthing is another wellness tool to reconnect with nature, the environment and one's immediate reality (Shukla, 2020) and involves skin to earth connection. This can be achieved simply by standing on the grass, sand, or earth to draw energy (Menigoz et al., 2020) and to support and enhance wellbeing. Regardless of how wellbeing is defined, the consideration of place is imperative, because processes of being or becoming well develop and emerge in place (Atkinson et al., 2012). I now turn to concepts of everyday life and resilience to illuminate how the newly configured daily life of pandemic lockdowns requires personal and collective resilience, followed by an introduction of social norms.

Introducing Concepts of Everyday Life, Resilience and Social Norms

Everyday life is the backdrop to human experiences and the context of IPV practitioners' Covid-19 pandemic experiences. The conduct of everyday life refers to how individuals participate, organise, and attend to the multiple contexts and social relations that constitute daily life (Schraube & Højholt, 2015). The conduct of everyday life accounts for the social conditions within which individuals go about their daily lives and routines, also facilitating the emergence of new ways of everyday living that redefine the social domain (Schraube & Højholt, 2015). Covid-19 lockdowns reconfigured everyday life, requiring individuals to re-establish routines and activities and ways of

being and doing daily life (Moynat et al., 2022; Chan, 2021). Everyday life mirrors a cyclical structure, for example through mundane activities such as brushing our teeth or making the bed, and this routinisation provides reliability, a sense of control, and familiarity with which individuals use to cope with the demands of daily life (Holzkamp, 2015). The conduct of everyday life provides a useful point of reference to examine how Covid-19 lockdowns challenged coping mechanisms through the re-organisation and re-orientation of everyday life. This is exemplified by the disruption of consolidated pre-pandemic practices, in which daily routines for example working hours, school timetables, or schedules based on externally imposed norms were commonly experienced as busy and stressful (Greene et al., 2022). Recent research on time poverty, indicates that individuals who are time poor, also experience poorer psychological wellbeing (Giurge et al., 2020). In this vein, the pandemic lockdowns enabled a more relaxed tempo of everyday life (Greene et al., 2022).

The disruption of everyday life and its routines as a result of the pandemic required a swift adaptation to new and different ways of doing and being (Moynat et al., 2022), and resilience plays an important role in this process. *Resilience* refers to an "act of rebounding or springing back" (Online Etymology Dictionary, n.d.) in response to adverse events. Human resilience is exemplified by an individual's ability to cope with, and recover from adversity (Taormina, 2015). The term 'resilience' can evoke notions of individualism that this thesis seeks to avoid, however the links between resilience and wellbeing warrant prominent discussion. Resilience encompasses several overlapping factors including social, psychological and cultural (Southwick et al., 2014), which influence how individuals respond to or cope with stress. For example, social support is shown to have a powerful influence on adapting to stress (Ward et al., 2021). The human potential to adapt to and weather adverse events is profound, yet in order to do so requires basic social and material resources to harness and sustain wellbeing (Southwick et al., 2014). Resilient individuals have strong and healthy social and cultural networks, possess high levels of sociability, positive affect, and are thoughtful (Ward et al., 2021). Resilience during the pandemic manifested in small acts of

everyday self-care practices (Htay et al., 2021), which is crucial for IPV practitioners who are faced with intense emotional labour in their day-to-day work, requiring levels of resilience necessary for coping with the secondary trauma and compassion fatigue that can characterise experiences of similar workforces (Bercier & Maynard, 2015; Mclean & McIntosh, 2021).

Resilience can also be viewed as an action that one performs, as this challenges social norms such as 'buckling down' or 'digging deep' (Barton et al., 2020) which conform to individualistic framing of resilience as something one possesses. Everyday life is embedded in social norms to which we adhere or resist. *Norms* are defined as comprising social or cognitive structures which outline and guide rules and expectations for interacting socially within group settings (Loughmiller-Cardinal & Cardinal, 2023). These embody the collective values of a society, and reflect common practices that guide human interaction (Bicchieri, 2005; Cialdini & Trost, 1998). Norms often come about as a means of promoting the interests of a dominant group (Petrie, 2002), and act as an agent of influence over individuals (Nolan, 2017). The term normative broadly refers to the weight society places on these norms which operate to maintain, promote and enforce these (Loughmiller-Cardinal & Cardinal, 2023).

It is important to differentiate between social norms (informal) and formal legal rules because while both public and shared are not enforced in the same manner (Bicchieri, 2005). Social norms guide perception and judgement that turn into values to conform to (Bicchieri, 2005). *Conformity* is defined as altering one's behaviours to match those of others either for informational motivations such as meeting a goal of behaving correctly, or normative motivations which aim for gaining social acceptance (Cialdini & Goldstein, 2004; Cialdini & Trost, 1998). Resisting or transgressing conformity leads to ostracism, prejudice and disapproval (Bicchieri, 2005; McDonald & Crandall, 2015). The enforcement of social norms occurs through sanctions, and gain strength as they are adhered to over time (Petrie, 2002). Subsequently, when failing to conform to a pledged norm, or self-imposed sanctions, guilt is experienced (Petrie, 2002). Conformity is often the result

of unquestioningly following rules and regulations (Bicchieri, 2005) and suggests that norms are embedded in everyday life.

Social norms converge with an individual's sense of self and can invoke emotions such as guilt when acting outside norm-conforming behaviours. Individuals socially conform even with little to no normative or informative pressure (Yu & Sun, 2013), thus regardless of explicit outside influence, social conformity prevents individuals from transgressing social norms. The stronghold of social norms is also linked with consistency and commitment. For example, consistency based compliance refers to instances where an individual is driven to comply based on their prior responses to comparable demands (Cialdini & Goldstein, 2004), which essentially strongholds them to comply based on their previous performance.

Social norms have the potential to influence everyday wellbeing and resilience. Individuals also possess personal norms, which are self expectations that mediate actions through the reinforcement of self-imposed standards (Schwartz, 1977). Social and personal norms overlap in unique ways based on an individual's history of social interactions (Schwartz, 1977), highlighting that everyday life plays out within culturally bound practices where the personal and societal intersect. As social norms imbue everyday life, the disruption of normative ways of being and doing during Covid-19 represents a shift away from predictability and signals a time of chaos and uncertainty. For IPV practitioners, this requires resilience to adapt to changing work practices.

To perform well in the workplace, physical health and wellbeing must be balanced, which ultimately benefits both employers and their employees. IPV practitioners' wellbeing is therefore particularly important, as their work is centred on keeping their clients safe. Subsequently, industries such as social work, healthcare and psychology prioritise supervisions and debriefing in a critical effort to support the wellbeing and mental health of staff (Borders, 2005; Wallbank & Hatton, 2011). Informal debriefing draws on professional relationships and functions to maintain

wellbeing and foster organisational resilience in the face of adversity (Barton et al., 2020). Debriefing is therefore a useful tool to increase resilience and maintain wellbeing in the face of the Covid-19 pandemic.

I have located wellbeing in everyday life and conceptualised it as a holistic and relational endeavour (Narvaez & Witherington, 2018), allowing me to explore personal and institutional resilience while also considering the influence of norms. This allows for the investigation of subtle and sometimes mundane ways wellbeing manifests in everyday life as storied by IPV practitioners. In the next section I discuss the aims for the present study and outline the remaining chapters.

The Present Study

The aim of this study is to explore the wellbeing practices of five practitioners working with both victims and perpetrators of IPV during the Covid-19 pandemic. In particular, I explore their self-care narratives. During the lockdown, participants are forced to work from home and their self-care practices require renegotiating and rethinking as the boundaries between work and private become blurred. I investigate how participants navigate social norms that often discount and downplay self-care needs, contending with high self-expectations and the burden of caring for a vulnerable population. As introduced earlier in this chapter, the overarching question that guides this research is: how do IPV practitioners attend to and care for their everyday wellbeing to ensure they are able to support their clients, while adjusting to the disruptions of Covid-19 on their occupational and personal lives?

To date, there has been limited research on the wellbeing impacts felt by practitioners working within the family violence industry during the pandemic (Pfitzner et al., 2022b), and further research is necessary to enhance preparation in the event of another pandemic or disaster. By exploring the experiences of IPV practitioners during the Covid-19 pandemic, this study will contribute to the literature and provide insights into strategies to support frontline workers such as

IPV practitioners in the future (Johnson et al., 2020). In this stead, the following chapters will examine how IPV practitioners navigate their wellbeing during the pandemic.

In the methodology section, Chapter Two, I discuss narrative inquiry, phenomenology and feminist scholarship, which underpin this qualitative study. I will also introduce photo-elicitations, which form part of the research. Following the recruitment strategies, I discuss ethical and reflexive considerations. Comprising a cyclical approach in keeping with hermeneutic phenomenology, the analysis section specifies how I attended to participants' narratives.

The research findings are spread across two chapters (Chapters Three and Four). Chapter Three introduces the five participants and offers a selection of their photographs relevant to their wellbeing. The influence of social and personal norms shapes participants' self-care understanding and performance and impacts their wellbeing, which emerges as an ever-evolving process with rituals providing an important avenue for attuning to their daily wellbeing needs. Participants show resilience through restructuring their daily routines in response to the altered day-to-day life during Covid-19 lockdowns, which emerges as essential components to being well.

Chapter Four explores participants' experiences of wellbeing in relation to their work, and demonstrates how interwoven work and personal life is, specifically during Covid-19 lockdowns and working from home. Work represents a key dimension of wellbeing that participants most often draw on to signify being (un)well during the pandemic. Central to IPV practitioners' wellbeing is the collective support of and collaborations with colleagues. These face-to-face interactions cease during the lockdown and are replaced with new modes of working and connecting. Despite initial reluctance to shift work from the office to home, post-lockdown all participants strive to adopt flexible working arrangements.

In the last chapter (Chapter Five) I collate and discuss the emergent themes to provide a more in-depth exploration of participants' wellbeing experiences during the pandemic lockdowns alongside some concluding thoughts.

Chapter Two: Methodology

Covid-19 interrupt the mundanity and rhythm of everyday life with its taken-for-granted acts and interactions. Set in everyday life, which Lefebre (1947/1991) describes as "profoundly related to all activities, and encompasses them with all their differences and their conflicts" (p. 97), new ways of being and doing are forged and stories of everyday life are revised and adapted. Notions of wellbeing, the focus of this thesis, are complex and multifaceted, and to do justice to these nuanced experiences I select a qualitative and narrative research approach to explore a particular account in the historical and social contexts (Bruner, 1990) of the pandemic. Narrative inquiry, phenomenology and the feminist scholarship of care ethics underpin this study.

The theoretical foundations of narrative inquiry, phenomenology and feminist research share links to research within the social sciences, and focus on individuals' subjective experiences as key sites for understanding lived experience (Clandinin, 2006; Liamputtong & Ezzy, 2005; Riessman & Speedy, 2007; Qutoshi, 2018). In combination, these orientations complement the experiential nature of knowledge, and allow me to demonstrate how these manifest in everyday life while also providing a theoretical basis with which to view social realities of participants in this study. As I seek to understand the lived experiences of IPV practitioners during the early stages of the pandemic and subsequent lockdowns, it is essential to draw on theoretical foundations of knowledge that differ from the prediction and control that marks positivist approaches to research, which feminist scholarship, for example, critique because traditional positivist approaches often produce male-centric research which fosters unequal power distributions and fail to consider lived experience as a form of knowledge base (Cancian, 1992; Lumsden et al., 2019). Instead, I focus on stories that encompass fundamental human experiences (Pinnegar & Daynes, 2007). In the section to follow, I describe the theoretical underpinnings in greater depth, acknowledging the strengths they bring to the design and analysis of this thesis, beginning with narrative inquiry as a central means for individuals to describe their experiences.

Narrative Inquiry

Humans most often express their experiences in narratives (Bruner, 1990). Stories are central to our existence and provide a key to understanding the self, others and everyday life (Andrews, 2021; McCance et al., 2001; Turnbull & Rhodes, 2021). All people draw on narratives to generate meaning and understanding (Andrews, 2021), and meaning is often uncovered through the ways individuals experience and tell stories (Rappaport, 2000). Narrating is the "act of telling a story or recounting" and has its roots in Latin "to tell, relate, recount, explain, to make acquainted with", which in turn has its roots in the Greek term gno "to know" (Online Etymology Dictionary, n.d). Narratives allow us to consider the perspectives of the storyteller (Riessman, 2008) in order to understand certain phenomena. Narrative can be viewed as both phenomenon and method (Pinnegar & Daynes, 2007) in that it "names the structured quality of experience to be studied, and it names the pattern of inquiry for its study" (Connelly & Clandinin, 1990, p. 2). Narratives are captured through listening and observing, and also in the interpretation and composing of texts in the research process (Clandinin, 2006).

To access and examine the lived experiences of the research participants, I draw on narrative inquiry (Connelly & Clandinin, 1990). Narrative inquiry also captures how individual narratives are shaped through wider socio-cultural and institutional stories (Clandinin & Rosiek, 2007), linking the stories of participants' experiences to broader contexts, personal and political histories. Narrative inquiry, first utilised by Connelly and Clandinin (1990) draws on a Deweyan notion of inquiry which posits that life, or lived experiences, represents an educational means to knowledge (Clandinin, Pushor & Orr, 2007). Therefore, narrative inquiry encompasses the study of an individual's experience, and this experience becomes storied when recounted (Clandinin, 2006). Literature on the emergence of narrative inquiry frames this as a 'narrative turn', which represents a move away from positivist assumptions of validity, reliability, objectivity and generalisability, to the embracing of stories as a fundamental means to understanding human experience (Goodson &

Gill, 2011; Pinnegar & Daynes, 2007; Riessman & Speedy, 2007). This narrative turn reflects a change in the thought and actions of researchers, with four key changes in ways of knowing and conducting research to "recognise and embrace the interactive quality of the researcher-researched relationship, primarily use stories as data and analysis, understand the way in which what we know is embedded in a particular context, and finally that narrative knowing is essential to our inquiry" (Pinnegar & Daynes, 2007, p. 7). In essence, narrative inquiry recognises that there are multiple ways of knowing, reflecting that stories converge with lived experience (McCance et al., 2001; Meretoja, 2022).

Engaging in narrative research is composed of many interwoven relational aspects, in which the inquirer co-constructs the story (Clandinin, 2016). In the current study, relationality is central to concepts of wellbeing, but also in the way in which the researcher and participant dynamic is played out. The interaction between speaker and listener requires both parties to actively participate in processes of negotiation and developing a story (Andrews, 2021). As Riessman (2008) proposes "The specific wording of a question is less important than the interviewer's emotional attentiveness and engagement and the degree of reciprocity in the conversation" (p. 24).

Phenomenology and narrative inquiry work in harmony to elucidate participants' lived experience through accounts of their wellbeing during the pandemic. In the next section I introduce phenomenology.

Phenomenology

Phenomenology originated from philosophy, forms part of the constructivist/interpretivist paradigm (Qutoshi, 2018) and is the study of phenomena. It concerns the lifeworld, and draws on lived experiences, which are subjective and contextual (Laverty, 2003). Martin Heidegger and Edmund Husserl were instrumental to the founding of phenomenology, although their approaches differed. Heidegger sought to interpret individuals' narratives in order to understand their unique

lived experiences (Horrigan-Kelly et al., 2016; Neubauer et al., 2019), which led the foundation of interpretative phenomenology or hermeneutics. To uncover the essence of a phenomenon, Husserl took a descriptive approach, dominated by subjectivity (Laverty, 2003), to uncover aspects of phenomena as they emerge in one's consciousness (Qutoshi, 2018). He also proposed the practice of 'bracketing', in which an individual brackets or sets aside their views about a phenomena of interest, to remove judgement and bias in order to consider the entire experience and to understand the essence (Laverty, 2003).

Another noteworthy scholar is Alfred Schulz, whose sociological phenomenology has contributed much to social science (van Manen, 2014). His work on the taken-for-grantedness of everyday life practices (van Manen, 2014) is particularly relevant to this study in that it is interwoven with work on the conduct of everyday life, which is introduced in the section to follow alongside feminist research.

Phenomenology as a methodology offers an opportunity to explore participants' lived experiences (Neubauer et al., 2019) and this is approached in several different ways. Specifically I focus on cultivating more in-depth understandings of wellbeing embedded within the participants' subjective experiences (Qutoshi, 2018). As Husserl proposed that a phenomenon or lived experience can be discovered through description, his bracketing strategy provides researchers essential insights into lived experience (Qutoshi, 2018) so that they can view it more objectively (Laverty, 2003). Heidegger interpreted an experience in its social context (Horrigan-Kelly et al., 2016). This research is approached through a phenomenological lens to appreciate participants' wellbeing practices during the pandemic from their points of view (Qutoshi, 2018).

Feminism and the Conduct of Everyday Life

There are several strands of feminism including liberal, radical, socialist and womanism, which all focus on values, subjectivity and processes (Campbell & Wasco, 2000), sharing links to

Husserlian phenomenology and subjectivity (Laverty, 2003). Second wave feminism, beginning in the 1960s was broadly borne out of critiques of the social sciences, and sexist and biased research tendencies that fail to include women's experiences and social realities (Lumsden et al., 2019; Stanley & Wise, 1993). Feminism positions women's stories at the centre and the sharing of these stories comprises an ethic of caring fundamental to feminist methodologies, which essentially seeks to legitimise the validity of women's experience and knowledge (Campbell & Wasco, 2000). The methodology this study adopts is grounded in care ethics, which underscores that all lives encompass features of caring relationships, and all people require care in some form (Barnes, 2012). Both feminism and the conduct of everyday life are concerned with the mundane yet unique contexts of everyday life and how this manifests through relationships.

Contemporary feminist writers such as Stanley and Wise (1993) and Oakley (1981) have criticised traditional feminist empiricists for ignoring the power differentials evident in social research, instead encouraging the researcher to reflect on their decision making processes including the positioning of the researcher and that of the researched (Brannelly et al., 2022). Care ethics prompts researchers to question and challenge positions of power or privilege (Brannelly et al., 2022). Thus in suspending the power differentials between researcher and participant, feminist approaches are well suited to championing participants as experts of their own experiential knowledge. Care ethics also encompasses consideration of my responsibility and conduct as a researcher. This involves for example, that "care-full research" be conducted purposefully, centring both participant experiences and seeking just outcomes (Brannelly et al., 2022, p. 19).

Feminist approaches to knowledge value collaborative meaning making and acknowledge the social conditions and contexts which influence experiences (Lumsden et al., 2019). This, together with the conduct of everyday life (Schraube & Højholt, 2015), allows me to explore participants' narratives of being (un)well and how these accounts shift, adjust and manifest as a result of pandemic disruptions. In the context of the pandemic, everyday life has been significantly

altered globally and has the use of spaces such as home and work reshaped (Doughty et al., 2022). These transformations and modifications challenge conventional and habitual wellbeing practices. Next I introduce photo-elicitation as a research method which complements and adds depth to traditional interviewing.

Photo-Elicitation

Historically, social psychology has used photographs and film in the documenting and strengthening of its research, for example in studies such as the Stanford prison experiment (Reavey, 2016). The use of visual approaches in qualitative research is gaining traction, with researchers acknowledging the benefits these produce in understanding human experience through uncovering tacit knowledge, and encouraging reflection and emotional expression (Edward & Welch, 2011; Glaw et al., 2017). Collier (1957) a pioneer of doing interviews based on photographs posits:

> A photograph is an abstraction. No matter how familiar the object or situation portrayed may be, a photograph is a restatement of reality; it presents life around us in new, objective and arresting dimensions, and can stimulate the informant to discuss the world around him as if he is observing it for the first time. (p. 859)

Colliers account aligns with the goals of this study, where photographs offer participants a new dimension with which to view their lived experiences during the pandemic. Photo-elicitation interview (PEI) is the visual method adopted in this thesis. This involves participants taking photos and partaking in a subsequent second interview. PEI is a technique that encourages the generation of additional information through drawing out emotions and memories, with images thought to evoke deeper insights into human consciousness (Harper, 2002; van Auken et al., 2010). Photo-elicitation uncovers different layers of meaning, particularly as it gives participants some autonomy and control over the interview content and foci, allowing for a collaborative research relationship

(Glaw et al., 2017). The use of photo-elicitation and other visual approaches have many benefits including increasing participants' contribution, minimising traditional power differentials between researcher and participant, and producing richer and more meaningful accounts that may not arise in a typical interview setting (Edward & Welch, 2011). The researcher gains a 'phenomenological sense' through seeking to understand experience from the participant's perspectives instead of placing limitations through strict frameworks such as an interview schedule (Bates et al., 2017). Gadamer viewed word and image as being explicitly linked, with images holding the power to enhance the clarity of what is expressed through language (Johnson, 2022). Examining both word and image together offers a more holistic understanding of wellbeing. Next I outline participant recruitment strategy and demographics.

Participant Recruitment and Demographics

I approached a local, non-profit organisation that works with women who experience(d) IPV in the hope they would allow me to recruit IPV practitioners as participants for this study. I outlined my research and the study criteria that were required to participate. These included working full time in an IPV support role and holding their own client caseload. My contact person from the organisation agreed to support the research and assist with recruitment. However, before the active research phase began, the contact person went on extended leave, and I was referred to another contact person. I re-introduced myself and explained the research again and expressed my hope to recruit suitable participants. Subsequently, the participant information sheet was added to the organisation's weekly newsletter. Due to the heavy workload and staff shortages post-Covid, only one IPV practitioner volunteered to participate. As a result, I broadened my criteria to include all workers directly involved with clients in the family violence sector, to facilitate recruitment from multiple organisations in the area. I employed snowball (convenience) sampling, which is often used in qualitative research to recruit specific, non-random groups (Geddes et al., 2018), drawing on my personal and work contacts to source other potential and suitable participants. This yielded

another four participants whom I contacted and provided with a copy of the information sheet. Initial interviews were scheduled at locations convenient to participants.

Broadening participant recruitment to other organisations in the region offered advantages and allowed me to explore how differences in organisational support fostered or hampered the overall wellbeing of staff during the lockdown. In addition, I was able to interview participants with differing roles within the family violence sector including one participant who was working with male perpetrators, two participants who were working with women and children survivors, one participant who was working in child protection, and one participant who was working with victims of IPV within the homelessness and housing sector. These diverse roles allowed me to capture the complexities of the pandemic lockdowns for both survivors and perpetrators of IPV.

Before the initial interview commenced, I went over the Participant Information Sheet (Appendix A) with participants to ensure that they understood their involvement, the research process and my responsibilities as a researcher. Reassurance was given that all interview records including audio, written and photographic material would be securely stored on Massey University's OneDrive, with access to the researcher and supervisor only. Privacy and confidentiality were ensured with the use of pseudonyms in place of participant names, and the blurring of identifying photographs. After addressing any questions or concerns, participants were asked to provide written consent to participate in the study (Appendix B).

Table 1

Participant Demographics

Participant	Age Range	Gender	Job Title	Role
Emma	45-50	F	Specialist Family Violence Case Manager	Case management for victim-survivors – conducting risk assessments, implementing safety and exit plans, accompanying clients to court
Ben	55-60	M	Specialist Family Violence Practitioner – Specialist Men's Service	Case management for perpetrators – assessing clients for behaviour change programs, home and prison visits, risk assessments, working alongside police in family violence reporting
Bridget	25-30	F	Case Manager – Tenancy Plus Program	Case management – advocating on behalf of IPV victim-survivors to find safe housing, predominantly outreach/community based
Grace	25-30	F	Specialist Family Violence Case Manager	Case management for victim-survivors – risk assessments, safety and exit plans, accompanying clients to court.
Tina	25-30	F	Advanced Child Protection Practitioner	Short term response (90 days or less) – working with the family unit as a whole through risk management and in-home work

In Table 1 I outline participant demographics including their official role. All participants were working full time and from home during the pandemic with occasional exceptions determined on a case-by-case basis to allow for face-to-face contact with clients to examine the potential risk and safety of a client's situation. Of the five participants, one was male and four were female, with ages ranging from 25 to 56 years. Four participants identified as Australian, and one as African American. One participant resided and worked in Melbourne, Australia, and the other four in the city of Geelong, an hour southwest of Melbourne. Geelong is considered a rural city and the lockdown restrictions differed for those in Melbourne, where lockdown was much more stringent. At the conclusion of the study, participants were given a fifty dollar Woolworths supermarket gift card as a token of appreciation for their time and participation in the study.

Participant Interviewing Processes

In this section, I introduce the interviewing processes which included an initial interview guided by several focus points (Appendix C) to uncover participants' understandings of wellbeing during the pandemic disruption, and how organisations supported or negated their wellbeing. This was followed by a photo-elicitation interview (PEI) which was based on the photographs that participants took following the first interview.

Photo-elicitation, the use of photographs within an interview setting (Harper, 2002; Richard & Lahman, 2015; van Auken et al., 2010), complements the first interviews to captivate additional, previously not disclosed or considered aspects of participants' wellbeing. At the end of the first interview I introduced participants to PEI and asked them to take photographs. This approach is conducive because it was anticipated that participants, carers of others, would not find it easy to talk about their own wellbeing. It allows for a more comprehensive exploration of mundane, taken-for-granted wellbeing aspects to recount the self-care practices during the Covid-19 lockdown periods.

Both interviews were based on open-ended questions (Appendix C) with a focus on participants' particular experiences to encourage a conversation and detailed accounts, which is in keeping with the aims of narrative interviewing (Riessman, 2008). The first interviews were initiated with a brief overview of why I chose this topic and offered some reflections on my own experiences during the Covid-19 pandemic as I felt that there are parallels between my work in the disability support sector and IPV practitioners. To set the scene and in preparation for the interview, we recounted key Covid-19 moments for Victoria including lockdowns and various other restrictions. The length of the first interviews varied and ranged from 45 minutes to 1 hour and 45 minutes.

At the conclusion of the first interviews, I invited participants to undertake a photo-elicitation activity as outlined in the participant information sheet (Appendix A). I described what photo-elicitation entails and how photographs and a second interview contribute to this study, particularly considering the pandemic and early experiences and understandings of wellbeing practices, which are at the centre of this study. Participants were invited to take photographs (I did not restrict the number of photographs) on their mobile phone to reflect aspects, mundane or extraordinary, of their self-care practices in day-to-day life. They were also encouraged to share relevant existing photographs and I again assured that privacy and confidentiality in the storage and use of the photographs would be maintained.

Participants electronically shared their photographs, which I downloaded and stored in individual folders. Between the first and second interview, I transcribed the interview recordings, noting any gaps that needed clarification during the PEI. All but one of the PEI interviews were conducted within two weeks of the first interview. The interview times for the PEI ranged from 20 minutes to 1 hour and 20 minutes. One participant requested more time to complete the task as she reported finding the process of taking photographs gave her permission to reflect on her self-care practices. This interview occurred 18 days after our first interview. This participant also included

photographs of what it meant to be unwell, which the four other participants omitted. Overall, the photographs were diverse with the subjects ranging from people, places, material objects, and personal practices to the capturing of important moments in participants' lives.

In keeping with the first interview, the PEI was also loosely structured and was utilised to complement the first interviews through the use of photographs to help participants visualise the impacts of Covid-19 on their everyday lives and wellbeing during that time. I adopted a participant driven approach to interviewing (Bates et al., 2017). At the beginning of the photo elicitation interview, participants were again briefed on the task and encouraged to share any aspect(s) of the photographs that they felt were relevant, no matter how mundane. I asked participants to give me an account of each photograph with a description of what was depicted, why they chose this particular focus and what the photograph symbolised and meant. I then asked the following questions (also see Appendix C) to open up further discussion:

- How do you think these capture your wellbeing?
- Why is x an important aspect of your self-care?
- Is there anything that you would like to discuss that is not depicted here?

In line with the first interview, these questions were used as a guide only to ensure I maintained the participant-led approach. Each PEI was unique and largely contextual to each participant's life-world, capturing the differences in experiences based on their role within the organisation, level of experience, gender, and overall willingness to share in the interview. I now turn to ethical considerations that informed this study.

Ethical Considerations and Reflexivity

A low risk ethics application was considered appropriate and sufficient for this study. This was approved by the Massey University Ethics committee. The research was guided by the Code of Ethics for Psychologists in Aotearoa NZ (2002). The four principles of ethical research (respect for

the dignity of persons and peoples; responsible caring; integrity in relationships; and social justice and responsibility to society) provided a foundation to achieve and maintain a high ethical standard throughout the research process. These principles also kept me accountable when engaging with two participants whom I had known previously, one an acquaintance, and one a former work colleague.

As photographs have the inherent ability to identify individuals, added privacy and confidentiality challenges arise (Bugos et al., 2014), and the introduction of photographs into the research context posed varying degrees of challenges. One concerned the privacy of people in photos which was dealt with by blurring out faces. Another concerned the images, what they represented, the context and the relationship to wellness. I was careful not to ask leading questions but to allow the participants to speak to their photographs.

Specific to a narrative approach, it was essential that I remained vigilant in my awareness of the influence of particular contexts on the way I conducted, interpreted and represented the stories of participants (Etherington, 2009). I centred reciprocity and mutuality, relationality and care (Clandinin et al., 2016; James, 2017) in my research approach. This blended well with feminist care ethics which values intuited responsibility and genuine regard for others (Thompson, 2015). Ethical behaviour therefore encompasses relations of "trust, solidarity, mutual concern and empathetic responsiveness" (Held, 2005, p. 15). Connolly and Clandinin (1990) emphasize the importance of the relationship between researcher and participant being mutually constructed because it allows for negotiation, mutual respect and an openness to multiple voices or viewpoints (Clandinin, 2006). This required that I practice reflexivity continually throughout this research. Credited to feminist scholarships (Lumsden et al., 2019) reflexivity as a research practice offers a researcher awareness into their own personal history and the way they relate to participants.

Reflexive research offers an opportunity to abandon the safety of anonymity to allow and acknowledge the reasons for the involvement in this particular research, which can be achieved through some level of self-disclosure (Crotty, as cited in Etherington, 2009). In seeking to attain a reflexive researcher-participant relationship, it was crucial that I shared the impetus for this thesis and research focus before delving into participants' personal experiences of being (un)well. My motivation to examine the wellbeing of IPV practitioners stems from my childhood experiences of having grown up in a home where IPV was a common occurrence. The IPV practitioners who engaged with us (my mother and siblings) left a profound positive impression on me, and it is for this reason that I decided to story their experiences, specifically during the height of the pandemic where their jobs became increasingly challenging. In revealing this personal account I hoped to create a conducive environment for participants to talk about their own experiences. Feedback from one participant in particular indicated that they felt encouraged to hear about IPV practitioners leaving a lasting positive impact. This interaction enabled us to gain shared insights and understanding into the lived experiences of each other. It remained imperative that I maintained a critical awareness of how this history influenced my role as researcher and to do justice to each participant's narrative. I now turn to the analysis process and how this was conducted.

Analysis Process

Influenced by narrative inquiry, embedded within phenomenology, I approached the analysis process from a contextual and relational stance (Clandinin, Pushor & Orr, 2007). Analysis of interview data reflected a meaning-focused approach (Fossey et al., 2002). All interviews were transcribed into separate word documents, and during this process, I began to notice patterns emerging across participants' accounts, which I noted down. Through multiple readings, I further noted recurrent themes and then identified divergent themes across all participants' accounts.

After I transcribed the interviews, I copied and pasted each transcript into a new document (one for each participant) with two columns: the transcripts in the left-hand side and my notes on

the right-hand side. I highlighted pertinent excerpts that were in line with the research aim or accounts that surprised me. In the note-making column, I supplemented the highlighted accounts with my thoughts, questions or links to other transcripts. I then created an excel spreadsheet which was split into three sheets to capture the three broad themes I identified. All relating to wellbeing, these concerned organisational factors, Covid-19 related factors, and general wellbeing ideas. I created several sub-themes and copied the highlighted excerpts over from the word documents, with columns for participant name, interview (first interview or PEI), sub-theme, narrative, and my comments. This allowed me to look at the similarities and differences across participants' accounts in a comprehensive manner.

The process to analyse the photo-elicitation interviews was repeated however the photographs were printed and analysed alongside the respective transcripts. I identified overarching themes that emerged from participants' photographs, and I added these into the excel spreadsheet, along with the key excerpts from the transcripts of the first interviews. The combination of phenomenological and narrative approaches allowed me to consider both the commonalities across participants' lived experiences during Covid-19, as well as the unique, personal and contextual experiences. This iterative analysis and hermeneutic approach allows me to examine the whole and its parts by focusing on one and then back again to the other, which will result in a single narrative that represents multiple voices (Bakhtin, 1981).

The data analysis is divided into two chapters. Chapter Four details the experiences of victim-survivors of IPV during the pandemic, followed by an exploration of the reorganisation of work life and challenges and benefits this had for participants' wellbeing. In the chapter to follow, I introduce participants and their photographs with a focus on their personal wellbeing. Several themes emerge in their narratives which reflect the complexities of keeping well during Covid-19 lockdowns and restrictions, especially during the transitional phase from working in the office to working at home. Participants acknowledge the importance of wellbeing as holistic, however the

disruption of their everyday rituals alter their performances of self-care. Social norms dictate how participants 'should' perform self-care and wellbeing, which leads them to introspect as an act of resistance to these normative influences. Covid-19 lockdowns fostered new ways of thinking about, considering and doing wellbeing, with participants embracing a slower pace of life and rediscovering old activities. This renaissance of former hobbies and self-care rituals enabled participants to nurture and attend to their wellbeing.

Chapter Three: IPV Practitioners' General Strategies and Approaches to Wellbeing

> I work in a field where you're concerned with others' welfare and wellbeing and so I suppose other people's mental health is fairly prominent for us. So, I think for us to be able to do that we have to be considerate of our own mental health and therefore our wellbeing. For us to do our job well, we need to be healthy and mindful of that. So yeah, I think it's good to be selfish at times and do things for yourself. It's important.
>
> (Ben)

Ben's words offer a poignant insight into the complexities of working in an industry that relies heavily on supporting the wellbeing of others. His use of the word 'selfish' evokes a hint of guilt when considering his own wellbeing, suggesting a moral dilemma between his diverging professional and personal responsibilities. The overarching question of who cares for the carer is at the crux of what this thesis seeks to examine. Successfully caring for others cannot occur without considering one's own self-care (Lewis et al., 2022) but the five participants working in diverse fields across the family violence support industry often embed their self-care stories in guilt while recognising emotional exhaustion and expressing a desire for change. Emotional exhaustion presents in care roles as vicarious (or secondary) trauma, is common and defined as indirect exposure to the traumatic memories and associated emotions faced by the survivor (Evces, 2015). Literature highlights vicarious trauma, as a consequence of care work, is experienced by mental health workers (Bercier & Maynard, 2015; Heward-Belle et al., 2022; McLean & McIntosh, 2021) evidenced by the research participants whose narratives are burdened with their clients' accounts of domestic violence. Questions aimed at gauging participants' understandings of their own wellbeing are met with mixed responses, with some acknowledging that wellbeing is not something they often consider, or are good at discussing. Participants' take time and need to ruminate over these questions that focus on their personal wellbeing. Some give more explicit answers detailing their understanding of what it means to be well or unwell. It raises the question whether there is a

discrepancy between the omnipresent wellbeing industry and a willingness to discuss self-care, noticing in particular the reluctance of men to address their own wellbeing (Collier, 2016). In 2009, Australia launched a public health campaign, R U OK? Day[3] to promote conversations with peers about mental health, with research suggesting that there have been increases in both awareness and participation in the campaign between 2014 and 2017 (Ross & Bassilios, 2019). While an increase in helping practices is evident since the launch of this campaign (Ross & Bassilios, 2019), there remains limited understanding regarding the effectiveness and usefulness of the campaign from the perspective of the individuals receiving this help. Conversations about wellbeing are becoming less taboo, however challenges remain to encourage people to openly discuss (un)wellbeing.

I begin this chapter with a short introduction of each participant, followed by a brief discussion of each participant's own interpretation of their wellbeing practices based on a collection of photographs chosen from their PEI that capture the essence of their everyday wellbeing. Through viewing the photographs together, participants narrate how central relationships are to their wellbeing, and how the Covid-19 pandemic while limiting this, also fosters new and creative ways of connecting to others to support their wellbeing. Participants' tell of multifaceted ways of doing self-care to maintain and enhance their wellbeing, which is not merely a concrete or uniform event, but consists of ever evolving and creative processes (White, 2016). It is difficult to separate participants' narratives of wellbeing from discussions of Covid-19 and the impacts working from home has on their wellbeing. The interwoven nature of these aspects also reflects the monotony of daily life during the pandemic, where the temporal disruption creates a sense of meaninglessness in all facets of work and daily life, particularly given the uncertainties on when this stasis will end

[3] R U Ok? Day was launched with the aim of preventing suicide, and incorporates a four-step model to guide community members to support their peers. 1) ask person how they are going, 2) listen free from judgement, 3) encourage actions such as seeking professional mental health support, and 4) follow up at a later time to check in (Ross & Bassilios, 2019).

(Hughes, 2023). Participants' performances of wellbeing enhancing activities morph and change over time, as the pandemic progresses and they return to a new restructured daily life.

Introducing Participants and their Photographs

Emma

Emma, who has recently separated from her husband and now lives alone, is African American. She has lived in Australia for nine years. At the outset of the pandemic, Emma finds herself in lockdown in a new home with new furniture, and views this unprecedented event as an opportunity to work on herself after her recent divorce. During the photo-elicitation discussion she highlights that an important aspect of self-care involves the feel, ambience and quality of her immediate environment, such as her apartment, in particular her love of mid-century modern "everything" which she first discovered while visiting a local historic house (Figure 2: photo 7). Photo 9 depicts an Airbnb Emma stayed in, in which the floors are lined with books covering the perimeter of the apartment (although this is not captured in the photo), evoking a particular mood and pleasant "feeling" that she seeks to recreate, which also reflects her love of reading (Figure 2: photo 2). Emma also appreciates her local park, where she runs, which keeps her fit, energises her and gives her a sense of wellbeing (Figure 2: photo 4). She contrasts the open environment of the local park to a workout at the gym, to which Emma attributes a suffocating quality.

Emma was brought up in a family where achievements were celebrated and now she appreciates the autonomy of selecting her self-care practices which have "to not be about achieving something, because that's what I've had to live in." This is deep rooted and still hampers her ability to schedule downtime but she actively resists ingrained familial values and expectations giving herself permission to rest or do nothing as part of her self-care practice. For example, Emma ignores the need to mow her lawns, and instead makes a conscious decision to sit and watch a show, despite the visual reminder that is facing her through the window (Figure 2: photo 6). Eating well and honouring her body's needs are also central to Emma's wellbeing narrative (Figure 2: photo 10).

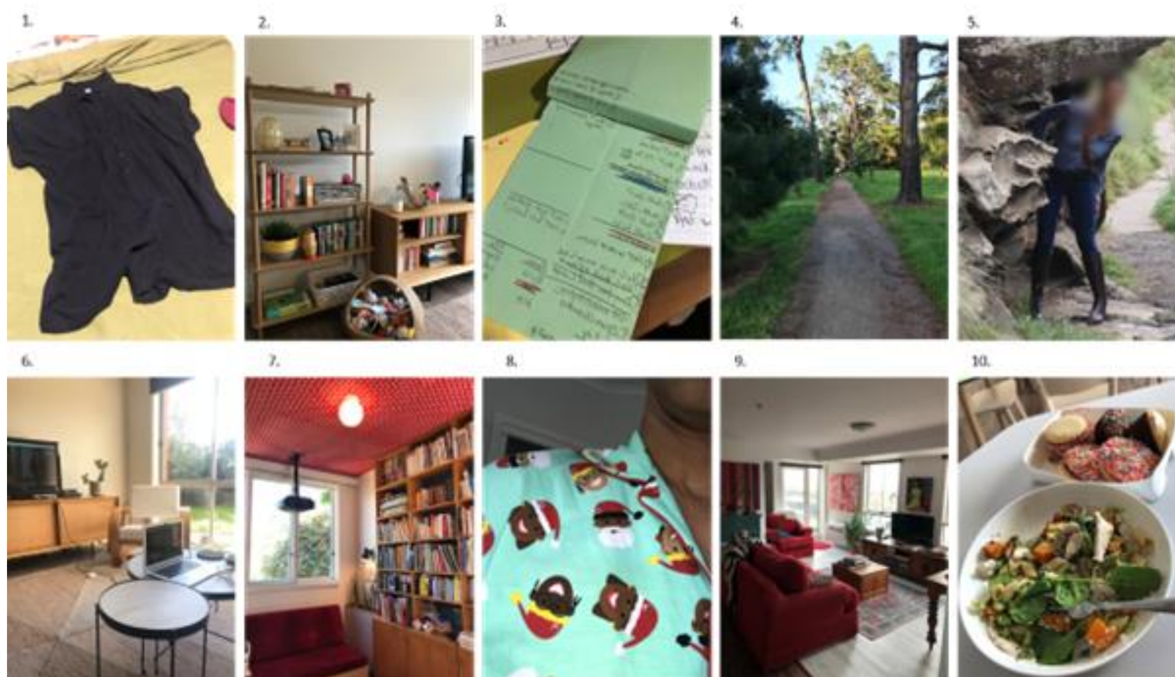
She compares this with a time in her life when she was dieting for the benefit and gaze of others to the detriment of her own wellbeing (Figure 2: photo 5), which resulted in adverse effects such as hair loss. Her choice to wear comfortable clothing also enhances Emma's wellbeing (Figure 2: photo 1, 8). In addition to comfort (Photo 8) the pair of pyjamas made of a fabric pattern of people that "look like me" delights her because "finally an article of clothing with black faces on it!" Emma emphasizes,

> I don't think people realise like how disorienting it can be to like walk through life and not see yourself. And so that's why I always say like some representation on TV and books and stories matters. Because it's almost like you don't exist, you're just walking around as a person, you don't see any indication that people have noticed your existence, that's really hard.

What emerges from Emma's narratives demonstrate that wellbeing extends beyond the individual notions of personal responsibility. This example alludes to social and political dimensions that contribute to her being well or unwell, and operate outside her individual control. Being afforded the privilege of buying a Band-Aid in 'skin' colour to match one's skin tone, or purchasing dolls, magazines, and books which feature faces matching one's race are few of the daily effects of white privilege which operate in embedded forms, often invisible to the dominant group (McIntosh, 1990).

Figure 2

Photographs from Emma's photo-elicitation interview



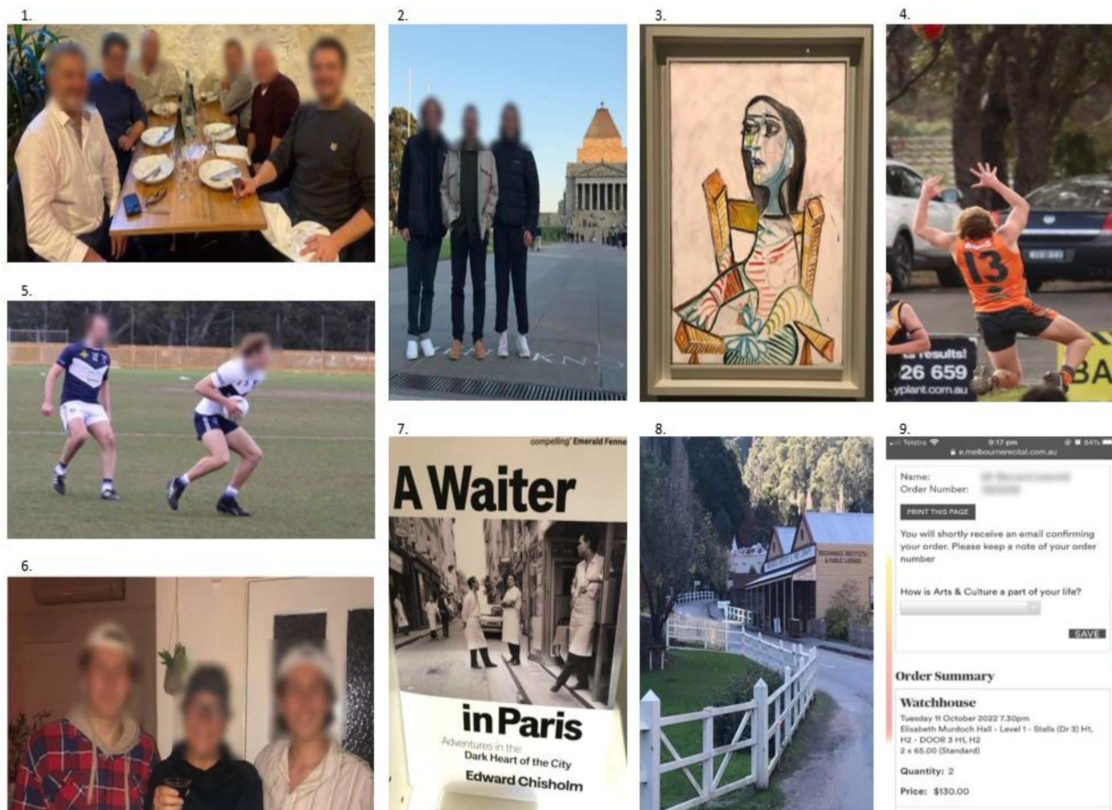
Ben

I now turn to Ben, an Australian man who is married with two teenage sons (Figure 3: photo 6). Central to Ben's wellbeing is his family and extended family (Figure 3: photos 4, 5). Prominent in Ben's narrative is "the strength of family" which allowed him to maintain wellbeing throughout the lockdowns. Family values and connections are represented in photos and serve as a reminder of a strong familial bond and strength across generations. Photo 2 (Figure 3) for example, is taken in front of the Shrine of Remembrance, which Ben describes has "got a fair bit of importance for us as well, my father and grandfather were return servicemen." Underlying Ben's narratives is a deep personal connection with his ancestors that is conducive to his wellbeing in that he draws on the strength of relatives who have passed, reflecting Duries' (1994) spiritual cornerstone of wellbeing. Ben also values "catching up with friends and retaining those friendships", which is usually done attending a game of Australian Rules football, or over a meal (Figure 3: photo 1). While "spending

time with the family takes up a fair bit of time", Ben values "me time" which he describes as "an escape" and essential to being well. "Me time" for Ben includes travelling, visiting art galleries, reading, and watching or playing music (Figure 3: photos 3, 7, 9). Such leisure activities are stress relieving, encourage social interaction and support goal fulfilment (Wang & Wong, 2014), all important mechanisms in achieving wellbeing. Ben's "me time" activities reflect what he does "to make myself feel normal and forget about work", key factors to his self-care and wellbeing.

Figure 3

Photographs from Ben's photo-elicitation interview

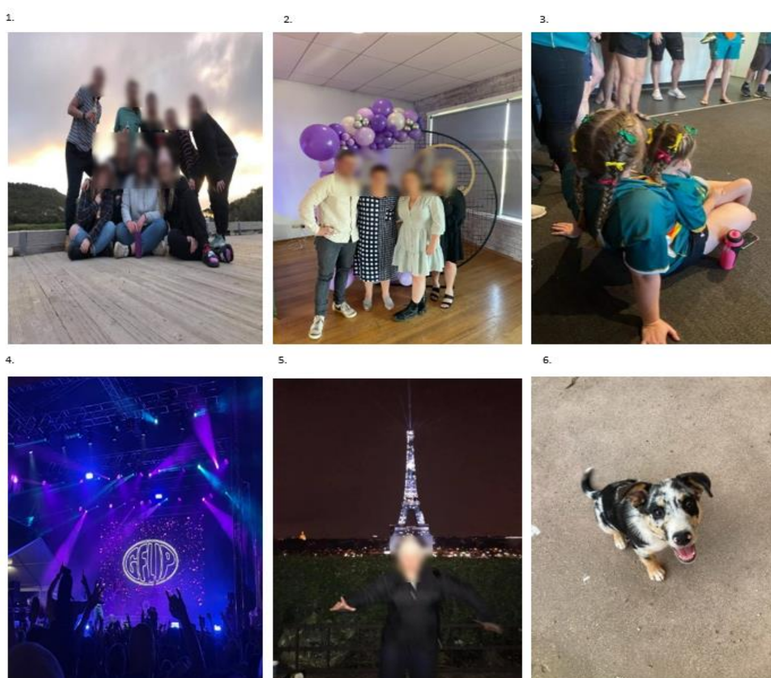


Tina

Tina recounts her wellbeing largely in relational terms and she values her social networks that includes friends and family (Figure 4: photos 1-3). She emphasises, "to always make sure you have time for the people you love, the things you love." To illustrate this, Tina tells of twice yearly camping trips with a group of friends to spend time together and away from technology and work (Figure 4: photo 1). Another key wellbeing aspect for Tina is music (Figure 4: photo 4). She describes, "Music's one of the things that can bring me back down if I'm struggling. I'll have my headphones in to sort of block out anything else that might be going on." Recent research into music and wellbeing during the pandemic suggests an important link with music reducing feelings of loneliness, offering stress and anxiety relief, and connecting to self (Granot et al., 2021). A recent addition to Tina's life is her puppy Luna (Figure 4: photo 6), who "has done wonders for me", contributing to and enhancing her wellbeing and self-care. Key to Tina's wellbeing is her relationships with friends and family, her puppy and music.

Figure 4

Photographs from Tina's photo-elicitation interview

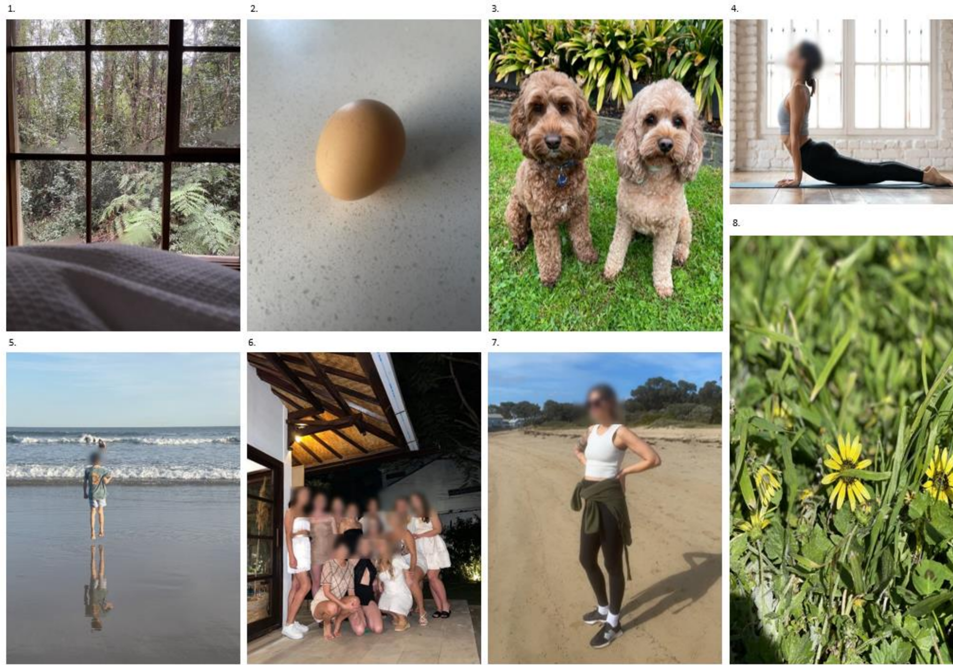


Bridget

Figure 5 illustrates Bridget's wellbeing. She is a 25-30 year old Australian single mother living with her son Adam. She has an enhanced sense of self-awareness and wellbeing when compared to other participants, which she credits to insights and strategies she has gained from her psychologist. A simple advice, which she heeds during Covid-19 is to, "always ground yourself, or to go outside without shoes on and just rebalance" (Figure 5: photo 8). Her dog Ziggy (pictured with his buddy, Bridget's partners pet) also contributes to her wellbeing in general but is particularly appreciated during lockdown (Figure 5: photo 3). Bridget's love of the outdoors which provides her with a sense of balance and wellbeing is evident in her photographs (Figure 5: photos 1, 5, 8) and the beach is, "like home to me", and, "a natural medicine" which even while infected with Covid-19 she tries to visit daily. She also enjoys the forest and describes how the "change in oxygen and air" feels grounding and refreshing. In general, the lockdowns invite people to reconnect with nature, enhancing people's sense of wellbeing (Doughty et al., 2022). Another key part of maintaining wellbeing for Bridget is spending time with her friends and family (Figure 5: photos 6-7), particularly her son Adam, whom she shares custody with his father (Figure 5: photo 5). Yoga and Pilates enable Bridget to maintain not only her physical wellbeing, but also her mental and emotional wellbeing (Figure 5: photo 4).

Figure 5

Photographs from Bridget's photo-elicitation interview



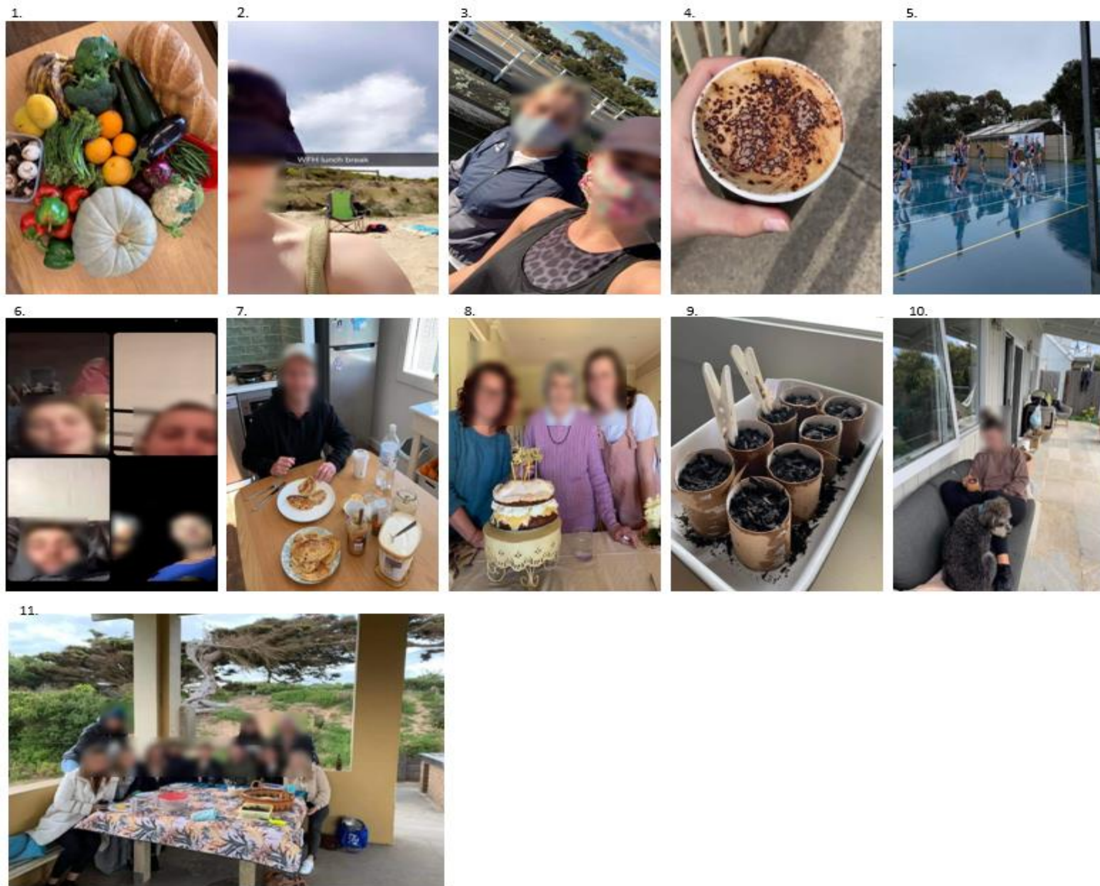
Grace

Grace, the last participant, is a 25-30 year old Australian woman. Her passion for sustainable living becomes a key practice to support her wellbeing during the pandemic. Her hobbies relate to sustainability and involve growing seedlings, rescuing food from going to waste—she shops at a local store which saves perfectly good food from ending up in landfill—and other eco crafts and activities (Figure 6: photos 1, 9). Like Bridget, Grace appreciates nature and the close-by beach, where she walks her puppy Rex during lunch breaks (Figure 6: photos 2, 10). She misses her family during lockdown who live about 1.5 hours' drive away (Figure 6: photo 6), however her partner (Figure 6: photo 7) and his parents are very supportive. Walking or running with friends albeit with face masks on the beach make up for the fact that she is unable to meet with family (Figure 6: photo 3). However, on a few instances she bends the pandemic rules to see friends and family, which makes her happy and outweighs the anxiety she experiences (Figure 6: photos 8, 11).

During the lockdown Grace is unable to play netball, which is essential to her wellbeing as it encompasses physical and social aspects (Figure 6: photo 5).

Figure 6

Photographs from Grace's photo-elicitation interview



Holistic Health and Wellbeing

During the PEI I introduce Durie's (1994) health model, Te Whare Tapa Wha (see Chapter One). All participants discuss the importance of balance and reflect on the model's cornerstones (physical, mental/emotional, spiritual and social/familial dimensions) that speak of specific aspects that together offer a balanced and well-adjusted sense of wellbeing. Ben highlights:

> Yeah, well I think it does encompass all of those areas most definitely. Work encouraged days off when you were at work at home. Just not turning on the computer, which was good, had to be done occasionally. But no I was always pretty mindful of what was occurring, you know getting out, walking the dog, getting a bit of exercise, spending time with family socially and trying to catch up with friends…and I thought that we managed that pretty well and came through the other side.

Ben illustrates the importance of being mindful of and honouring his personal needs, and is unequivocal when he needs to take time out from work. However, in general his discussions of wellbeing are less explicit than that of other participants. Exercise, walking the dog, and getting outdoors encompass key wellbeing practices that recalibrate Ben who is also grappling with aging and having a young family, which causes some adverse feelings, "Um well I suppose now it's just sort of getting old and trying to stay healthy (laughs) not being able to do what I probably could have done, you know, five or ten years ago", and for this reason "I think spending time with family is important. Spending time with my sons."

Ben's family, and his son's in particular, are prominent in his wellbeing narratives. His accounts reflect physical, mental, emotional and family aspects of Durie's (1994) model. Grace's sentiments also encompass the four cornerstones of Te Whare Tapa Wha:

> So, wellbeing to me as a person is probably similar to what other people think and it's like everything, I want to be well in every way. And I think if I'm not well in, I don't know, if

> I'm not exercising or if I'm not moving or if I'm spending too much time on my phone or if I'm doing those sorts of things then I don't feel well in any regard. So yeah I suppose wellbeing for me is everything…. I think it's your mental health that underpins it for most probably.

Grace also reflects a holistic approach to being well and understands the need to balance physical activity and to occasionally disconnect from technology to maintain a well-rounded sense of wellness.

Participants' also forge rituals to enhance their wellbeing and strengthen their resilience during the lockdown periods. Rituals, whether religious, political, cultural or personal, have a long tradition in the development of collective knowledge. They provide a sense of comfort and routine, and function as regulatory mechanisms to stressful events (Hobson et al., 2018). Rituals are symbolic, intentional, and meticulously executed (Rossano, 2012). Ritualised behaviours such as bowing the head to pray symbolises a commitment to God (Hobson et al., 2018), however rituals are not limited to religious practices, and form an important part of family life, through traditions, celebrations and daily practices (Rossano, 2012). During the pandemic, Bridget develops a new, weekly tradition purchasing farm fresh eggs from a local market and preparing a home-cooked café-style breakfast every weekend. This weekly ritual allows her to look forward to an otherwise uneventful time, giving meaning to Saturdays spent in lockdown, whilst eating out is not an option. A non-materialistic wellbeing ritual is meditation. Daily meditation practice offers Bridget multiple benefits and enhance her overall wellbeing:

> I just meditate every single day. Every night I do meditation. And I've done that for two and a half years, every single day so now that's impacted me so much. Even just responding to situations rather than reacting. But also my sleep is so much better. I use it when I go to sleep every night, but yeah I sleep so well.

While participants exhibit good self-care understandings and practices, there are times when a balanced sense of wellbeing is not achieved because of unrealistic expectations based on social norms, which I will discuss in the next section.

Social Norms Impede Wellbeing

Over the course of the conversations, it becomes apparent that social norms and conformity often hamper participants' efforts to attend to their wellbeing. Social norms embody the collective values of a society and reflect common practices that guide human interaction (Bicchieri, 2005). Norms often come about as a means of promoting the goals of a dominant group to serve their interests (Petrie, 2002). Resisting or transgressing conformity can lead to ostracism, prejudice and disapproval (Bicchieri, 2005; McDonald & Crandall, 2015).

During the lockdown, participants work from home and, as already mentioned, the lines between work and personal space become physically and psychologically blurred. Some participants (especially Grace, Bridget, and initially Emma) feel compelled to be available even outside of office hours. Participants discuss self-imposed strict 'how they should perform' rules that often ignore and obstruct best self-care practices.

> Um probably the 'shoulds', which if I'm honest stem from my parents judgemental expectations which I picked up on when I was a kid. You know if you're an adult you should have this and you should be doing this…And so turning that off has been really important in wellness because, I'm still working on it but it's easy to get caught up in a loop where you are constantly putting your own needs and own voice aside to meet these expectations of the people who are not responsible for you anymore. You know, you're responsible for you. (Emma)

Emma gets caught up in the stronghold of social norms that originate from her early childhood and upbringing and pervade her everyday life. Workers face individualistic self-care

messaging that prioritises wider societal and organisational expectations that are self-sacrificing, suggesting they place their own self-care needs aside in favour of the care needs of others (Lewis et al., 2022). Healthcare workers experience guilt and feel that they disappoint others (and self) during the pandemic, when they fail to conform or behave in ways perceived as optimistic or 'health enhancing' (Lewis et al., 2022).

Social norms can impact individuals' self-care and wellbeing practices. In the context of the pandemic, norms depicting the 'ideal worker' (Giurge et al., 2020) which contains social and organisational ideals and pressures, negate the needs of participants. Emma describes, "Sometimes I will just come home and watch the Kardashians [reality television show]. There's nothing to be learnt here, it's clearly not healthy, but I don't care…it's just junk food." Watching the Kardashians is incongruent with the image of the 'ideal worker' and Emma transgresses conformity to indulge in idleness, which she compares to unhealthy eating that nonetheless contributes to her wellbeing. The pandemic and subsequent lockdowns require participants to rethink ways of doing wellbeing, activities that now are mostly confined to the home and close vicinity. Grace also clashes with the idea of 'the ideal worker' and talks of "toxic productivity" that she tries to address and overcome:

> Toxic productivity, but I'm trying to get rid of that. It's trying to take away that guilt when I want to have quieter times. Like last night I got home, got changed and just laid in the hammock and had my phone and then I had my book and I was reading for a bit. And I was like it's such a nice night, I should put my runners on, I should go for a walk, I should take the dog to the beach blah blah blah. And I was like 'no, you just lay down. It is fine'. Allowing myself to rest.

The narratives of Grace and Emma highlight the complex and sometimes contradicting internal dialogues and tensions recognising on one hand the need to honour wellbeing practices (doing nothing in Grace's case) while at the same time guilt creeps in and interferes with self-care

activities. Aarntzen's and colleagues (2019) metaphor of 'guilt as a straightjacket' illuminates how external influences and social norms restrain self-care and wellbeing practices. I will discuss this metaphor in greater depth in the section to follow.

Chan (2019) suggests that caring (for self) involves a recognition of the effects of the pandemic restrictions (physical and psychological) on one's mental wellbeing, which allows for adaptation of practices or seeking support from social networks. With the help of the photographs, participants talk through their internal conflicts and reflect on their wellbeing practices.

Social Norms Cause Tensions

At the heart of the tensions caused by social norms is the idea of the 'good carer' which pertains to participants felt responsibility to clients and pressures their conformity to notions of being constantly available at the expense of their personal wellbeing. In conforming to this norm, and subsequently neglecting their wellbeing, participants become emotionally exhausted. Ben suggests (see opening quote of this chapter) the need to be selfish in order to protect and support one's wellbeing, particularly when daily work encompasses caring for the wellbeing of others. This way of wording the need to practice self-care suggests a hint of guilt rather than something Ben is entitled to do because he has a need for it. However, self-expectations emerging from the idea of the 'good carer' reinforces feelings of guilt that acts to straightjacket (Aarntzen et al., 2019) participants' into ignoring their wellbeing and self-care needs, which creates an internal dialogue and tension. Guilt has been characterised as the emergent emotion in response to the breaching of moral or social norms (Baumeister et al., 1994), and guilt is pervasive in its influence over all participants, sometimes without their explicit awareness. Recent research into women caring for a dependant relative suggests that guilt operates to govern the behaviour of women into conforming to traditional gender norms, at the expense of their own self-care (Domínguez-Castillo et al., 2022). When discussing personal struggles with taking client calls for example, participants preface their answer with, "I feel a bit savage saying that" (Grace), or "which sounds awful" (Tina), thus

reflecting they feel they have transgressed their responsibility as a 'good carer'. These disclosures induce feelings of guilt because they are not upholding the image of the 'good carer'. A tendency to undermine feelings is a common narrative, which Grace describes:

> I think there's that toxic positivity I think when you are working in, with people like this where you go to yourself well I don't have much to worry about, I'm pretty lucky. Um so I think that that is something that I've definitely done.

This also emerges for Tina where,

> A few of us have been sick in the team over the last couple of weeks but we get too guilty about actually calling in sick and taking time to recover because we know how overworked everyone is and how many people out there need help so we tend to push off that sense of our wellbeing to go into work and do it every day.

Referring to post-pandemic work in the office, Tina encapsulates the complexities of roles which encompass caring-for others. Practitioners stave off feelings of exhaustion, illness, and poor wellbeing in order to keep up with the workload, and to support their work colleagues who are also grappling with the effects of occupational exhaustion. The quickly evolving changes to everyday life during the pandemic require personal resilience (Heath et al., 2020). In the following section I describe how participants navigate the time spent in lockdown, drawing on introspection and self-reflection as a productive mechanism to increase their resilience and therefore overall wellbeing.

Increasing Psychological Resilience Through Introspection

In this section, I introduce introspection which is a mode to enhance understanding of the self, and I discuss the links to resilience and adapting to change and adversity. Introspection means to 'look inward' according to its Latin composition (Frank et al., 2019). It is a process by which individuals learn about their own current or past mental states or processes (Schwitzgebel, 2019). Self-reflection which refers to an individual's ability to observe and critically examine their internal

states and views from a distance, shares similar qualities to introspection (Frank et al., 2019). I chose to draw on introspection rather than self-reflection to explore participants' narratives, as these verbal accounts highlighted an 'introspective quality' through their ability to observe their subjective experiences (Frank et al., 2019), which is in line with the phenomenological underpinnings of this study. Ducar (2016) argues that reflective thought can be an effective first step in self-care, with the process of introspection providing an indispensable understanding into an individual's mode of being.

Feelings of hopelessness, uncertainty and stress characterise the early stages of lockdown, negatively impacting the wellbeing of participants. I argue that at the same time lockdown offers time and space to introspect and enhance self-understanding, leading participants to an increased awareness of the negative influence these emotions have on their wellbeing. Subsequently, participants identify coping strategies necessary to respond to the changes of everyday life in an adaptive and resilient manner, which enhances their wellbeing. Introspection allows individuals to recognise their specific and unique needs (Frank et al., 2019) with the help of questions such as 'what', instead of 'why' or 'how', which reflect a more constructive way of gaining insights into practices and outcomes (Hixon & Swan, 1993).

At the initial pandemic lockdowns, practitioners report to frequently battling with negative internal dialogues, "work, work, work, you should be thankful you still have a cheque" (Emma). The burden of conformity to work hard and become the 'ideal worker' and 'good carer' precludes Emma from taking care of her own needs and downplaying the gravity of the pandemic and the potential impact on her wellbeing. To maintain the image of the 'good carer', feelings of exhaustion that are approaching burnout are ignored. Participants use the term burnout loosely to describe feelings more closely reflecting emotional exhaustion and a decreased capacity to support clients due to their own struggles in adapting to the pandemic and subsequent restrictions. "I got burned out I think", said Emma, which precedes self-awareness to avoid a deterioration in her wellbeing.

Tina's experience also mirrors the thoughts of Emma, "Yep and I feel like when you're burnt out it is a little bit harder to care, which sounds really bad. But you can't put in what you should be or what you want to each individual client." This leads to the question: who cares for the carer? With their wellbeing balance in jeopardy, participants' capacity to cope with the concerns of their clients is greatly reduced. Grace concedes: "I probably did find that my ability to outlay my own emotional capacity was limited at times with people because I was feeling the effects of the pandemic on myself without probably quite recognising it."

As I explained in Chapter One, working with vulnerable populations such as victims of IPV requires empathy, which, participants narrate, was in short supply during the lockdown as they have little time to process the changes to their work and personal lives when lockdown ensues. As time progresses, lockdown allows for "introspection, some internal work… and I think a lot of self-realisation happened during the pandemic" (Emma). The pandemic and subsequent lockdowns alter everyday life including work, public and private life and by default self-care and wellbeing practices. The latter includes caring for the safety and wellbeing of their clients, and to strike a balance between this work commitment and self-care the five participants resort to introspection. Research examining how elderly Australians nurture and attend to their spiritual wellbeing, suggests that processes of introspection foster the development of spiritual wellbeing (Love et al., 2017), which aligns with Durie's (1994) Te Whare Tapa Wha model and the spiritual dimension.

Ben takes a pragmatic approach to the lockdown, which he likens to a war-like situation, "where food shortages and curfews taught us to manage a certain way." It would be speculative to suggest a gendered approach to the lockdown, however, maturity (Ben was the oldest participant) seems to have made him more resilient and less fazed. He also benefits from the collective support of his family. Recent research examining mental health during Covid-19 has identified that younger people (aged 18-34) showed the lowest levels of resilience and were more vulnerable to mental distress than older cohorts (Na et al., 2022). This is consistent with the participants' experiences,

where Ben and Emma show more resilience and exhibit better adaptive strategies compared to the other three participants.

For Bridget, Tina, and Grace feelings of burnout and emotional exhaustion reflect a facilitating factor which leads them to introduce positive changes and alter daily activities. This is evident in the development of resilient practices which participants utilise to attend to and support their self-care and wellbeing. Simply "walking on the beach with no shoes on to disconnect from a difficult phone call", allows Grace to ground and distance herself from work. Ben integrates chores such as "hanging the washing or mowing the lawns" into his work day as a welcome break from the demands of work and phone calls. With the passage of time and through introspection participants recognise that their work practices are unsustainable and begin to restructure their routines to find a balance between working from home and their private lives.

Covid-19 and Wellbeing

Similar to this study, during Covid-19 women more frequently report feelings of stress and burnout (Couarraze et al., 2021; Reilly et al., 2021). This may be due to women more openly discussing their mental health and wellbeing than men, however women, particularly those occupied with caregiving tasks are also forced to navigate gender norms which add additional pressures in balancing work and family domains (Aarntzen et al., 2019; Meegaswatta, 2021).

> Um it [wellbeing] definitely in the pandemic declined a lot because you're just at home, you're not exercising, you're not seeing friends, you're not doing all those things that refill your bucket. So it's on empty but also not having any alone time or just time to do things for myself. It was like I'm constantly serving other people. It's just so mundane, that's all there is, there's nothing else to my life. (Bridget)

While the experience of "you're just at home" is not unique to Bridget or other participants, what distinguishes their accounts is the fact that they exercise a profession that involves caring for

others from the confinement of their homes during the pandemic. Bridget highlights the monotony, boredom, isolation, challenges and even resignation ("there's nothing else to my life") of the lockdown, lamenting the lack of opportunities to recharge her batteries. Her sense of 'constantly serving others' while being 'just at home' alludes to constant demands and erodes a sense of autonomy that impacts being well. Understanding wellbeing can only be understood in the contexts of being unwell, which the pandemic brought about.

A consequence of the pandemic is that the lives of practitioners become interwoven with those of their clients through the moving of work into the home space. For this reason, wellbeing practices become even more important and thus wellbeing rituals are created to gain symbolic distance from work, as physically, office and home environment merge into one. Regardless, most participants feel confident in their abilities to separate work from their private life, despite working from home during the lockdown. To deal with particularly testing cases, such as disclosures, participants allow themselves space and time to process this. For example, Grace describes, "I think I usually let myself feel something and then move past it." To allow time to recognise, manage and deal with emotions is an important practice to diminish chances of emotional exhaustion and separate work issues from personal life (Zammuner & Galli, 2005), particularly for professionals working with victims of violence. Emma aptly points out:

> I think it's helpful to remember that you are not in the hole…she's in a hole right now and I can't be any help to her if I'm down in the hole with her – I won't have perspective. If I get too close [enmeshed], then I'm not going to be effective. And it's not going to be effective for me either, it's actually going to be quite destructive.

Maintaining professional boundaries is crucial both for the benefit of the client and for the personal wellbeing of practitioners. Emma's account reflects the importance of maintaining symbolic distance from clients, as becoming enmeshed with their story and experience takes a

mental and emotional toll and hampers their professional ability. IPV related work inevitably confronts practitioners with difficult issues. Ben recounts:

> Well I suppose one was a suicide so that was pretty close to home. Not close to home just you're sort of working with clients and then that happens. You can think of that in any situation, a suicide from anyone has a massive effect on so many people and that's no different in a work setting. You know you do have some relationship with someone that you're working with. And even though you're not friendly with them as such, it still has an impact. So I suppose when that happens you think about, was there something I could have done differently or done better. You know I suppose you think about other friends who might be going through something. So I suppose you just sort of, ask yourself a lot of questions.

Despite maintaining professional boundaries, relationships with clients can still have an impact, which compromises Ben's wellbeing. Ben's experiences—working with perpetrators of family violence—are unique and, at times, Ben is exposed to perpetrators' explicit stories and disclosures of their violent acts:

> One particular client was very, I suppose, very cold, and disclosed very vividly what had occurred and probably didn't have any remorse or anything like that. So, I remember yeah just his affect sat with me for a bit. Yeah and look other clients that have done some horrendous things to their partners and ex partners and yeah there's some that do sit with you.

In contrast, Emma has taken some personal inspiration from a client whose story encourages her to establish healthy boundaries with men in her personal life, which enhances her wellbeing:

> I would say in some ways, working with my clients has helped me. Um because after the pandemic, so, I started dating. There was a couple of guys I dated and I thought, I mean they

> weren't abusive they're just idiots I guess (laughs). A lot of guys think because I'm American, I'm wanting to sit around and talk about politics all day and they usually want to talk about conservative politics which is not my thing at all. I'm not sure why you would think that it would be (laughs). Um, or race politics which is… yuck. So I just thought you know, I can't in good conscience go to work and tell clients that you have a right to say no to anything and if someone's bringing you stuff that's making you feel uncomfortable and you're not enjoying it, you have a right to say no and walk away. And then I would go to work and tell them that and then in my personal life I sit across the table from some overpaid bigot and just listen to that thinking 'oh well, it is a date'. I can't. Its, you know, the two sides just don't match. It's really important that you know, I practice what I preach. Um so it's actually led me to end communications with people like that because I was like I wouldn't feel right expecting them to be like telling them that this is what they should do when I can't even do it so that's what forced me to get over that voice that says 'oh but you should stay at the table with him'.

Similar to expectations of social norms discussed earlier in this Chapter, Emma does no longer feel the need to comply with conventional dating behaviour. This is empowering and liberating and enhances her wellbeing, which she attributes to the courage her clients show.

Participants' understandings of their personal wellbeing and self-care practices reveal the centrality of relationships and context (Atkinson, 2013). Their wellbeing is not an individual endeavour, as it encompasses social and material relationships (Haslam et al., 2009), influencing their self-care and wellbeing practices. Thus, extrinsic factors, such as social norms, play a significant role in the way participants understand and attend to their wellbeing needs. For example, Ben agonises whether he could have done more to prevent the suicide of a client, which impedes his wellbeing. This is reflective of the self-consistency revision originating from Festinger's cognitive dissonance theory, whereby individuals experience dissonance when they perceive their behaviour

as immoral or incompetent (Harmon-Jones & Mills, 2019). Essentially this theory reflects practices of sense making, and how individuals attempt to discern their behaviours and environment in order to achieve what they perceive as prudent and meaningful lives (Aronson, 2019). Cognitive dissonance is conceptualised as a mental disequilibrium, when thoughts and behaviours are inconsistent and psychological discomfort arises (Atingdui, 2011) and in order to mitigate this, Emma suggests: "practice what you preach." Therefore wellbeing and self-care can be conceptualised as requiring constant negotiation between attempts at being authentic and expectations carried out in perpetual internal conflicting dialogues. Through uncovering these conflicting dynamics in the maintenance and performance of self-care and wellbeing, it is then possible to explore these dynamics within the unique context of the pandemic lockdowns.

Disrupted Rituals

As a result of pandemic lockdowns, there have been significant disruptions to many basic mechanisms of everyday life (Prime et al., 2020). Earlier in this chapter, I discussed the importance of rituals as a means of enhancing wellbeing and resilience in the face of adversity. Research suggests that the pandemic challenges the collective rhythms of daily life, and everyday activities become interrupted, losing a sense of structure and consistency (Greene et al., 2022). Thus participants' ritualistic practices are also disrupted. Ben's wellbeing rituals centre on, "just also having a lot of me time", and the rituals he practices during his "me time" are no longer possible. "Me time" for Ben entails, "Oh whatever I want. So whether that's a little bit of travel by myself for a day or two or going up to Melbourne or going to see some music or going to a gallery or whatever." Everybody must adapt, renegotiate and reconfigure their key ritualistic practices (Greene et al., 2022). Grace experiences the pandemic as a major disruption to her involvement in netball, a weekly ritual which is a central component of her lifestyle, physical activity, camaraderie and sense of wellbeing:

> I also could not believe that something had actually taken hold of the community that much that it was actually taking away something that had been integral to my lifestyle for the 25 years I had been on this earth.

Grace reacts with shock, disbelief and grief at the sudden and unprecedented event, which interferes with and disrupts her wellbeing practice. Similarly, Tina's regular camping trip (mentioned earlier in her short biography) upends an important feature which is nourishing to her sense of wellbeing. Given that rituals function to regulate emotions and foster social connection (Hobson et al., 2018), the pandemic disruption forces participants to adopt new and altered wellbeing practices. While participants recount many Covid-19 related disruptions, the pandemic allows them to rediscover the pleasure of mundane activities such as doing a jigsaw puzzle, baking or playing a musical instrument, activities for which they previously had limited time or energy. Research suggests that time poverty has detrimental effects on subjective wellbeing, therefore an increase in available time can mediate and foster resilience to stressors (Giurge et al., 2020). All participants suggest that the lockdown gifts them time that they would not normally have, and this gain in time allows them to pay more attention and commitment to their wellbeing.

A New Disruption: Returning to 'Normal Life'

After prolonged periods of lockdown, participants adjust to, rearrange their everyday lives and settle into a new rhythm. On the 9th of August 2021, Regional Victoria's lockdown restrictions are removed, with a few short lockdowns continuing to occur for specific towns where Covid-19 case numbers remain high. At 11.59pm on the 21st of October 2021, Melbourne (and state-wide) restrictions are ceased permanently, with plans provided to re-establish community life gradually for all of the State of Victoria. This roadmap represents a monumental step in learning to live with the virus. These changes require readjustments, which participants discuss as a challenging transitional period because they feel overwhelmed after becoming "set in a way of being content at home" (Tina). Life during lockdown slows down and when the restrictions are lifted, Tina describes

that there is "now a lack of energy to do things". During the lockdown a shift occurs. Initially, participants bemoan the restrictions and are uneasy working from home. Gradually they adapt to these new circumstances, their wellbeing practices are modified and adjusted, and they discover new enjoyments. Now that life slowly returns to pre-Covid levels, some participants experience feelings of being overwhelmed by noise, lights and crowds. Returning to work in the office, Emma describes finding the "human energy distracting and draining". IPV practitioners' perspectives of work have changed significantly during lockdowns.

> It's like learning again to socially engage. I became quite hesitant about phone calls, which I still am. I'm like 'oh I'll just text you'. But professionally, I should probably be calling them. That's still an issue for me. I struggle with the fact that I can't just work from home when I want to. We have proven this is possible. I find it frustrating that I'm expected to go into the office every day when I'm… you know that flexibility. But I'm at a different workplace now, the old one is still like that. (Bridget)

In this short excerpt, Bridget touches on many issues. These include social engagement; different ways of communicating; flexibility; and working from home can be as productive as working in the office. Covid-19 extensively altered everyday life once, and now, for a second time, adjustments are required. At the end of her first interview, Emma shares her insight, "I guess just like generally, I've come to understand how important it is to self-care, it allows you to operate well at work, with your friends, but most importantly, with yourself." Emma carries this cognizance into everyday life post-Covid, with the lockdown experience offering a gentle reminder to always attend to her self-care as it encompasses wellness at every facet of life.

Chapter Summary

From the participants' narratives, it becomes evident that wellbeing is constantly negotiated, is more fluid and less permanent, and wellbeing needs and practices fluctuate and change over time.

Just as people's thoughts, values and interests change over a life span, so too do nurturing practices and understandings of what it means to be well. For participants in their twenties, wellbeing is attended to in different ways than participants who are in their forties and fifties, representing the temporal changes to wellbeing that naturally occur across the lifespan.

Some participants are more candid about the role of self-care and wellbeing practices and the link to their work performance. To conclude this chapter I will offer three quotes that are representative of IPV practitioners' approaches to wellbeing. Emma's account highlights this:

> I guess for me is listening to my, listening to and honouring my own needs no matter what they are. So if I'm tired, I'll go to sleep, if I'm hungry, I'll eat. And I think like I don't know that I perfected it during the pandemic, but it highlighted the need for that, not only to, because I can identify my needs all day, but to honour them and to honour them I have to have the understanding that they are worth honouring. That they are more important than working till 6 or maybe I should clean the house first or something like that. No, none of that's really important at the end of the day. If I don't listen to my own needs, work will fall apart and uh the house will be a mess because I'll be depressed (laughs). And I think I still work on that now. Yeah still working on that.

Emma outlines these internal tensions discussed earlier in this chapter. She aptly describes that her wellbeing needs are "worth honouring" and she understands that not doing so has personal and professional ramifications. Bridget draws on the idea of balance when discussing her wellbeing, and her continual education and practice of wellbeing strategies helps to create an environment that supports her wellbeing:

> Yeah, I think that's the best way to learn about your wellbeing and focus on your wellbeing is finding out more about why, why it is, how it is or how to change it or what's not normal about it… I'm always trying to learn more about our reactions or why we react the way we

> react or respond the way we do. But I can recognise so much now, like the physical responses I'm having to a situation even if I'm just… Like when I was working at this place I would notice as soon as I start driving to work… I'm like ok what's happening in my body right now. I need to reset before I go in. But it's crazy how much more you recognise, the more you learn about it.

Through education and practice, Bridget's account exemplifies the constant negotiation of wellbeing, requiring individuals to look within and examine and attend to their body's physiological reactions. Emma also highlights that self-care is multifaceted as it requires the support of the environment around her, "So I think self-care in all this is not done in isolation. Your whole environment has to support it or it's not going to be successful, or at least that's what I find."

In the chapter to follow (Chapter Four) I illuminate the pandemic challenges participant's clients' face, which offers a lens into the experiences of IPV victims during this time of disruption. Next I explore how participants are supported by their respective organisations in the move to remote work, both through material and psychological means. Collaborative processes such as informal debriefing are essential mechanisms for managing the emotional demands of IPV work, and the disruption of in-person debriefing during the pandemic significantly impacts participants' self-care and overall wellbeing. Subsequently, participants seek to recreate this debrief with members in the home, thus impacting on familial wellbeing. Finally I position flexible working arrangements as a benefit to emerge from pandemic lockdowns, as they allow participants work-life balance while also retaining some in-person connection and interaction with colleagues.

Chapter Four: Work and Wellbeing

"I think it's the only thing that gets you through these jobs honestly, having a good support team."

(Bridget)

In the previous chapter I have introduced the research participants and discussed their sense of wellbeing to uncover how wellbeing performance is mediated in everyday life that was shaped by the pandemic and under the influence of wider social norms. I now turn to wellbeing in the context of their work and position as carers. Bridget's account above suggests that good and supportive relationships with colleagues are central to wellbeing, especially in family violence work. Exploring the relationship between participants' wellbeing and their work reveals how each influences the other alongside the strategies that participants enlist to ensure their work does not impede on being well. An ethic of care plays a relevant role in organisational relationships by "treating workers as particular, special, and deserving of our attention as ends in and of themselves, rather than as a means to some other rational economic goal" (Ward & McMurray, 2016, p. 110). This is particularly important for care workers (Mastracci, 2022) such as IPV practitioners.

I begin this chapter with a brief discussion on how victim-survivors of IPV experience the pandemic and its impacts. I access these stories through practitioners' accounts to contextualise their situation and the subsequent impacts on practitioners' and their wellbeing. Next, I examine the degree of material and psychological support participants gain from their organisations during the move to remote work, which results in positive and negative wellbeing outcomes. From all interviews it becomes apparent that informal debriefings at work substantially contribute to participants' wellbeing. Next I will discuss the ramifications of the loss of these informal debriefings during lockdown. To follow, the unique challenges of finding and maintaining a work-life balance will be explored through participants' accounts of the strategies they implement to

demarcate their work and home spaces. I conclude this chapter by delineating how participants adapt to working from home after initial resistance and discuss the introduction and implementation of flexible working arrangements following the end of lockdown.

Pandemic Disruption on IPV Victim-Survivors: 'A Pandemic within a Pandemic'

Magnified Issues of Control and Disadvantage

As I explained earlier, practitioners are acutely aware of the impacts and consequences the lockdown has on IPV victim-survivors. The pandemic and associated restrictions have severe implications and exacerbate the experiences of an already fragile, vulnerable and under supported group (Evans, 2020). Their precarious situation amplifies practitioners' concerns for victim-survivors' welfare and for their own safety. A particular concern is the exposure of their identity:

> Some of my clients have difficulties making a judgement call, like is it safe to be speaking by video call with my case manager when he [perpetrator] could come home at any time… I didn't find it [secure video system for connecting with clients] to be safe during the pandemic (Emma).

In particular the victim-survivors still residing with the perpetrators require greater in-person support during the pandemic, however this is not possible during the lockdown. Practitioners share some accounts of victim-survivors' experiences including serious material setbacks as a result of the pandemic. For example, access to safe housing is significantly impeded, as Bridget highlights:

> Especially people getting safe home options that, so many people missed their opportunity that they had been waiting like 7 years for. I think the public housing waiting list is up to 12 years to wait for a new property. So if they miss that opportunity they are back at the bottom pretty much. It's really sad. So we did a lot of advocacy around… being they didn't have access to their letter box or whatever it was. But so many people missed out on things that were so important to their safety.

Clients also suffer increased emotional distress inflicted by the coercive controlling behaviours exercised by the perpetrator in more subtle and demeaning ways: "One thing that I have noticed [during lockdowns] with clients that are experiencing violence, the abuse is not necessarily physical, it's more emotional and manipulative. Yeah, manipulative, degrading verbal abuse, and behaviour management" (Emma). Coercive control, a particularly pervasive form of abuse, encompasses micromanagement, exploitation, isolation, and humiliation, which severely impacts victims psychologically and physically (Stark, 2007). Coercive control is used to "manipulate and control the actions" of another person (Beck et al., 2009, p. 297), often in subtle ways which are invisible to outsiders (Stark, 2007). The pandemic and lockdown offer an opportunity which further emboldens perpetrators in their victimisation of their intimate partners. For example, Emma recounts that Covid-19 vaccination presents another opportunity for perpetrators to exert control over their intimate partners:

> Perpetrators using Covid-19 based scare tactics to isolate and control. So you know really at the height of the pandemic something as simple as the perpetrator refusing to get vaccinated, and he is working on a dock or something like that. Knowing that his partner is fearful of Covid and wanting to protect her children. He would purposely not get vaccinated or not be taking precautions. So, it's like two different times, early in the pandemic and like either not isolating properly, you know going out with friends, and then coming back to the house and not doing basic Covid hygiene and forcing her to just deal with it. To later in the pandemic, when we had vaccinations he's refusing to get vaccinated, refusing to let the children get vaccinated. Yeah, like refusing to sign off on things or allow her out of the house to do it. I had a couple of clients who had to get their kids vaccinated in secret and had to like tell the kids 'don't tell dad you got vaccinated' or she got vaccinated in secret because he didn't want her to get vaccination. So, I would say in that way the pandemic made things more difficult for clients.

Children are often used as a pawn for perpetrators to exploit fears, in this case the spread of Covid-19. Coercive control is non-violent but elicits fear, limits autonomy, is disparaging and entraps (Stark & Hester, 2019). During the vaccination rollout, the Australian health officials share contradictory messages questioning the safety of AstraZeneca (one of the marketed vaccines). This together with the slow rollout of vaccination, may operate as a catalyst for perpetrators to control their partner's and children's uptake of vaccination (Heward-Belle et al., 2022). Perpetrators weaponise the pandemic to enhance control over their victims (Carrington et al., 2021; Heward-Belle et al., 2022; Pfitzner et al., 2022b), which Emma considers to be a double burden. During her visits to more deprived housing estates Bridget notes an increase of drug use and violence, amplifying her clients disadvantages:

> I worked in all the high rises [housing estates] in the city, South Melbourne. When you wear your lanyard they always check you in the elevator, like the people that live there. They will be like 'are you government?', and I'll be like 'no I'm not for profit'. They'll make sure because that puts you at higher risk [if you are government]. But if we had security come with us it was a little bit safer. We had times that the high rises had been taken over so much by the gangs that the police weren't even safe to go into them.

Bridget's work involves the support of women from diverse backgrounds ranging from refugees, asylum seekers, teen mothers trying to leave violent relationships, and those with a history of substance abuse. Intersecting factors compound women's disadvantage and include gender, ethnicity, socio-economic status, age and ability (MacGregor et al., 2021). In addition to safety concerns in the apartment blocks where some of her clients live, Bridget feels pessimistic about what she and her organisation are able to offer her clients during the pandemic: "here's a bad option, here's a worse option and here's an even worse option, so what do you want?" When practitioners are unable to retain face-to-face contact with their clients, they are concerned that the resources are insufficient and inadequate. A sense of frustration, dejectedness and concern for their

clients' welfare impacts practitioners' wellbeing, in particular in view of their isolation during lockdown. In the next section I unpack this isolation in more depth.

Increased Isolation and Barriers of Remotely Delivered Support

Social isolation is a recognised practice that perpetrators use to exercise control (Stark, 2007). Prior to the Covid-19 pandemic, isolation and personal entrapment was already a significant issue for victim-survivors, particularly those still residing with the perpetrator. Lockdown restricts movement, and by default, increases the time spent with their perpetrator, which negatively affects their physical and psychological health and wellbeing (Heward-Belle et al., 2022). The consequences have the potential to be more significant, particularly for those "stuck at home with their abuser", which Tina describes as adding additional challenges in identifying risk factors, and attempting to operationalise exit plans:

> One situation we were working with a victim-survivor of family violence and their children and they were ready to leave, they wanted to leave. But it was really difficult navigating getting them out of that unsafe environment while everything was locked down. Like there were obviously supports and services that were still open but it was more tricky to navigate and it was harder for her to find and reach out especially through phone calls and text because the perpetrator had access to her phone and no one was in the office and she couldn't just stop by the office type of thing.

It is of crucial importance that victims of IPV are able to contact an agency without being harmed to operationalise exit and safety plans, which is particularly difficult during the confine of lockdown. Fewer opportunities to initiate and maintain contact leaves victims more vulnerable and exposed to violence, a situation practitioners have little control to change, which leaves them with a sense of helplessness and a sense of failure which diminishes their wellbeing (Dominelli, 2021). Consistent with Tina's account, emerging research conducted in the Australian states of Victoria

and Queensland shows that family violence services had reduced capacity to identify risk and to develop safety plans (Pfitzner et al., 2022a). The research also outlines the challenges of providing a continuity of care and regular contact, which was compounded by the perpetrators presence at home (Pfitzner et al., 2022a). Tina's account reflects the occupational impacts of trying to support clients in a constrained manner, where there is a sense of abandonment or failure to protect them from the unsafe environment they are faced with. All practitioners initially struggle to balance adjusting to the pandemic while attending to the evolving needs of clients, however acknowledge that the constrained provision of support is beyond their control.

The inability of face-to-face client contact during the pandemic further inhibits participants' capacity to help due to the underreporting of violence and increased difficulties in identifying risk factors (Dominelli, 2021) because as Tina proposes, "a lot of times it's not the victims reporting, it's the people around them", and post lockdown violence may escalate further. Face-to-face contact is preferred because "we relied heavily on the client being able to articulate and convey their own risk to us because we weren't seeing them in person [during lockdowns]" (Grace). IPV victimisation is often recognised by outsiders but not always by the victim (Women's Aid, 2019), which renders risk self-assessment meaningless.

An important aspect of IPV practitioners' work is to engage with their clients and build trust to establish a good relationship. "For example, if someone wasn't safe in their home and they wanted a housing application put in we would usually go out and we would understand their story, where they came from, who can support them in their application" (Bridget). Rapport building is now (during Covid-19 lockdowns) almost impossible to achieve, and telehealth, which involves consulting healthcare providers remotely through phone or video call (Australian Government Department of Health and Aged Care, 2022), is not always a viable option for women experiencing IPV due to the risk of the perpetrator finding out (Baffsky et al., 2022). Research has identified that virtual service provision in place of face-to-face support has inhibited building trust and rapport in

practitioner and client relationships during the Covid-19 pandemic (Williams et al., 2021). Tina's experience validates this: "Trust was harder to gain to begin with." The delivery of services remotely creates a substantial barrier in engaging productively with clients during the pandemic (Heward-Belle et al., 2022). Trust and rapport diminish, in particular for indigenous women in need of support, a situation that weighs heavily on research participants and negatively contributes to their wellbeing:

> The client feeling safe enough to disclose things that are happening. You can't expect to call someone and they say 'I'm really unsafe right now'. It just doesn't work like that. Obviously they need to feel safe enough with the person to even make that disclosure or state what they are worried about. But they can't do that when first of all they haven't met me, or they're in the house with the perpetrator. That was huge, again the school's not being able to report any suspicions of the children being at risk as well. Probably their ability to engage with services because they were restricted to phone calls pretty much all telehealth appointments. It's just not practical for that community. (Bridget)

Practitioners are tasked with maintaining client relationships developed pre-pandemic, and attempting to forge working relationships with new referrals. What is different during the pandemic is the heightened "uncertainty" (Tina) of what might happen to their clients. While face-to-face interactions potentially create better rapport, communication during the pandemic shifts to phone contact with clients which "becomes more surface level and you can't really connect with that person but they also don't build that safety to be able to connect with you, and trust that you are able to support them" (Bridget).

The challenging experiences of victim-survivors are illuminated through participants' accounts such as Bridget's, however participants also story instances of agency that their clients creatively employ to maintain contact, and this is expanded in the section to follow.

Finding Partial Agency Under Pandemic Restrictions

Participants' main task and concern is to keep clients' safe. This is stressful and frustrating and impacts their own sense of wellbeing. Meanwhile, victim-survivors do not remain passive and find creative ways of connecting with their supports. Emma illustrates:

> I think the clients had to become more creative too…. Which might have been a positive thing… because I think when you're in a position where all the power has been taken away from you…. All your choice. Even making little choices like coming up with the idea that "oh you know the perpetrator doesn't come with me when I go grocery shopping so I'll just go grocery shopping every Wednesday at 2, that's when I can talk to her [case worker]. You know if she thinks of that then she's like 'oh it worked, hmm I wonder what other ideas I can get'…. So in that way it was a positive that maybe we wouldn't have explored pre pandemic.

Many victim-survivors have limited or no opportunities to engage with support services because their perpetrators monitor their movements. However Emma offers an account of client defiance, resilience, agency and a small act of resistance. Their Wednesday 2 o' clock informal meetings benefit both the client and Emma, who considers her client's small action of bravado as an example of empowerment and self-determination created in an oppressive environment. Emma speaks with admiration of this client's creative way of maintaining contact, and the inclusion of this excerpt is important to her to demonstrate how this client's action had positive effects on both her clients' and her wellbeing.

In the following section I contextualise the early days of pandemic lockdowns and the adjustment period in the move to remote work. Participants discuss the support they attain from their organisation both through material and psychological means. This support either facilitates or impedes participants' sense of wellbeing.

Organisational Support During the Transition to Remote Work

Moving to Remote Work

Prior to the pandemic and lockdowns, participants' work was largely outreach based and included visiting clients in their homes or communities, taking clients to appointments or accompanying them to court. Group sessions with perpetrators were an important component for collaborative learning. The ways participants' worked changed overnight, and Tina describes, "It was like learning to do the job a completely different way, everything moved online and working from home. It was less response oriented which took away that personal approach, especially with victims." Tina has to quickly rethink, reconsider and relearn novel ways of maintaining support with her clients in constrained settings and she spends increased time ruminating on the changed work landscape, which negatively affects her sense of wellbeing. For example, safety plans and exit strategies are more difficult to develop and execute because perpetrators also spend more time in the home. Emma describes how pre pandemic:

> I would be able to do things like, one client I had was living with the perpetrator who was her husband and he was actively monitoring her at work. He would drive past her work to make sure she was there, to see her car. So myself, and a child protection worker were able to meet her and pose as customers to see her. Just to get our plans in place because I couldn't call her and I couldn't have her come to the office and I certainly couldn't go to her house. So that type of thing that honestly, I really enjoyed, that fell away during the pandemic and I couldn't do anything like that.

An enjoyable part of Emma's work not only ceases to exist but it requires her to swiftly consider new strategies of engaging with her clients for which Emma and other research participants feel ill prepared. Client interactions are a central and relational component to their work and part of building trust with their clients. This enables them to understand clients' stories and experiences, and these face-to-face encounters allow them to assess the risks.

Practical and Psychological Support

Literature on wellbeing in the workplace has recognised that work can have both a positive and negative influence on wellbeing (Litchfield et al., 2016), with social support positively impacting employee health (Zapf, 2002). Each participant's narrative of what their organisational support looks like during Covid-19 and lockdowns differ with the exception of being well supported during the transition period from office to home work. All five participants describe how their immediate material needs are met through the provision of laptops, desktops, stationary, ergonomic work chairs, and IT or technical support. Ben describes a time where "my supervisor would drive around [my home] and drop stuff off if we needed it."

While participants feel well supported in material needs, responses are mixed in terms of psychological support. Two out of the five participants are new to their job, with Bridget starting her new position only one week before lockdown, and Grace having only three months experience as a recent graduate. For both, their inexperience and unfamiliarity causes additional stressors. Grace is hypervigilant when first moving to working from home in an effort not to miss any work related communication. To demonstrate that she is actually working, she is always reachable through the organisation's business platform (Microsoft Teams) to the point where she is denying herself breaks throughout the day. This detrimentally affects her wellbeing and self-care and she suggests: "But there was no care about how we have self-managed ourselves and how our productivity had probably actually increased, they didn't care." Grace lacks experience, clear guidelines and instructions on how to manage boundaries, which speaks to wider understandings of caring relationships, and Grace feels that the care she puts into her role and her clients is not reciprocated.

The more experienced participants display greater abilities to adapt to the lockdowns and also show more resilience to this change overall. Emma and Ben (having 13 and 9 years of work experience in IPV respectively) adjust to working from home and are able to set clear work and

home life boundaries, which is facilitated by the fact that they are able to create a home office that separates work and private life. Employees who implement personal work-life balance strategies have enhanced overall wellbeing and work-life balance than their colleagues who avoid this (Zheng et al., 2015). Emma and Ben close the 'office door' at the end of the day, replicating the office routine of leaving work for the day, and these personal strategies are a credit to their wellbeing when compared to the other participants.

Social workers and mental health practitioners are also at risk of suffering from psychological distress, in particular during these unprecedented circumstances (Ben-Ezra & Hamama-Raz, 2021; Heath et al., 2020; Reilly et al., 2021), which Bridget's organisation recognises through the implementation of, "a lot more wellbeing supports over time such as meditation Mondays, wellness Wednesdays, virtual wellbeing days and sometimes early finishes." Bridget's employer enlists Headspace Australia[4] to teach employees how to self-perform tapping therapy. Tapping therapy, or emotional freedom technique (EFT) has been developed by Gary Craig (Boath et al., 2017). It involves mentally focusing on the body's response to an external trigger, and then tapping on associated acupoints with a goal of either reducing negative responses or activating supportive responses (Feinstein, 2022). Bridget further details the extensive wellbeing strategies her employer implements:

> We had safety plans of what's good for me to separate from here [overwhelm at work], or do I need a break. What physical responses is my body having right now? Do I need to take a break? Do I need to breathe?

Safety plans provided to clients are vital and signify the difference between a potential life or death situation. It is therefore important to distinguish these client safety plans from Bridget's reference above, where her employer has creatively adapted this practice to provide an avenue with

[4] Headspace National Youth Mental Health Foundation is a health promotion charity funded by the Australian government offering in-centre and online/phone support across Australia

which to maintain employee wellbeing in the workplace. These encourage them to check in with the self to attend to their wellbeing, skills which are transferable and beneficial to all domains of everyday life. Grace also reports good support from her supervisor, "who was open to a conversation about it [mental health day] if I needed it", however she feels that support within the wider organisation was lacking.

It emerges that clear and practical organisational guidelines on employees' wellbeing make participants feel supported. In any occupation, the organisational and human resources culture and values contribute to the wellbeing of employees (Bontrager & Marshall; Fisher, 2010). Generally when, "good practice was modelled from team leads and management" (Emma), participants pay attention and attend to their wellbeing needs with more conviction. For example, Bridget's workplace culture stresses the importance of attending to her wellbeing, however for Grace there are discrepancies between the culture of her immediate supervisor and human resources, which leads to Grace feeling distressed and compromising her wellbeing: "It was a bizarre organisation to work for because my team leader was fabulous but the structures [higher management] around her are not."

Despite supporting her clients to the best of her ability, Grace emphasizes the breakdown in support when the goals of her supervisor and those of upper management conflict, which leaves Grace with the burden of continuing to work in conditions that make her feel anxious and isolated. The simple act of employers acknowledging participants' efforts during the pandemic, or validating the challenging nature of taking this work into their homes is appreciated and conducive to positive wellbeing. Emma and Grace's experiences of organisational support differ vastly. Emma describes:

> One day I just went out to my mailbox and there was a note saying, 'good job, we appreciate your work', and there was a candy bar…it was so nice! And then in the dead of winter, they sent us an email, they told us to go to the source [wholefoods shop], identify ourselves and

> we got this gift hamper…It was amazing, brownie mix, soup mix and all these like nuts and all this candy and goodies and things and I was eating for weeks.....That's unheard of for social work.

This acknowledgement, expression of gratitude and appreciation enhances Emma's wellbeing. Grace describes a much different experience, reflecting a lack of acknowledgement by her organisation of the difficulties of providing family violence work from one's own home:

> I remember we got sent out like sunflower seeds because we were doing the sunflower challenge [competition to grow the tallest sunflower] and we were like 'why don't you just send us an email and say thank you for all your hard work'…Yeah there definitely could have been… just a thank you. There was the tokenistic Christmas gift that you get with a thank you chocolate freckle and maybe some hamper stuff. Which like yeah great cool, but especially some of us who were doing the family violence work, like sorry but that's different to marketing at home.

Emma and Grace's expectations of what organisational support should look like differ considerably. While Emma's needs are met with the gift hamper, Grace needs more tangible support in transitioning to remote work while also finding her feet in the industry. She expresses to her team how she felt underappreciated at the time:

> But still I think, doesn't take away from having that hard experience, and maybe, it would have just been nice…. We talked about it a lot my team and I around, we just would have liked more of a thank you I think. Which I never felt like we were valued. So which sucks. (Grace)

In the section to follow, I draw on emotion work, which is characteristic of participants work with clients. Subsequently I introduce several forms of debriefing approaches, which are identified as a key for maintaining wellbeing in their work.

IPV Practitioners' Work is Emotionally Draining

There is a collective nature to how frontline service workers perform emotional labour in the workplace. Research with call centre customer service representatives shows that when experiencing verbal abuse from customers, workers turn to each other as a form of post-event coping strategy and support (Korczynski, 2003). "Communities of coping" (Korczynski, 2003) are therefore salient to IPV work, where the collective support of colleagues is an important strategy in attending to difficult situations that elicit emotional responses. Emotion work, also termed emotional labour refers to interactions between an employee and their client, and the quality and demands of this interaction (Morris & Feldman, 1996; Zapf, 2002). Ahmed (2004) posits that "emotions are bound with how we inhabit the world 'with' others" (p.28). Thus emotion work is paramount to and a main part of people-centred work, which includes professions in the support industry. These jobs are mentally and physically straining and if not managed and balanced appropriately, burnout can occur (Zapf, 2002). Emotional labour is something IPV practitioners perform in their day-to-day interactions with their clients. Such intense emotional work has the potential to lead to emotional exhaustion (Näring et al., 2012), which is amplified during lockdowns. This is the case for participants in this study, where processing emotions are at the centre of their daily work, as illustrated by Emma:

> And the processing too, especially in my job, it's not just talking to people but like taking something that's happened to a client, going through the practical steps of what happened, and then getting how it's made her feel, validating that and then reframing. It's a lot of mental work. You know it's exhausting!

Practices of reframing, refocusing and recalibrating are emotionally arduous (Mastracci, 2022). In response to this intense emotional labour participants actively attend to their self-care and wellbeing. Several participants find that while the in-person informal debriefing and support of the

work environment pre-Covid is helpful in managing these emotions collectively, this falls away once forced to work from home during pandemic restrictions.

McMurray and Ward (2014) consider that "emotional labour may be tainting work" because of its association "with the emotional dirt of others" (p. 1136). IPV practitioners work with socially or morally stigmatised individuals (Mastracci, 2022) which, at times, exposes them to this 'emotional dirt'. This is particularly the case in Ben's work with perpetrators of IPV where this symbolic dirt taints by association and requires ridding or cleaning from dirt (McMurray & Ward, 2014). Bridget works with communities who experience a high level of violence, substance abuse and homelessness, which is also afflicted by 'emotional dirty work'. Covid-19 has blurred the boundaries between work and home domains, overstepping a threshold with 'emotional dirty work' now invading private spaces (Phillips et al., 2021). There is a need to protect sacred spaces such as the home from harm (Douglas, 2002), and this can be extended to the protecting of the self and one's wellbeing from damage. "I didn't do any Zoom meetings with clients. I felt that was…I didn't want them to be able to look into my lounge room or back shed. I thought no, that's something I won't do" (Ben). Ben counters the blurring of work and home, where he is required to conduct 'emotional dirty work' in his and his family's personal space, by delineating clear boundaries. This represents an important step in prioritising his wellbeing and self-care practices during the pandemic.

Face-to-Face Debriefings are Helpful

An effective coping strategy pre-Covid consisted of informal debriefing moments. "So with my supportive team leader, I felt like I could bounce anything off her, and it kind of felt like a problem shared is a problem halved in a way" (Grace). Instant debriefings, or "communities of coping" (Korczynski, 2003) with work colleagues are relational and communal ways of mutual support and solidarity (Chan, 2021) where participants draw on their work history to encourage and strengthen each other. Care ethics and solidarity are intrinsically linked, with the care ethics-

solidarity relationship demonstrating the "implicit interconnectedness of human vulnerability and mutuality of circumstances" (p. 53), rendering solidarity as an essential feature within which care is embedded (Chan, 2021). Debriefings are also acts of solidarity and enhance participants' wellbeing. Sirota and colleagues (2005) propose that equity, achievement, and comradeship in the workplace are critical attributes and contribute positively to wellbeing in the workforce. In this section I explore the role and meaning of formal and informal debriefings and the relation to wellbeing. Debriefs function to ascertain and meet knowledge gaps, identify where and if additional support is needed, and to develop collective strategies and future goals (Reyes et al., 2018; Tannenbaum & Cerasoli, 2013). The practice of debriefing is characterised by processes of reflection, review and experiential knowledge (Dreifuerst, 2015; Reyes et al., 2018; Tannenbaum & Cerasoli, 2013). Debriefing is also a key function of collaborative learning (Werry, 2016). The five participants use the term 'debrief' loosely to denote a range of practices from being able to vent frustrations to more solution-focused discussions, with the main goals of outlaying distressing and negative emotions, seeking emotional support and validation, or seeking knowledge and resources from colleagues.

Informal debriefing works well because of instantaneous feedback (Werry, 2016), which emerges as a crucial and relational element for all participants where "a lot of solutions get made by just being in the same room with colleagues" (Emma). Family violence work is collaborative in nature and collaboration is also reflected in participants' engagement with their work colleagues which is conducive to employees' mental and emotional health (Chatzittofis et al., 2021). For this reason participants value their "work best friends, and close colleagues", recognising the importance of a person to "bounce things off." This becomes even more vital during lockdown. In Chapter two, I introduced the importance of inter-organisational relationships in the provision of family violence work. These connections are central to participants work and wellbeing and Ben suggests that this is something that, "fell away during the pandemic and these working relationships

are taking time to rekindle", highlighting that collaborative work has been encumbered by lockdowns.

During lockdown, debriefing processes alter, take on new forms (via phone or Zoom) and no longer come 'naturally' as participants work in isolation. As Emma describes, "just being able to walk to the next office and talk to police, and see their face", is an advantage that is no longer possible. The loss of this informal debrief mechanism also impedes on the speed and efficiency with which practitioners generate solutions for clients, particularly when they rely on the knowledge or resources of colleagues, "yeah it's just yours [email] on a pile of hundreds" (Emma). This debriefing is so central to everyday work that it has been taken for granted. Bridget reveals:

> Probably the biggest issue I had was when you are in an open office and you get a stressful phone call…you just turn around and talk to the person behind you. And we all do it, not even consciously, just unconsciously debriefing. Um which that stopped so that had a huge impact on me…Like usually if I'm in an office and get a distressing phone call, my supervisors there, my teams there, they work in the field, they understand… and then we work together as a team to put a plan in place or debrief.

Similarly, Emma describes that while working from home there is, "a lot less collaboration with colleagues. Because you couldn't turn our chairs around and say, 'oh so and so, did you hear that phone call I just had?'…You can't debrief or ask them about a resource as easily." The burden of decision making now lies entirely on each individual practitioner while pre-pandemic this is shared and lessened through brief, constructive and informative conversations with a co-worker. The loss of these crucial collaborative interactions leaves practitioners to make decisions independently, increasing their responsibility and adding to their stress. This issue also emerges in Tina's experience,

> But it was also really hard being away from co-workers and not having that morale sort of lifting if you're just doing a lot of work… like a lot of the work we do you can get sort of down and you don't have the people around you to sort of boost you back up.

"Communities of coping" (Korczynski, 2003) are important for Tina and she identifies 'morale lifting' as another important function of these informal debriefings. She further observes that there is a disconnect in the quality of debriefing over the phone or online when compared with an in person debrief, "yeah and I find it's really hard to open up online or on a phone call than if someone in the office is like 'hey how are you going?' Like you are more likely to actually talk then." The spontaneity of a brief chat with a colleague has been removed.

Debriefing is an essential part of generating ideas and offering mutual support in a collegial, professional environment that also decreases burden and enhances emotional support in view of the nature of their work and its effects on their wellbeing. Tina explains that

> I think having someone in the same job or similar job who you can debrief with and sort of leave it at the office, leave it at the clock off time. Yeah even just to sit at a desk and just talk about something or just bounce ideas off each other so you're not sitting there sort of stewing on it on your own.

'Dirty work' can no longer be left at the office, and now 'contaminates' and further enmeshes professional and private home space, which in combination with the additional barriers to accessing meaningful support, may be detrimental to participants' overall wellbeing (Phillips et al., 2021).

Venting Impedes on Family Wellbeing

Differing from the solution-oriented, stress-reducing goals of informal debriefing, literature on the characteristics of venting suggests that this is a less productive form of coping with stress which seeks primarily to outlay negative emotions (Behfar et al., 2020). Two participants rely on

their partner or others in the home to vent their work frustrations, recognising that this creates strain and pressure on relationships. For example, Grace stories a conversation with a police officer during lockdown that "pissed me off". In the absences of the opportunity to talk with her work colleagues, she unleashes her frustration onto her partner:

> Like he's [her partner] not educated in that and he doesn't know what I'm talking about, so I felt that sometimes frustrating, that I couldn't get that debrief from him instantly, whereas if I had been in the office, I would have had a specialised colleague next to me that I could have just bounced off.

Grace draws on the term 'debrief' rather loosely here to describe an interaction that more closely resembles the process of venting. In research on emotional sharing in close social relationships following exposure to emotional video content, Nils and Rimé (2012) suggest that venting to partners or close friends can provide a short-term reprieve from frustrations. However, verbalising one's emotion (a central component of venting) is shown to exacerbate the associated negative impacts of this rather than provide relief (Nils & Rimé, 2012). Grace acknowledges the limited support her partner can provide, and her preference would be to chat with one of her specialised colleagues.

Bridget works from home in a small space where her family are unavoidably exposed to some of the difficult work-related conversations.

> Also my family was exposed to those situations, when it's at home and I've got someone working beside me, they've heard that as well or they've seen me after that phone call. My partner became my main support in that time which blurs those boundaries a lot. But it also puts… I have to be very careful with client privacy as well. It's hard not to cross those lines when it's like 'you're here, I'm a mess'. And it became quite challenging and there was definitely times where I didn't have those boundaries in place.

This also raises the question of ethics and confidentiality and how these aspects need to be considered, addressed and balanced. Participants are mindful of the need to protect client confidentiality and their own immediate needs to debrief. Both Grace and Bridget use their partners to vent their work-related frustrations. By doing so they transgress boundaries between work and client privacy and their home space and the intimate, private sphere between them and their partners because the partners' proxy position as soundboard creates tensions. The emotional demands of their work slowly seep into their home and relationships, disrupting the usual ebb and flow of everyday life. There is evidence of spill over of work into non-work environment and life, which impacts the wellbeing of the household (Li et al., cited in Dockery & Bawa, 2014).

Working From the Dining Table: How to Maintain a Work-Life Balance

Throughout the pandemic and lockdowns, work and home boundaries become increasingly blurred and "working from the dining table" (Bridget), "not calling in sick when you are sick" (Tina) start to become the norm rather than the exception. Some participants live in smaller homes and face the difficulties of creating a work environment in shared spaces such as the kitchen or living room, which other family members simultaneously use. Working outside of contracted work hours also impacts on a good work-life balance. For example, Emma often gets up at 5am and starts work straight away, while Bridget tends to resume work after dinner, sometimes working until 10pm. The terms 'seeping, invading, and overwhelming' (Cohen et al., 2009) appropriately express the lockdown reality of research participants.

Literature on work-life balance fails to capture the 'unpredictable ebb and flow' that occurs in the everyday balancing of work and home (Cohen et al., 2009). This is particularly salient in an era where a high number of women are employed (Guest, 2002), and balance their full time work while also caring for family members (Meegaswatta, 2020). The growing demands of work, where work often spills over into the home sphere, has the potential to create a work-life imbalance (Guest, 2002), often impinging on personal lives and familial relations. During the pandemic, this

balancing act intensifies, for example, for participants with children (Bridget and Ben) who work and are also responsible for supervising their children's schooling. While the flexibility of working from home is generally valued, evidence suggests that family life may be impeded (Al-Habaibeh et al., 2021; Dockery & Bawa, 2014; Eddleston & Mulki, 2017). A clear physical boundary alleviates this tension where Ben is able to "shut off once work was finished." Both Emma and Ben have sufficient space at home to recreate a work environment and at the end of the day 'leave work' through "shutting the door and the rest of the place is mine" (Emma), or "having a separate place out in the shed" (Ben).

Creating clear physical and symbolic boundaries and routines are considered crucial steps towards self-care. Grace illustrates this in her account:

> One thing though probably, actually now that I'm saying that, there was a bit of a patch in the pandemic where I was just sleeping until quarter past 8, getting straight up and logging on. And I felt that was bad for me because I didn't disconnect from being in bed, and being in my safe place to being at work. So I made a really concerted effort to get up, at least have a shower and then log on, just to have that disconnect a little bit.

Here Grace differentiates between her safe place (bed) and being at work, acknowledging the need to set symbolic and psychological boundaries between the two in order to attend to and maintain her wellbeing. Bringing clients' trauma into their homes significantly impacts on practitioners' ability to separate work and home domains (Heward-Belle et al., 2022). For Bridget finding a space to work privately proves a challenge as she is living in what she calls a "tiny apartment":

> Yeah but also just trying to take phone calls or anything like that I'd be yelling [at her son] and then be like 'Just go in your room' and I'm trying to talk on the phone to a client or

> something and then he's [her son Adam] crying in his room. It was just so hard, I don't know how it was supposed to work.

Shielding her son from her work phone calls and the danger of being interrupted by him, being a caring mother and a good employee becomes a constant balancing act for Bridget causing tension within her and between her and her young son. Studies show that the wellbeing of children largely depends on the wellbeing of their parent (Aarntzen et al., 2019). In a quote used at the beginning of this chapter, Bridget struggles to find time to herself, something that she values and augments her wellbeing.

Research exploring probation officers' experiences during the pandemic illustrates the difficulties of bringing work into the home space, particularly when children live at home (Phillips et al., 2021). Ben describes that he is,

> Mindful of the conversations I was having. I've got two school aged sons who were also there. So that made it a little bit tough to find a space to sort of work quietly, privately. I eventually ended up in the back shed which was ok, we made it work. So yeah initially it was a little bit tough but we got by, we made do.

Ben's work with perpetrators of IPV shares similarities with that of probation officers, where he has to reconcile disclosures of abuse and violence while working from his family home, which becomes emotionally sullied (Phillips et al., 2021). Ben's use of the pronoun 'we' indicates the collective effort of his family to accommodate his work needs while Bridget as a solo mother, manages time, work and her son's education by herself.

Supporting Employee Wellbeing Through a Flexible Working Arrangement

While the pandemic results in many occupational challenges and initial disruptions for the family violence support industry, one notable positive outcome is the acceptance and implementation of a flexible working arrangement (FWA). Since the pandemic FWAs have

become more popular, and research has suggested that employees are increasingly in favour of FWAs and divide their days between the office and home (Williamson & Pearce, 2022). The majority of research participants endorse this development. For example, Ben describes how, "if we wanted to we were able to apply for a day at home to work, so I do that on Monday's, so that's really good. I enjoy my Mondays at home." Similarly, Emma reports,

> Yeah, I work right now Tuesday, Wednesday, Thursday [in the office], so I have Monday's and Friday's at home um which is easier for me because I'm like working from home today, so after the weekend… you know how like Sunday at 7pm your like 'oh no I've got to go to work, I'm going to have to put pants on' (laughs). Monday is a lot easier for me to transition, I'm still working but for some reason going to work on Tuesday doesn't seem as hard, I think. So I'm hoping they'll let me keep that.

While some participants are able to choose to work from home post lockdown, this is not a viable option for others due to increased workloads after returning to the office.

> Yeah most people are able to work a day or two from home. My team at the moment is just too swamped, we all just work in the office every day, and because we have to go out and respond so it's just easier. (Tina)

Bridget who resides and works in Melbourne where lockdowns are longer and have greater limits on community access, the transition back to work is more challenging because her employer remains hypervigilant and fears the spread of Covid-19 in the office. Keen to return to the office, Bridget notes:

> Um I think so in adapting. I think when we went to more of the hybrid, building up capacity to be in the office, that's when it was quite difficult because I was like, 'I need to get out of this house', but they were like ' na we need to work from home, it's too dangerous'.

While Bridget welcomes the return to working from the office, Grace has to fight for a flexible working arrangement,

> Well they were never going to let us have work from home days. Anyway, I was a pain in the ass and I actually started getting peoples' feedback and started putting it together and collating it to be like we can still provide the same service over the phone, clients do prefer it a lot of the time, we should be allowed to have a hybrid working arrangement. Anyway, thank goodness, we got a day. So everyone got a day from home, which was fantastic and I loved it. It was my Wednesdays at home and I used to love it.

Working from home is initially met with a mixture of anxiety, apprehension and some challenges, but after several months participants adapt to this novel way of working and begin to see the benefits, in particular with regards to their work-life balance. Grace narrates the everyday activities and rituals that the pandemic lockdowns allow:

> Yep, so I miss being at home a lot. Like I miss not having to get up, chose an outfit, shower blah blah blah. I miss not being able to spend my mornings with my partner Max's mum (who lives on the same property) and just be able to have a quiet coffee morning. I miss not being able to just go over to the beach anytime I wanted and relax. Yeah I miss that autonomy. But that's ok, I said that this new job was going to be a learning experience for me. Because there's no opportunity to work from home at all in this job. But I definitely miss the work life balance that the pandemic provided me in a way.

A sense of autonomy of how to spend her time allows Grace to integrate moments of self-care into her day. Overall, the lockdown offers participants an opportunity to explore, rediscover and relish simple pleasures found in the mundanity of everyday life.

Chapter Summary

In this chapter I have outlined the experiences of victim-survivors during lockdowns as storied by their immediate supports. Participants are burdened with the significant barriers to engage or initiate contact with clients to ensure their safety which negatively affects their wellbeing. After an initial period of disbelief and turmoil when work moved from the office to their home, participants forge new ways of working and navigating day-to-day activities. They quickly adapt and learn novel self-care practices with their respective organisation fostering or hampering their wellbeing endeavours. From the initial distress of the lockdown and the need to work from home, participants' experiences reflect a narrative shift from the initial panic to now valuing the flexibility and associated personal benefits of being able to work from home a few days a week (post-pandemic restrictions). Over time, participants are able to see the positive aspects to this change in work practice, and tell about the positive impacts on their overall wellbeing.

The following, and final chapter (Chapter Five) discusses key findings from this research. These include the relational nature of wellbeing, which is co-dependant and embedded within all forms of human relating, including with self, space and place (Atkinson et al., 2012). These relationships foster self-care and wellbeing, and are altered and reconfigured in response to the pandemic disruptions. Participants' feel that at times they have neglected their responsibility as 'the good carer' toward their clients, and navigating this normative pressure is difficult. Findings reflect that care is reciprocal and caring relationships are present at every level of social connection whether through work or personal life. Covid-19 and lockdowns transform everyday life, and participants' accounts signal a narrative turn from initial uncertainty to clearer expectations of how they wish to attain work-life balance in keeping with their wellbeing and self-care.

Chapter Five: Discussion

"Care is found in the household, in services and goods sold in the market, and in the workings of bureaucratic organisations in contemporary life"

(Tronto, 1996, p.143)

Tronto (1996) positions care at the centre of everyday life. Acts of caring are omnipresent, operate both publicly and privately, and encompass the essence of human connection with others. The outbreak of the Covid-19 pandemic revealed the fragilities of human connection and the important role social relationships play overall and especially in relation to wellbeing. In Chapter One I criticised the fact that frontline workers were narrowly defined to predominantly include doctors and nurses who gained a lot of attention and support, and rightly so but at the expense of other vital frontline workers. The aim of this thesis was to explore the everyday wellbeing practices of IPV practitioners who continued to work during the Covid-19 pandemic lockdowns. Specifically, I inquired how IPV practitioners attend to their wellbeing and that of their clients during the lockdowns, adjusting to altered ways of working and doing everyday life, including self-care. I explored five IPV practitioners' experiences of self-care and wellbeing practices during a time where personal and work lives overlapped and intertwined. Covid-19 induced a narrative turn and research participants used this watershed moment to discuss their wellbeing practices pre-Covid and during Covid, sharing accounts that either fostered or impeded their wellbeing. The relational aspects in these accounts were emphasized, but they also potentially clashed with more general wellbeing narratives that often focus on individual responsibility (for wellbeing) and notions of achievement and productivity. I utilised both interviewing and photo-elicitation to capture the complexities of attending to wellbeing during this time, where participants demonstrated resilience and adaptive strategies to the newly configured everyday life.

In this chapter I discuss key findings of this study that uncover wellbeing as co-dependant and relational, embedded in relations with self, the environment, social and working relationships. Being well is also shown to be adaptable and resilient to changing conditions of everyday life. Drawing on the accounts of participants, I challenge the unhelpful notion of the 'good carer', a narrative which cannot always be achieved, repositioning IPV practitioners' care of self as warranting equal consideration to that provided for others. The tyranny of the 'good carer' narrative influences participants' relationships in their various forms such as care for others (work, clients, family), and care of self. Interwoven throughout this study is the concept of care ethics, as IPV practitioners' work "requires ethical sensibilities and relational as well as practical skills" (Barnes, 2012, p. 83). Ethics of care is embedded in the experiences of everyday life and thus provides a means for discussing and considering care across various relationships, both personal and professional (Barnes, 2012). Participants' wellbeing accounts reflect the fluidity of wellbeing, which is constantly negotiated, refined, adaptable, and supported by resilience mechanisms. Employing an ethic of care to this thesis illustrates that wellbeing is intrinsically relational and embedded in social, personal (self) and environmental relationships.

Being well is Co-Dependant, Relational, and Embedded in Place

Relationships have the potential to impact on wellbeing positively or negatively (Chan, 2021; Haslam et al., 2009) and this resonates with the experiences of participants, where their performances of wellbeing and self-care are generally mediated by relational factors. For example, regardless of whether enacted through "getting out, walking the dog, getting a bit of exercise, spending time with family socially and trying to catch up with friends" (Ben) or through "listening to and honouring my own needs no matter what they are" (Emma), wellbeing practices are entrenched in relationality. Participants' narratives show the importance of considering wellbeing through a relational, socially and culturally constructed lens (James, 2017; Plaut et al., 2012; White, 2016). Central to this orientation to wellbeing is a rejection of a universal approach, instead

participants highlight the contextual and subjective understandings of wellbeing, which is mostly embedded in relationships (Atkinson et al., 2012). The relationality of wellbeing has been delineated through participants' ties with family, friends, work colleagues, clients, the environment and self (James, 2017). During lockdown and working remotely, these relationships and essential connections weaken, need to be adjusted and reconfigured, and, in some cases, stop altogether. This impacts on participants' wellbeing and alters everyday life with limited possibilities of close social interactions during the pandemic. Time spent in lockdown nurtures and strengthens participants' relationship to self, which is expanded in the section to follow.

The Self-Care Relationship

Self-care is negotiated, tested or aided, and is a process which is principally relational to self, other and the world (Knapik & Laverty, 2018). Participants grapple with adjusting and finding new ways to attend to their self-care and this relationship with self at times impedes on wellbeing, particularly when influenced by social norms and social comparison (Festinger, 1954). Comparing herself downward, Tina evaluates her situation and concludes that others are worse off than her: "I'm getting there [emotional exhaustion]. But it's not too bad and the works good and I can't complain too much, like I've got a job." As human beings realise their self through labour, Noble (2004) posits: "We externalise or objectify ourselves into things we produce, things that we then reabsorb" (p. 235). Participants' dialogues objectify their self-care, with self-expectations pressuring them to perform to the same standard and quality as pre-Covid. Normative understandings of care are also influenced by policy discourses and governance which justify where (and with whom) responsibilities for providing care rest (Ward, 2015). Thus, when participants prioritise care of their clients, as evident in Tina's account above, attending to their self-care is negated and deemed less important. Casalini (2019) suggests that exhaustion results when boundaries between work and personal life disappear, which aptly captures the crux of the pandemic experience for participants. Applying an ethic of care to the self relationship comprises

"maintaining an open-ended inner dialogue of the self with oneself and reinventing oneself each time in relation to the other (be it oneself, other human beings, non-human animals, the environment or the world)" (Mozere, cited in Casalini, 2019, p. 138). Shortly after returning to work following the lockdown, Emma's account embodies this 'open-ended inner dialogue' where she prioritises and protects her wellbeing at work:

> There were a couple of clients that I had to say 'you can't have any cold like symptoms so I can support you by phone but I can't see you in person'. And it's really hard because it's easy to default to like 'but she needs me and I'm here to help'. But then I just had to stop that voice because that voice comes from you know 'I'm the only one who can help her'. And that is not true. You know 'if I don't see her in person, who will?' And you don't want that voice coming in.

Emma is aware of the conflicting internal dialogue which emerges when she nurtures and prioritises herself, and denies the self-deprecating narrative that leads to feelings of guilt. Her account captures the complexities and dilemmas of all participants' experiences where they struggle to balance care of self and care of clients.

Self-care is valued, performed and enacted within cultural contexts (Knapik & Laverty, 2018; Plaut et al., 2012), thus each participant's relationship with self is unique, their acts of self-care are fundamentally relational, and encompass various ways of enhancing wellbeing. Emma practices "doing nothing at all" as an act of self-care which symbolises defiance of the glorification of achieving and doing more, which is often common to individualist cultural narratives (Knapik & Laverty, 2018). As Godfrey and colleagues (2011) posit, accomplishing self-care may entail action or inaction. Other participants embed their self-care within specific practices which they identify as enabling them to "feel good", such as Bridget utilising yoga, pilates, and meditation to restore her mental, emotional and physical sense of wellbeing. Similarly, Tina is involved in sport (cricket and

football) which fulfils her physical, social and relational self-care needs. Grace walks, runs and plays netball to pause from technology, which restore her sense of mental, emotional and physical balance. Self-care supports and sustains social and psychological needs, thus preserving and enhancing overall wellbeing (Godfrey et al., 2011). All participants consider exercising beneficial for both mind and body and advocate for a holistic, multidimensional wellbeing approach (Atkinson et al., 2012; Durie, 1994).

Much like wellbeing, self-care is a "continuum of care" (Godfrey et al., 2011, p. 10), which at times requires balancing with the support and care of others (Ward, 2014). In addition to relational engagement, self-care can encompass material components such as listening to music (Tina), playing an instrument or visiting an art gallery (Ben), or being outdoors (Bridget) to gain a deep sense of being well.

Relationships with the Physical Environment

As I introduced in Chapter One, Te Whare Tapa Wha incorporates the Māori worldview and its profound connection to the environment (Durie, 1994) and provides a symbolic and physical foundation for the model's cornerstones to wellbeing. Therefore, relationships with space, place or the environment offer stability and a basis to nurture a holistic sense of wellbeing. Durie (1994) posits that relationships with the environment, and a "capacity to have faith and be able to understand the links between the human situation and the environment" (p. 71) demonstrates wairua, which refers to the spiritual dimension of wellbeing. According to a Māori worldview, all things, including the environment, possess physical and spiritual traits through their mauri (life force) (Rochford, 2004), which is similar to Australian Aboriginal communities' closeness and connection with land (Tynan, 2021). To gain a sense of wellbeing all participants draw on their relationship with and point to the importance of the environment (and objects within it), by which they mean either the outdoors or their home. For Emma, books and reading are integral to her practice of self-care, and she constructs a conducive environment in her home space:

> I rearranged the house so that the bookshelves face me, there's a bowl full of my bookmark collection, the couch is arranged to face the sun and so it's pleasant to sit on it and there is a table that I put the drink and a book down. My glasses are all, because I have several pairs, laid out on their own rack so I've made it easy to do this [read]. And I think the thing that the pandemic brought for me the most was surrounding yourself with a social environment that supports you wanting to do things like read.

Emma creates an environment, her personal restorative space to nurture her passion for reading and books. Such material objects are relational (Harmsworth & Awatere, 2013) as they are imbued with memories and clearly are beneficial to and enhance Emma's wellbeing. Noble (2004) suggests,

> Our domestic objects, especially those prized possessions we maintain for years, constitute key resources in the ways in which we go about objectifying the complexity and continuity of our self-hood and its relatedness to others, retaining these in the objects and spaces of our everyday environments (p. 238).

Thus wellbeing is nurtured and preserved through our relationship with the environment and material possessions (Noble, 2004), which foster essential social connections to the self and wellbeing (Ahmed, 2004). Grace honours her sense of wellbeing and avoids contaminating or tainting (Phillips et al., 2021) her safe space and she separates her work and personal spaces when the two start to overlap:

> There was a bit of a patch in the pandemic where I was just sleeping until quarter past eight, getting straight up and logging on. And I felt that was bad for me because I didn't disconnect from being in bed, and being in my safe place, to being at work.

Emotional attachments and meanings are embedded within places such as the outdoors and home environments (Atkinson et al., 2012), and are valuable relational sources of wellbeing. These

attachments become encumbered during the pandemic when work is brought into the home and participants' 'safe' space. Thus participants need to adjust and reconfigure these attachments which is achieved by adopting alternative connections to places of wellbeing, for example, with nature and the outdoors. Grace lives in close proximity to the ocean and beach, a crucial 'therapeutic landscape' (Doughty et al., 2022) she continues to access during lockdown. Increased outdoor activities intensify emotional and relational connections to the natural environment (Doughty et al., 2022).

The virus is considered a serious threat to people's health and lives and disrupts taken-for-granted practices and activities. It abruptly changes social interactions and outdoor pursuits. Previous ways of doing, being and keeping well, all of which are embedded in personal and cultural history (Fu et al., 2014) are often no longer possible. Tina's annual camping trip was cancelled. Ben is no longer able to visit locations that are of significance to him, and which have contributed to his wellbeing in the past. Participants show resilience and adapt to the new circumstances. The disruption of the Covid-19 pandemic dramatically impacts familial routines on a similar magnitude to that of World War II (Prime et al., 2020). Ben's interest in family history and strong link to his ancestors who served in the war, allows him to compare the pandemic to war-like conditions, and, together with his life experience tell him that both are transitory. The cultural and historical significance of this vicarious learning (Barton et al., 2020) provides Ben with confidence that he and his family, too, will manage.

Personal Relationships: Family and Social Networks

Covid-19 restrictions, in particular physical distancing from family, friends, and colleagues impact social connection and has been a significant challenge (Dimmock et al., 2022). While social media and videoconferencing applications provide a surrogate option for face-to-face social interactions (Hales et al., 2021; Rogers & Cruickshank, 2021), evidence suggests that these tools are inferior because human needs for close contact are not fully satisfied (Kushlev et al., 2017).

Participants' adjustment to the changing social relationships is permeated with feelings of uncertainty and isolation. To counteract these emotions participants draw on solidarity with others as an act of self-care. Relationality is a central attribute of and links care ethics and solidarity (Chan, 2021). Given the collective struggle faced during lockdowns, participants seek solidarity with co-workers to accommodate, adjust to and surmount the pandemic effects on their wellbeing. Drawing on social connections in new ways, participants relay that shared experiences protect and boost their self-care practices and wellbeing. For example, all participants' have pets, which provide a source of companionship, purpose and solace during lockdown. In the section to follow, I explore the interactions between working relationships and wellbeing, including solidarity, which is also relevant. The collective challenges in the move to remote work fosters relations of solidarity within working relationships (Chan, 2021).

Working Relationships: Management, Colleagues, and Clients

An ethics of care implies interpersonal, contextual relationships and emotional bonds (Held, 2005). Research participants tell of complex work relationships and interactions with supervisors, management, clients and work colleagues. A strained relationship with management has the potential to weaken wellbeing, which Grace hints at: "us who were doing the family violence work, like sorry but that's different to marketing at home." This quote is in the context of organisational care and Grace feels disenchanted by management's lack of compassion and understanding for her work under challenging lockdown conditions. In turn, participants feel they have failed in their duty of caring for their clients, "it's really hard when you build a really good relationship with someone and then you're like 'sorry I can't come out [home visit], I'm not allowed to' because of Covid" (Bridget).

In IPV work, colleagues provide robust "communities of coping" (Korczynski, 2003) as a source of solidarity in the collective challenges and struggles (Chan, 2021). These collegial and informal relationships weaken during lockdown, in particular the informal debriefings previously

identified as beneficial peer support are lost and "therefore you did hold more yourself" (Grace). Organisational relationships have the potential to either boost or diminish participants' wellbeing. This is also the case for their relationships with clients. Pre-Covid, face-to-face contact was the norm, taken-for-granted and important in developing rapport and trust with clients and of particular relevance to "understanding their story" (Bridget). During the lockdown, close contact was in most cases no longer possible, leaving practitioners powerless and worried for their clients' wellbeing and not at all what constitutes the 'good carer'. Next I explore notions of the 'good carer' and implications when failing the 'good carer' image.

The 'Good Carer'

In Chapter three, I introduced social norms. Participants are not immune to the pressure of conforming to social norms, which has consequences for self-care practices. Contemporary western theorising about wellbeing is problematic, politically charged and reproduces social norms as it pre-defines the sources of wellbeing and happiness which will lead to the 'good life' (for example, love, marriage, children, wealth and success) (Ahmed, cited in Atkinson, 2013). This exposes and imposes normative values that often define happiness and wellbeing. I draw on this to exemplify the pervasiveness of norms, and the pressure to perform wellbeing in certain ways to reflect success regardless of whether these values are congruent or incongruent with personal values (Atkinson, 2013). These assertions connote the pressures participants feel, particularly given their role as carers for their clients, which requires them to always be 'on'.

All participants express tensions between the need to take care of themselves and complying with norms of 'the good carer' (Cialdini & Goldstein, 2004). Ideas of what constitutes 'good care' while being unable to provide 'good care' during lockdown diminishes and undermines participants' wellbeing. Achieving 'good care', which posits altruism and prioritising others above their own needs (Lewis et al., 2022), is hampered during lockdown conditions. The curse of this ideology burdens practitioners and tempts them to sacrifice, neglect and deny their self-care and

wellbeing. Subsequently, participants battle to clearly delineate between care of clients and self-care, which causes tensions (Ward, 2014).

Concepts of care often consider this oscillation as moving between people, but seldom consider relationships to place, space and self (Chan, 2021). The latter is of particular importance and relevance to research participants. While it is taken for granted that gardens are tended to, houses are kept clean, living rooms are styled and orderly, self-care is often neglected or else imbued with feelings of guilt. Doing nothing and switching off are often frowned upon and considered unworthy of 'active' wellbeing endeavours. In this vein, participants learn to enact self-care in opposition to the influence of social norms, and thus refuse to conform and comply with values which hamper their attention to self-care.

Relationships of Care are Reciprocal

In Chapter One, I introduced the feminist ethics of care to outline that caring relationships are embedded in the work of IPV practitioners and thus intertwined with their own wellbeing. Participants' value and prioritise their relationship of care with clients, and lament the limited means of engaging with and maintaining care for clients during lockdown. The qualities of these caring relationships are considered as empathic, collaborative and reciprocal (Barnes, 2012). As discussed in Chapter Four, lack of face-to-face contact with clients impedes on trust and rapport building. Additionally, participants' ability to assess their clients risk and safety concerns distantly compromises their ability to overtly care-for their clients. For example, "if they looked like they'd lost weight, or they looked really dishevelled, or they might have a mark on them, or their clothes are really battered… it forms part of our assessment" (Grace), which endorses the value of face-to-face interaction with victims of IPV. Practitioners are prevented from doing their job properly and according to best professional practice, which causes anxiety and in turn impacts their wellbeing. Narratives of guilt suggest that altered caring relationships also distort participants' confidence in

their work. Meanwhile, participants, like everybody else, also struggle with the sudden onset of the pandemic and related health concerns.

Caring-for clients is central to the work of IPV practitioners. The disruption of face-to-face contact alters the caring relationship and reconfigures participants' ability to care-for into a role which more closely resembles caring-about. Caring-about, which reflects a more general concern for others (Noddings, 2013), falls under the responsibility of organisations, who are entrusted to provide supportive conditions for those caring-for, including robust and reliable policies and practices that espouse care-about and care-for (Noddings, 2013). While material support is adequate, some participants' feel their organisation did not provide sufficient psychological support.

The following section explores the temporal changes and narrative turn to participants' wellbeing experiences throughout the pandemic.

Wellbeing Experiences Explored Temporally

The Constant Negotiation of Wellbeing

In addition to its eudaimonic and hedonic philosophical roots, wellbeing encompasses a complex, holistic assemblage of multi-faceted and intersecting dimensions including psychological, social, spatial and environmental factors (Atkinson et al., 2012), as well as the presence of spiritual dimensions (Conradson, 2012; Durie, 1994). Such holistic explorations of wellbeing allow for personal and collective expressions of wellbeing to emerge (Atkinson et al., 2012), all of which encapsulate human relationships.

In response to working remotely and over time wellbeing practices changed to become more fluid and dynamic in nature and participants find that working from home has benefits for their wellbeing and self-care. Through personal development and resilience, social support, the acquisition of new experience and increased self-awareness participants start to honour and prioritise self-care and wellbeing, which ultimately also enhances their work practices. Wellbeing

and wellbeing practices are ever-changing and evolving processes in which self-care needs adjust to new circumstances, contexts, and enhance resilience. Bridget likens these experiences to having a baby, which requires continual modification of social practices to skilfully navigate everyday life.

The next section explores how everyday life is transformed during Covid-19, focusing on how participants draw on their personal and social resources to adjust to the pandemic and remain attentive to their self-care and wellbeing.

Everyday Life Transformed

Covid-19 disrupts routine practices such as going to work, attending school, shopping, and visiting the doctor—activities that encompass the collective rhythms of society, which require reconfiguration as the 'old' ways no longer function (Greene et al., 2022). This leads to the need for participants' to transform, reorganise and reimagine everyday life as the pandemic progresses, where there is an evolution of their social practices, many of which remain in place once lockdown restrictions have ended.

It emerges that flexible working becomes highly valued and is regarded as a positive outcome of Covid-19 lockdowns. Previously unexplored in this industry, participants prove that they are equally productive working from home as they are working from the office. Working from home also offers an opportunity to engage with clients in more creative ways while attending to their clients' safety and other needs, which disperses their initial doubts and stress. This, in turn, positively affects and improves practitioners' wellbeing while also gaining a deeper appreciation of how draining their work is. They gain a new understanding of the need to balance work and their private lives. Grace describes:

> I need a lot more alone time [post-pandemic]. I have to put a bit of time aside for myself every weekend to look forward to because doing social work, you are always with people, and you are constantly on, on, on.

During the interviews, Grace self-identifies as being extroverted and enjoying a busy social calendar prior to Covid-19 lockdowns. By necessity this changes and allows her to gain a new appreciation of her own needs and self-care practices, the quality of which become more caring and compassionate (Held, 2005). Emma and Bridget utilise the lockdown to reflect on the quality of their social connections. Emma suggests that "I had a lot of social vampires in my life that I don't have anymore. I have fewer friends now because I just found that some of these people have got to go." She culls relationships which she now experiences as draining and unfulfilling in an effort to reset and recalibrate her wellbeing resources. Goals of social interactions also adapt and change, and participants pursue deeper and qualitatively enhanced personal relationships: "So, seeing friends, not just going out partying but, 'let's go for a walk in the morning' or doing something that is still that connection but also has benefits in other areas [of wellbeing] for me" (Bridget). The lockdowns allow participants to evaluate their relationships, gain clarity of what is important to them and attend to their self-care and wellbeing more holistically, a key lesson that Bridget has taken from her time in lockdown.

Concluding Thoughts

This study offered Te Whare Tapa Wha (Durie, 1994) as a holistic model conducive to examine and understand wellbeing as relational (Shakespeare et al., 2021). Participants understand wellbeing as having holistic qualities requiring balance that can be achieved through remaining mindful of their needs. This is consistent with a Māori approach to wellbeing, which takes an integrated rather than atomistic approach (Harmsworth & Awatere, 2013). This is in keeping with findings that reflect flexible, adaptable, evolving, contextual and complex understandings of self-care practices that are incongruent with an individualist, ideological approach to wellbeing. Mutuality and reciprocity are also embedded into an ethical research approach (Clandinin et al., 2016) that I applied. The loose conversational structure of the interviews, and participants' agency

to choose a suitable place to conduct the research, invited a relaxed and informal space to share their experiences.

My findings present wellbeing as fluid and dynamic processes, which constantly require adjustment to new circumstances and internal negotiation to achieve a sense of overall balance. This conceptualisation reflects a culturally sensitive orientation to wellbeing, positioning spirituality as equally important as other dimensions of wellbeing such as physical and emotional dimensions more often observed in dominant theorising. This framing of wellbeing is consistent with Durie's (1994) model, Te Whare Tapa Wha (see Chapter One) as well as non-cultural wellbeing perspectives which value relational dimensions of wellbeing as comprising part of the dynamic whole that wellbeing is (Atkinson et al., 2012; Narvaez & Witherington, 2018). According to care ethics, the organisation of care work should support workers to care and feel cared for (Barnes, 2012). Moving to remote work weakened the practical aspects of caring-for clients, burdening participants and adversely affecting their wellbeing. Participants' relationships with clients are embedded within wider understandings of care work in which they are "engaged in a process of determining how best to meet needs in a way that respects the particularity and the social and cultural context of the person needing help" (Barnes, 2012, p. 75) which requires a system which supports this. Future research may benefit from examining strategies for nurturing relationships of care, such as those IPV practitioners share with clients, when face-to-face interaction is not viable, and organisations rely on telehealth or other modes of service delivery. In this vein, this thesis contributes to understandings of caring relationships in particular during extraordinary circumstances such as a global pandemic, which necessitated rethinking and reinventing the work environment and client interactions. These changes impacted care relationships with clients and self. My findings shed light on how Covid-19 disruption for IPV practitioners and other frontline workers extends beyond emotional exhaustion and burnout, as lockdowns permeated their families, homes and relationships with self. This unprecedented time altered everyday life as it was

experienced pre-pandemic, and self-care and wellbeing initially suffered as a result. Resilience, introspection, and adjusted work habits restored participants' wellbeing practices.

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Appendix A: Information Sheet

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PARTICIPANT INFORMATION SHEET

Understandings of Everyday Wellbeing of IPV Practitioners during the Covid-19 Pandemic

Researcher(s) Introduction

My name is Hannah Christoffersen and I conduct this research as partial fulfilment of a Master of Science (Psychology) Degree through Massey University, Auckland, Aotearoa New Zealand. The purpose of this project is to explore the unique ways in which intimate partner violence (IPV) practitioners drew on relational wellbeing strategies during the Covid-19 pandemic while several restrictions to face-to-face contact were in place. This research project will be completed under the supervision of Dr Amanda Young-Hauser.

Project Description and Invitation

Combining face-to-face interviews alongside photo-elicitation, this qualitative study aims to identify how the Covid-19 pandemic influenced the everyday wellbeing of IPV practitioners. I would like to invite you to participate in this study to learn about your self-care strategies as well as the ways in which your organization adapted to the pandemic restrictions to support your wellbeing and mental health. I envisage to meet with you twice for about an hour to an hour and a half at a location of your choice and convenience. During the second meeting we will talk about photos that you have taken since our last meeting. These represent your self-care and wellbeing strategies. I will discuss this in more detail during our first encounter.

What happens with the interviews?

I will ask for permission to audio record the interviews. This, together with the transcripts, will be stored on a password protected device with direct access to this data only available to the researcher and secondary access to my supervisor, Dr Amanda Young-Hauser. In line with Massey University Ethics requirements, material collected during the research project will be destroyed appropriately five years after the completion of the study. At the completion of the study, I will email you a summary of the research findings if you wish. To ensure your privacy, a pseudonym will be used. The interviews and photos will be used for my Masters thesis with the possibility of also writing a journal article based on the findings.

Participant's Rights

If you decide to participate, you have the right to:

- Decline to answer any particular question.
- Withdraw from the study at any time during your participation;
- Ask any questions about the study at any time during participation.
- Provide information on the understanding that your name will not be used.
- Ask for the recorder to be turned off at any time during the interview.

Project Contacts

- Researcher: Hannah Christoffersen
    - 0458 981 787
    - Hannah.christoffersen.1@uni.massey.ac.nz

- Supervisor: Dr Amanda Young-Hauser
    - +64 27 681 7525
    - a.young-hauser@massey.ac.nz

Please feel free to contact myself or Amanda should you have any queries regarding this research project.

LOW RISK NOTIFICATIONS

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email *humanethics@massey.ac.nz*.

Appendix B: Consent Form

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PARTICIPANT CONSENT FORM – INDIVIDUAL

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix A. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I wish/do not wish to have data placed in an official archive.
4. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I ___________ [print full name]__________ hereby consent to take part in this study.

Signature: ________________________ Date: ________________

Appendix C: Interview Schedules

First interview:

Focus Point 1: Pandemic disruption to everyday life

- What did this look like for you? (a) in a personal sense; (b) in an occupational sense; (c) from the lens of your clients (wellbeing impacts to their daily life)
- How did you adjust to this disruption?
- You must hear some distressing things from clients at times during your work, (a) How do you detach from this once work has finished? (b) What are the added challenges to this since working from home?
- Could you describe to me a time during the pandemic that you felt unable to fully support your clients in the capacity you had prior to restrictions? What strategies did you use to tackle this?

Focus Point 2: What does wellbeing mean to you?

- What wellbeing rituals do you most often use that help you to switch off after a busy day at work?
- What would you say are the biggest challenges or stressors that influence your wellbeing?
- In coping with the challenges that arose with the pandemic, what recommendations did you give your clients to support their wellbeing?
- What barriers do you think you may have placed on your own self-care? E.g. Negative emotions, repression of feelings etc.
- How do you perceive your wellbeing to have changed or adapted during the pandemic?

Focus Point 3: The role of the organisation

- What positive wellbeing supports does your work have in place that help to alleviate any personal or workplace stressors that come up for you?
- There was a big move to telehealth or remote supports during the pandemic, how did your organisation adapt technology to support you in your role during this time?
- Did you perceive any barriers to your self-care and wellbeing that resulted from organisational factors? What could have been done differently to avoid this?
- How did your workplace adapt technology in the move to remote work to facilitate wellbeing and social connectedness of staff?

Focus Point 4: Introduction of photo task for next interview

- After our discussion today I would love it if you could go home and take some photos or gather some existing ones that you feel would be relevant to your wellbeing or self-care. We will discuss these at our next interview.
- Timeframe: 2 weeks

Photo Elicitation Interview:

- Can you please talk me through each of these photos and what it is that made you choose them?
- How do you think these capture your everyday wellbeing?
- Why is …. an important aspect of your self-care?
- Is there anything that came up after our last session, or today, that you wanted to discuss?
- After taking part in this photo elicitation task, how do you think your perspective on your wellbeing may have changed since our first interview?

(Note: Allow time for any questions that have come up in the transcription of first interviews)

Questions to trigger richer information:

- Can you elaborate on that?
- What do you mean by that?
- What would that look like/can you give me an example of this in everyday life?
- In linking this back to your wellbeing, how did … impact on this? Negative/Positive