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Writing Therapy in the Academy: Risks and Challenges

Abstract:

Since 2008, I have coordinated a unit entitled Writing Therapy as part of ECU's undergraduate writing course. Students explore the theory and practice of writing therapy and its connections with discourses of psychology, psychoanalysis, literature and creativity, as well as the related fields of bibliotherapy, trauma studies and testimonial life-writing. They experiment with various kinds of writing, and consider the possible dangers of therapeutic writing, since in some cases the practice may engender anxiety and distress, or facilitate self-delusion and evasion rather than insight and transformation.

Even so, suggesting that students experiment with forms of writing that published novelists, poets, social scientists and therapists consider remedial may create expectations of therapeutic benefit. The very title of the unit and its higher education setting posit the existence of a legitimate entity, so that verbal and written disclaimers and warnings that students should reserve their judgements may not be entirely convincing. Furthermore, the usefulness and appropriateness of personal writing in tertiary education is widely debated.

This paper acknowledges such arguments, as well as concerns that a 'therapeutic ethos' has spread beyond the clinic, damaging social life and institutions and effectively depoliticising, pathologising and diminishing individuals. This type of prognosis, expounded by Phillip Rieff as early as 1966 in *The triumph of the therapeutic*, has been expressed recently by cultural analysts on both sides of the Atlantic, including Frank Furedi in *Therapy culture: Cultivating vulnerability in an uncertain age* (2004) and Christina Hoff Sommers and Sally Satel in *One nation under therapy: How the helping culture is eroding self-reliance* (2005). A particular concern is the alleged intrusion of therapy into education, a case elaborated by Kathryn Ecclestone and Dennis Hayes in *The Dangerous Rise of Therapeutic Education* (2009).

This paper concludes that a Writing Therapy unit can productively negotiate these debates and make a useful contribution to a tertiary writing program, despite—and even because of—its contested status, inherent risks and ethical complexities.

Biographical note:

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Keywords:

Writing—writing therapy—therapy culture—ethics—therapeutic ethos—tertiary education—mental health—wellbeing—teaching

In 'Seeking help for struggling students', Norton and Brett (2011: 27) claim that the expansion of higher education in Australia has coincided with an 'increased recognition and incidence of mental ill-health' and that attention to this issue partly results from some 'unfortunate and extreme circumstances', such as campus shootings[1] and 'other acts of violence', as well as the 'silent tragedy of suicides'. It seems undergraduates 'straight from school are at particular risk': research indicates that mental disorders 'peak within the 16-24 age group', with 26 per cent of young adults having 'an anxiety, depressive or substance use disorder'[2]. Furthermore, a recent study found that undergraduates experience levels of 'significant distress' four times higher than the rest of their age groups[3]. Although universities operate in a 'resource-constrained environment', the authors recommend that traditional targeted approaches to mental health 'be complemented with universal interventions, and with new ways to deliver … support that are evidence-based, accessible and broad reaching'. The view that universities need to develop strategies that will lead to more 'students smiling confidently' informed the inaugural National Summit on the Mental Health of Tertiary Students' held in Melbourne in August 2011.

One of the summit's keynote speakers, social scientist Richard Eckersley, maintains that the 'old story' of young people's health, where 'health problems in youth are "the price of progress", which is making life better for most people but at a cost to a few' and which results in health interventions focussed on the 'minority of people at risk, especially the disadvantaged', needs to be replaced by a 'new story', wherein 'recent "progress" has harmed a substantial and growing proportion of young people to varying degrees'. Changing the story is crucial because '[h]ow societies address social problems and challenges depends on how these are represented or framed'. More attention, Eckersley argues, must be paid to 'total health and wellbeing'. In the field of education, he recommends that 'teaching and the curriculum' be made 'more relevant to young people's world and their hopes and fears … and so enhancing their health and wellbeing in the broadest sense' (Eckersley 2011: 635).

For Eckersley, the new story accompanies a shift in emphasis over recent decades from 'material and economic deprivation to psychosocial deprivation', and this has brought 'a shift in significance from physical health to mental health', though these remain entwined (Eckersley 2011: 634). If 'existential and relational factors' have in fact become more important this might imply that rising living standards, developments in scientific, technological and medical knowledge, and increased educational opportunities have not led to better mental health and wellbeing (and may even be damaging), or that social and economic problems are increasingly regarded as intractable, so that mollifying their negative effects becomes a strategy of survival as well as an ethical responsibility for both individuals and institutions. However interpreted, it seems Eckersley's preferred story contributes to a 'therapeutic ethos', that is, a cultural narrative of psychological risk and vulnerability.

In 'What's wrong with therapy culture?', Pauline Johnson (2010) claims sociologists respond differently to the 'rise of therapy culture' in Western capitalist societies, but are 'usually agreed' about its 'cultural dominance' (117). From this perspective, Eckersley's proposed new story does not seem new at all. Pursuing better health and wellbeing may seem timely, ethical and compassionate but, according to some critics, it is not healthful and may be dangerous.

For Dana Cloud (1998), the therapeutic is a powerful rhetorical strategy identifiable by its 'language and themes of self-care, consolation, coping, self-esteem, family psychology and ministration'. As a response to social conflict involving race, class and gender, it translates resistance into 'dis-ease' and 'locates the blame and responsibility in the private self' (3). This is a familiar complaint. Cloud counts herself among 'radical critics of therapy' who see it as a hegemonic discourse enabling social control, but she also appreciates that audiences 'mis-read' and 'resist hegemonic encodings' and so 'the process of cultural negotiation is not as seamless as hegemony theory might imply' (10). Cloud insists that while therapeutic discourses have not been the sole cause of 'political quiescence', there is evidence that 'the rhetoric of therapy has offered easy alternatives to political action and salvation in defeat to those suffering' (18). Cloud distinguishes her work from 'communitarian literature', which is the 'largest body of work criticising the therapeutic', incorporating *The triumph of the therapeutic* by Rieff (1966) and *The culture of Narcissism* by Lasch (1979), because that critique is underpinned by 'nostalgia' for exclusive and oppressive forms of collective life and authority: communitarians 'bemoan the expressive individualism of the therapeutic culture' because they believe it 'leads to impoverishment of public life' (17).

In *Therapy culture*, Frank Furedi (2004) identifies a different form of impoverishment, that of the contemporary self, and blames the 'vocabulary of therapeutics' that has become 'part of our cultural imagination'. A therapy culture 'takes emotions very seriously' (1), with the consequence that negative feelings such as disappointment and failure become pathologised, encouraging people to feel 'traumatised and depressed by experiences hitherto regarded as routine' (6). Furedi considers that the language of emotionalism or, more specifically, of 'emotional deficit' is evident in growing fears that low self-esteem is pervasive, debilitating, and associated with social problems 'from crime to teenage pregnancy' (2). He provides graphic evidence of a phenomenal increase in the use of terms such as 'self-esteem', 'stress' and 'trauma' by UK newspapers in the decade to 2001 (3-5). The therapeutic narrative, he claims, produces in citizens a 'permanent consciousness of vulnerability' and sense of being at risk of psychological damage, which results in a 'diminished sense of self' (21).

The militaristic language deployed by some critics suggests that in this ideological war religion and tradition have been usurped by an invisible and corrosive foe. For example, in *One nation under therapy: How the helping culture is eroding self-reliance*, Christina Hoff Sommers and Sally Satel (2005) claim, like Furedi, that 'therapism', does not empower populations but instead characterises them as 'vulnerable and anguished' (5). Moreover, it helps people evade responsibility for their actions, because 'a requirement for ethical judgement' has been replaced by 'psychological and medical diagnosis.' Their polemic concludes with a call for Americans to fight the 'powerful assault by the apostles of therapism' in order to secure their future (218).

In *Saving the modern soul: Therapy, emotions, and the culture of self-help*, Eva Illouz (2008) discusses therapy culture as part of a 'broader cultural history of introspection' (8) and puts forward a more nuanced interpretation of its effects, so that individuals are still required to be ethically responsible, but within a specific, delimited context: therapeutic culture has made the practice of self-knowledge a 'simultaneously epistemological and moral act' (3).

Psychology, Illouz argues, has put 'psychic suffering' at the centre of the 'modern performance of the self' (238), and this new self is formulated at sites where 'expert

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knowledge systems, media technologies, and emotions intersect' (15). Most critiques of therapy culture, according to Illouz, ignore 'its social uses, its pragmatics' (223): the psychological narrative gained traction because it enables people to make sense of their experiences and offers ways to negotiate complexities and contradictions of modern life.

Like Furedi, Illouz considers changing views about emotion, including theories concerning emotional intelligence, to be central to the rise of therapy culture, and she identifies the consequent emergence of new forms of goods, *intangible* goods or *moral* goods (240), that can be acquired with emotional competency. Capitalist liberal states fail to distribute economic wealth effectively and inequality is rising, but 'good society', she argues, might be evaluated by other criteria, that is, by 'the quality of our relationships, our capacity for self-knowledge and empathy, and our sense of wellbeing'. This suggests how wellbeing has come to be viewed as a 'category of social right' (Illouz, after Michal Ruskin, 223).

In education, Furedi argues, therapeutic discourse does not liberate human potential but instead 'illustrates the interplay between risk and powerlessness in what is a basic institution of society' (8). He claims that the concept of being 'at risk' emerged in the 1980s, as part of 'crisis thinking': in this cultural script, to be considered 'at risk' is to be assigned a 'passive and dependent role' and this goes to the core of 'who you are' (130). This might suggest a sympathetic society that perceives some people to be especially vulnerable and intervenes to help them, but Furedi paints a different picture; indeed, to define a child or adult as at risk is to *consign* them to vulnerability, which reduces their capacity for self-determination (131).

Kathryn Ecclestone and Dennis Hayes (2009) claim that 'a profound crisis of meaning' in the British education system is leading to 'the dangerous rise of therapeutic education' (viii). Education influences views of 'what it means to be human', so educational goals and practices have important implications (viii). The authors suggest interventions aimed at measuring and developing 'emotional literacy and well-being' and based on 'populist therapeutic assumptions' (ix) take place throughout the education system, from pre-primary to tertiary. Like Furedi, they believe therapeutic culture 'privileges the emotional' and 'denies the intellectual' and ultimately results in a 'diminished human subject' and a diminished sense of human potential. They posit that supporting students has 'now become a major focus of university work' even though there is 'no evidence that student life is more stressful' than in the past; instead 'everyday feelings have become pathologised'. They identify a cultural shift that sees learners as vulnerable, but believe this infantalises rather than supports students (87), and also, insidiously, reveals a wide-spread lack of faith in their intellectual abilities. The 'therapeutic university has an ethical purpose, to make people feel safe and secure' (96), but this makes it less a university, in their view, since universities should privilege reason and subject knowledge, not emotions.

If therapeutic education does exist, and is 'social engineering of the feeble, passive subject on an unprecedented scale' (163) then should we, like Eckersley, promote increased therapeutic interventions to support students' health and wellbeing—which, it must be said, might also serve to increase enrolments and improve retention and, in turn, the 'health' of our courses? Or should we critique therapeutic measures that might undermine students' autonomy and resilience? Might enlarging the net that captures 'at risk' students, with a view to 'universal' intervention, be counterproductive? Could it help to produce what it sets out to address? What, in other words, constitutes an ethical response?

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If the therapeutic narrative produces a 'multiplicity of forms of suffering' and 'new forms of inequality', as argued by Illouz (245), then presumably an ethical response demands that we do not uncritically accept or promote its premises, and also that we do not simply ignore it. It must be recognised, too, that despite passionate denouncement by critics, 'therapy culture will not let itself be easily convicted', as Johnson (2011) rightly observes; it seems capable of offering support to 'any type of existential needs that are handed to it and so seems to disarm charges that it has neglected important cultural potentials' (121). Certainly its values and promises are compelling. Is this because it is a necessary narrative, the right diagnosis, for our times? A lacuna in the anti-therapism narrative might suggest a way to address this question.

I had expected that writing therapy might be a soft target for therapy culture critics, yet, strangely, it receives little attention in the sociological literature. As both a private and clinical practice, therapeutic writing has expanded enormously since the 1980s. It explicitly subscribes to the 'language ideology' approach of therapy culture, which suggests that 'self-knowledge is gained by introspection; that introspection can help us understand, control and come to terms with our social and emotional environment; and that verbal disclosure is a key to social relations' (Illouz 244). Writing therapy would seem to be both an instrument and exemplar of therapy culture.

But although writing therapy makes therapeutic culture explicit, it also equips individuals with ways to negotiate and contest it. Writing therapy might imply a ubiquitous, vulnerable subject, but this figure, *by writing*, alone or online or in groups, demonstrates not passivity but agency; the aim of writing therapy is to harness creativity, emotion and reason to produce more constructive stories of the relational self; the writing self, in other words, is necessarily imagined as resourceful even if it is also a multiplicity of other things.

Elsewhere, I have traced the rapid expansion of writing therapy as a set of clinical and popular beliefs and practices, and also the paradoxical association of student and published writers with higher than average rates of anxiety, depression and other forms of mental illness (Murphy & Nielsen 2008). There is considerable anecdotal evidence to suggest writing can improve physical and mental health, alleviate stress and help people to cope with loss, grief and trauma, though it requires effort and is no panacea. Randomised controlled trials conducted by social scientists since the late 1980s confirm that expressive and creative writing can be beneficial (Pennebaker & Chung 2007). Further research has attempted to identify why this might be the case but, while there seems to be no single cause or simple explanation, it seems disclosure, catharsis, image-making, cognitive processing, and narrative competence are significant contributing factors (Murphy & Neilsen 2008).

In my Writing Therapy unit at ECU, students explore the connection of writing therapy with discourses of psychology, psychoanalysis, literature and creativity. They also experiment with and evaluate various kinds of writing, including poetry, fictional autobiography, journalling, and letter therapy. The possible dangers of writing are considered, since in some cases the practice may engender anxiety and distress, or facilitate self-delusion and evasion rather than perception and transformation. Plato's conception of writing as *pharmakon*, that is, both cure and poison, suggests its meaning is inherently unstable and undecidable, as Derrida pointed out (1981); this underpins my approach to Writing Therapy as an academic subject, which is to trace its genealogy, question its authority, and embrace theoretical

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uncertainty. And this is worthwhile, I believe, for an ethical response surely demands that we pay attention to significant cultural practices, meanings and perspectives and attempt to do so without prejudice.

Even so, suggesting students experiment with forms of writing that published novelists, poets, researchers and therapists consider remedial may of itself create expectations of therapeutic benefit. The very title of the unit and its higher education setting posit the existence of a legitimate entity, so that verbal and written disclaimers and warnings that students should reserve their judgements may not be entirely convincing. Furthermore, the usefulness and appropriateness of personal writing in education is widely debated, with opponents suggesting that it is not pedagogically valuable or ethically sound[4].

Concerns about therapy culture infect writing therapy in education; some fear it breeds self-obsession, insularity and superficiality. Others support personal writing as a way to foster ethical, cultural and political sensitivity. For example, one teacher advocates the 'exposing of wounds' by teachers and students to 'foster the kinds of relationships and stances necessary to challenge entrenched inequities and privileged assumptions about Others' lives' (Dutro 2011: 194). My approach is to try to minimise mutual testimony and witnessing in the seminars, partly due to personal disposition but also because without training in counselling or psychology I am not equipped to deal with any serious emotional difficulties that might arise. To promote free-writing and allow students to test its effects, I do not view students' personal journals or spontaneous workshop writing. In other words, only work that has undergone professional processes of revision and editing is read and assessed. This is important for encouraging improvements in writing, whether or not there is a potentially positive impact on health and wellbeing; however, research does suggest that increased drafting results in improved therapeutic outcomes due to enhanced cognitive processing[5]. For this reason, pedagogical, literary and therapeutic objectives potentially cohere.

One assessment for the course is a research-based essay, another is a critical reflection on journalling and a range of workshop exercises, and another is a 'healing narrative', as defined by Louise DeSalvo (1999) in *Writing as a way of healing: How telling our stories transforms our live*s, together with a short reflection on the writing process and its effects. A healing narrative renders personal experience 'concretely, authentically, explicitly and with a richness of detail' (57). It is a form of creative nonfiction suitable for a general readership, and students are advised to choose their material accordingly. In a standard unit evaluation, two students expressed concern that their lives, so far free of trauma, provided insufficient material for such a task. The assignment required that students create story and meaning from selected life experience, following consideration of dominant schemas for self-stories (as expounded by Frank 1995 and Weingarten 2001), but these students assumed that painful experiences would be more highly valued. Other students wrote frankly about broken relationships, depression, eating disorders, sexual abuse, loss, grief and other challenges—and, by their own estimation, effectively created 'healing' outcomes—but in accompanying reflections a few expressed discomfort about personal disclosure in an academic context. The propensity of creative writing students to reveal personal and sometimes disturbing experiences in assignments is often commented on and sometimes lamented by teachers, but their decision to use such material is freely taken and they and their teachers can choose to treat such texts as fiction. This form of protection is removed when writing a healing

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narrative, though a student protective of his or her privacy could choose to produce a fictional narrative with or without the teacher's knowledge.

Criticisms of therapy culture are illuminating and persuasive, but I share Katie Wright's ambivalence and her view that by opening up the private, legitimising the emotional, and 'speaking of the hitherto unspeakable', therapeutic culture has 'engendered more complex consequences—particularly for women and other marginalized groups—than dominant accounts have thus far suggested' (332). It seems to me that critics are influenced by modernist therapeutics and tend to ignore postmodern or poststructuralist revisions. A postmodern therapeutic culture seeks to dismantle the therapist's power to interpret or speak on behalf of others, and encourages clients to be the authors of their own lives. The therapist—which here is metonymic of institutionalised forms of power—seeks an 'editorial' role in this 'constructivist' approach, which is heavily influenced by poststructuralist literary theory (White & Epston 1990; Parry & Doan 1994). According to Morgan (nd), narrative therapy 'centres people as the experts in their own lives'; assumes people have 'many skills, competencies, beliefs, values, commitments and abilities'; regards lives, communities and nations as 'multi-storied'; assumes stories 'are never produced in isolation from the broader world' but are 'interpreted *in context*'—that is, in relation to one's culture; and recognises that gender, class, race, sexual preference, health, age and so on all contribute to the 'plot', thus playing a part in the 'meanings we make'—none of which seems likely to *produce* a 'diminished' or narcissistic subject.

Writing therapy entails a writer prepared to double as 'therapist' and 'client', author and editor, to create convincing stories which, again, counters passivity, even if it is not ultimately empowering. Indeed, making meaning in the therapeutic context is 'a serious and ethical business in which what each of us does counts' (Monk et al 1997, 36). Although personal writing may produce discomfort in some students and staff, and raise concerns about power, privacy and assessment, I believe a unit of this kind provides a useful way to introduce students to historical relations between psychoanalysis and writing, as well as several related, significant and growing fields of research and practice, including bibliotherapy, narrative therapy, trauma studies and testimonial life-writing.

Writing therapy remains contentious in academia; in some ways it seems the abject counterpart of respectable literary endeavour. Evidence of it is derided or elided amidst concerns it could undermine the legitimacy of a promising creative 'discipline' and form of research. However, turning away will not make it disappear; it is more productive, I think, to examine this complicated discourse as a historically constituted phenomenon and widespread contemporary practice; that is, to hold it up to the light. A Writing Therapy unit can make a useful contribution to a tertiary writing program, despite—or perhaps because of—its contested status, inherent risks, and ethical complexities.

List of Works Cited

Australian Bureau of Statistics 2007. National Survey of Mental Health and Wellbeing: Summary of Results, ABS Cat No. 4326.0. Canberra: ABS
http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view= (accessed 29 August 2011)
Bucci, W 1995 'The power of the narrative: a multiple code account' in JW Pennebaker (ed), *Emotion, disclosure and health*, Washington, DC: American Psychological Association, 93-123

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Cloud, Dana 1998 *Control and consolation in American culture and politics: Rhetorics of therapy*, Thousand Oaks, CA: Sage

Derrida, Jacques (1981) 'Plato's Pharmacy', *Dissemination,* Trans. B Johnson, Chicago: Chicago University Press 64-171

De Salvo, Louise 1999 *Writing as a way of healing: How telling our stories transforms our lives,* Boston: Beacon Press.

Dutro, Elizabeth 2011 'Writing wounded: Trauma, testimony, and critical witness in literacy classrooms', *English education* 43:2, 193-210

Eckersley, Richard 2011 'A new narrative of young people's health and wellbeing', *Journal of Youth Studies* 14:5, 627-638

Frank, Arthur 1995 *The wounded storyteller*, London: University of Chicago Press

Furedi, Frank 2004 *Therapy culture: Cultivating vulnerability in an uncertain age*, London: Routledge

Hood, Cara Leah 2005 'Lying in writing or the vicissitudes of testimony', *Composition forum* 14:2, 1-15, at http://compositionforum.com/issue/14.2/hood-lying-writing.php (accessed 29 August 2011)

Illouz, Eva 2008 *Saving the modern soul: Therapy, emotions, and the culture of self-help*, Berkeley, University of California Press [e-book]

Johnson, Pauline 2010 'What's wrong with therapy culture?' in H Blatterer, P Johnson and MR Markus (eds) *Modern privacy: Shifting boundaries, new forms*, Basingstoke: Palgrave Macmillan

Lasch, Christopher 1979 *The culture of narcissism: American life in an age of diminishing expectations*, New York: Norton

Leahy, CM, Peterson, IG, Wilson, JW, Newbury, AL, Tonkin, DT 2010 'Distress levels and self-reported treatment rates for medicine, law, psychology and mechanical engineering tertiary students: cross-sectional study', *Australian and New Zealand Journal of Psychiatry* 44, 608-615

Murphy, Ffion 2009 'Shots in the dark: Writing, revelation and responsibility', *Creativity and Uncertainty: the refereed proceedings of the 13th conference of the Australian Association of Writing Programs, 2008*. Australian Association of Writing Programs at http://aawp.org.au/files/Murphy_0609.pdf (accessed 9 December 2011)

Murphy, Ffion & Neilsen, Philip 2008 'Recuperating writers—and writing: the potential of writing therapy', *TEXT* 12:1 at http://www.textjournal.com.au/april08/murphy_neilsen.htm (accessed 23 June 2011)

Monk, G, Winslade, J, Crocket, K, & Epston, D *Narrative therapy in practice: The archaeology of hope* San Francisco: Jossey-Bass

Morgan, Alice nd 'What is narrative therapy' Dulwich Centre at http://www.dulwichcentre.com.au/what-is-narrative-therapy.html (accessed 29 August 2011)

Norton, Jonathan & Brett, Mathew 2011 'Seeking help for struggling students', HES, *The Australian*, 13 July

Parry, Alan & Doan, Robert, E 1994 *Story revisions: Narrative therapy in the postmodern world*, New York: Guilford Press

Pennebaker, James and Chung, Cindy 2007 'Expressive writing, emotional upheavals and health' in *Handbook of health psychology*, New York: Oxford University Press (later version available as 'Expressive Writing: Connections to Physical and Mental Health' http://homepage.psy.utexas.edu/HomePage/Faculty/Pennebaker/Reprints/Pennebaker&Chung_FriedmanChapter.pdf

Rieff, Philip 1966 *The triumph of the therapeutic: Uses of faith after Freud*, New York: Harper and Row

Robinson, M 2000 'Writing well: health and the power to make images', *Medical Humanities*, 26 79-84, http://mh.bmj.com/cgi/content/full/26/2/79 (accessed 9 December 2011)

Sommers, Christina Hoff & Satel, Sally 2005 *One nation under therapy: How the helping culture is eroding self-reliance*, New York: St Martin's Press

Swartzlander, S, Pace D and Stamler, VL 1993 'Requiring students to write about their personal lives', *Chronicle of higher education*, 17 February 1993

Weingarten, Kaethe 2001 'Making sense of illness narratives: Braiding theory, practice and the embodied life', Dulwich Centre http://www.dulwichcentre.com.au/illness-narratives.html (accessed 8 December 2011)

White, Michael & Epston, David 1990 *Narrative means to therapeutic ends*, New York: Norton

Wright, Katie 2008 'Theorizing therapeutic culture: Past influences, future directions', *Journal of Sociology* 44: 4, 321-336

Endnotes

[1] Some implications of campus violence in relation to creative writing programs are considered by Murphy (2009).

[2] These figures appear to be drawn from Australian Bureau of Statistics (2007).

[3] These figures appear to be drawn from Leahy, et al (2010).

[4] See, for example, the work of Swartzlander, Pace and Stamler (1993) and Hood (2005).

[5] See, for example, Bucci (1995) and Robinson (2000).