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**PRINCIPLES AND PRACTICE  
HEALTH PERCEPTION, HEALTH EDUCATION AND MENTAL HYGIENIC ASPECT IN  
THE MIRROR OF HEALTH EDUCATIONAL PROGRAMS OF ELEMENTARY SCHOOLS  
AND INTERVIEWS WITH EDUCATORS**

**Doctoral (PhD) theses**

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## **Research problem**

In parallel with the inner functional change of families, school attends as the most important institutional stage of socialisation in the life of children. The world of school is a scene for children, which is a medium for rules, rites, habits, values, hierarchic and equal communications and conflicts besides knowledge transfer (Meleg, 2005). These all affect health perception and health attitude of students. However several schools consider this as an extra job besides the priority of education. Nevertheless, those schools which found health education important see it as a series of „healthy action programme“ and to suit the actual trends and societal challenges (drug prevention, AIDS prevention, healthy nutrition, etc.) they think in classic time frames (lesson, workgroup) focusing still on knowledge transfer and attention arouse (Meleg 2002, Nagy 2005).

*Health perception and health education practice represented in schools which is fragmented, highlights separate dimensions and effaces mental health is not able to affect the lifestyle of students permanently in an interdisciplinary way.* For instance, healthy nutrition of kids may be accompanied with smoking, alcohol or drug consumption, while the rejection of these matters does not infer regular exercises or favourable dietetic habits. All of these show that schools are not able to handle health promotion as a strategic for further future of the up growing generation focusing on their life quality; they simply aim to prevent or correct the evolved problems. (Meleg 2001).

## **Research object**

The object and aims of my research differ from the series of conventional questions and target groups of the common problematic circle of scholastic health education and health promotion: certain earlier researches examined the activity of students in health educational programmes, and their health attitude, health perception, other researchers examined the health education programmes of different schools, their content, aims and methodology. *The research object of my paper is the pedagogics.* The question that how pedagogues see their role in the education – and health education – as the key persons in the educational process, and what kind of sample do they transfer indirectly is not answered yet. The significance of this question is emphasised by Béla Buda and Csilla Meleg in several studies. Buda urges to redefine the role of educationalists as he says that congruent behaviour and commitment is a more important factor than normative order from the point of the efficiency of the (Buda 2003).

With the examination of the health promoter activities of public health, Paksi et al find that institutions primarily implement preventive activities by involving outside professionals. Our representative research confirms that the role perception of educationalists is determined by the structural climate of schools. Structural confidence, computability, support of development, equitable treatment and thoughtful relations positively affect the shouldering of educational work. (Paksi–Felvinczi–Schmidt 2004). The commitment of „Healthier Schools“ scene programme of WHO thinks that a well outlined health promotional curriculum reaches the requested educational effect if it is affirmed by the everyday operation and atmosphere of the schools (Felvinczi 2007a, 2007b). These latter assignments may allow us to conclude that pedagogues are the key participants of health education of students as they have a determining role in forming school atmosphere and relation system.

## **The aim of the research**

The aim of my qualitative research is to compare health conception and health educational plan appearing in the health education programme of primary schools with the health perception, sample giving and direct health educational activities of their pedagogues, all the while emphasising the search for mental hygienic contents. This comparison reveals the coherence and discrepancy between declared principles and activities and the school practice by unravelling its reasons and possible consequences.

## **Research questions**

The questions of my exploratory research *aim the recognition of the mental hygienic approach*

of schools by exploring both the direct and hidden contents. With the analysis of the health education programme, I will try to answer to the following questions:

- Do mental hygienic aspects appear in the health definition and targets of the health educational programme?
- Do actual societal trends appear in the determination of targets?
- Are sociocultural circumstances of students defined as needs, which should be reflected by the programme?
- The structure and evaluation of the project shows continuity or is it static?
- What are the dominant activities and methods in the project?
- Does health education pervade the scenes and relation systems of school education?
- Does the school consider the project implementation as an inner educational work or is it “professionalised”?

*Analysing the interviews with educationalists* I was searching answers to the following questions:

- How pedagogues think about health and health education?
- What are the bases of the aims of the health educational programme within the faculty?
- In what time frame do they think in consideration of the programme?
- What are the scenes, methods and activities preferred by the pedagogues to form health attitude of students?
- How educationalists see their own sample roles?
- How are pedagogical problems and conflicts handled?
- What pedagogues do for strengthening cooperation, cohesion and tolerance?
- What is their attitude towards the regulatory system of the school, what principles of sanctioning do they follow?
- What are the aspects in evaluating the climate of the school? What was the result of the evaluation?

My third aim is to get answers for the question of coherence and congruence in consideration to the principles and practice of scholastic health education by superposition of the content analysis of interviews and documents. The concrete questions were the following:

- Do the declared health concept and health educational aims of schools and the health concept of pedagogues coincide?
- How document contents regarding mental hygiene realised in the operation of schools?
- How the reaction on special needs of scholastic environment appears in the activities of pedagogues and in the content of health educational programmes?

Overviewing the definition category of the topic an aim is emerged. While health science uses the expression of health promotion for the improvement of health in communities where health education is only an activity, which is effectiveness in itself rarely (Füzesi–Tistyán 2004), educational sociology uses the expression of health education for the description of processes in school influencing health attitude. Accordingly, the definition usage of pedagogues should be an examined question, and even more it has to be examined how the activities of health promotion can be defined in the scholastic praxis.

### **The method of sample selection and the presentation of the sample**

From methodology aspect, the basic strategy for the selection of the objects of the qualitative research is the maximum variation sample selection. However with consideration to the possibilities of time factor, limited resources and access to the sample, *sample selection was made with the strategy of stratified comfort sampling* (Sántha 2006). With this object four primary schools were involved into the sample.

*Sample stratum was created on the base of the different sociocultural status of the students.* As per the principle of stratification such schools were selected in which the sociocultural status of the students were significantly different according the school qualification of parents. This kind of sample strengthens inner representativeness by the selection of typical and different sample elements (schools admitting students with significantly different sociocultural environment. The fact that a control school

which has a model project “Egészség” based on mental hygiene was involved into the examination increases the possibility of coherence generalisation.

After the determination of these principles the selection of schools followed other professional methods, I consciously aspired to involve certain element (schools) into the sample

*Professional aspects of the selection were the following:*

- the selected schools may correspond with the reviewed principles,
- the sample should include schools for which health education is primarily a commitment prescribed in the public educational law,
- may include a kind of school in Pécs which maintains high level of holistic health education programme (a synergistic school for BSc and MA health science trainings),
- and it may include a control school where the organisation development programme and its effects are documented, and this development is long-term, we can count with its generationalisational effect besides the current status of health education.

The participating schools were provided with codes based on the structural characteristics drew up from the interviews to remain their anonymity. This step was certainly needed for the identification of interview parts and document elements, and for the determination of comparisons and coherences. Encoding of schools happened after the interviews and access to schools, based on the characteristics of the structure or health education aspects, and it tended towards the hold of institutional differences.

„Stigmatized” school was named after the negative stereotype origins from its ethnic combination, which became a stigma in reality influencing the climate of the school negatively

„Traditional” school was denominated traditional because it focuses dominantly on physical health both in its health concept and in practice in accordance with the narrow health content of the national public educational institutions.

„Holistic” school represents holistic approach, which was verified by its health concept, versatility of its health education, democratic and ecological approach.

„Organisation developer” school was involved into the sample as a control school, because this school implements an organisation development program based on mental hygiene since the 1993/94 school year and its process and effects are monitored concerning these 7 years.

Altogether 12 pedagogues were interviewed in the schools. All the four headmasters and two-two pedagogues recommended by their directors of the four elementary schools answered the interview questions. However literature of qualitative researches do not determine exactly the size of the samples, Helfferich defines the common sample size between  $N=6$  and 120, which interval contains the number of my samples (12) (Helfferich 2005).

Headmaster made the educational programs of schools including health education programme available for the research to analyse their content, and in case of two schools it was available in full on their website.

## **Methods**

*Data recording was based on oral individual questioning, interview.* The most ideal interview type was the half-structured one, it allowed the logic, thematic sequence of questions while based on the answers of the participants certain questions could be partly or utterly redefined, incidentally leaved or pasted into other questions.

*Questions were aimed at the own health perception and the model of pedagogues, their health educational and mental hygienic approach, and the representations of these in school activities and interpersonal relations. Questions for directors were expanded with the introduction of the educational aims and concept of the school, and the sociocultural specialities of the schooling sector.*

The places of the interviews were – accommodated to the claims of the interviewees – in the examined schools in all cases. Interviews were recorded between 23/6/2010 and 12/10/2010. Recording of these interviews were designed with tape recorders including dictaphones, the recorded voice material was annotated word by word on a computer.

*The method of my research means the content analysis of data collected with two types of data collecting methods:* analysis of the documents of the “Health and environmental education programmes” of schools involved, and content analysis of the half structured interviews with the

directors of these schools.

Content analysis was warranted because comparison of principles and practice, the existence or the lack of coherence and the definition of their possible reasons and consequences were only possible with the recognition of the scholastic health education programme by the discovery of hidden contents of the texts.

Content analysis is a two-step process:

- Firstly, in the course of categorisation and coding, contents are transformed into data, in which based on certain rules, elements of the text can be classified.
- The second step means the definition of explanations and interpretations by qualitative and quantitative consequences (Szabolcs 2004).

The aspects of content analysis in both data were given by the category system of literary viewpoints. With the help of this, not whole text corpuses, only corpus parts were analysed which reflected on literary aspects. Total corpus analyses were impossible because of the significantly different structure and extension of each school and their health educational programmes.

## Results

Content analysis gives answers to the questions related to the first research aims. With the help of this method I was able to get acquainted with the health concept, aims of health education, dominant methods and participants, time aspect and reflectivity on needs of the examined schools. With the analysis of the interviews I explored the health perception, mental hygienic aspects and activities, roles in health education of the selected pedagogues.

According to my final aim, I was *searching the coherence and congruence in the principles and practice of the examined schools*. The answers to the summarizing questions were defined for each school, and then schools had been compared with the others based on the coherence included in their documents and interviews.

*1. Are the declared health concept and health educational aims of schools in coincidence with the health concept of pedagogues?*

Concerning health concept there were only references in the topics of health education programs besides the aims in the examined documents, while these were appeared as direct questions in the interviews.

The health concept, the aims of health education and its explanation of the “Traditional” and the “Stigmatised” schools show that schools know the significance of the holistic health picture, however it does not became a system organising method affecting all relations in the school. The “Stigmatised” school shows closer attachment to the physical aspects of health while “Traditional” school attaches more closely to practice. As document analysis did not showed coherence, interviews also showed non-united picture.

In “Holistic” schools interviews and health education programmes showed integrity. Aims and activities of health education laid down in the documents show a holistic concept including physical and mental dimensions. The standard thinking is represented in the coherent phrasing of health educational aims and actions. The interpretation of health education by the pedagogues also strengthens this approach. As the revealed methods and activities from the interviews were represented only partly in the documents, it can be concluded that health education is partly acceptable in case of “Holistic” school from the point of planning and practice.

The “Organisation developer” school shows overall synchronisation in the unity of health concept, the interpretation and practice of health education in the course of the comparing of documents and interviews. The aspect of mental health is showed in the long term aims of the documents, however there are references about them in short term aims (mental hygienic framework curricula). Health educational programme and the interviews shows coherently that mental health appears in common, in subjects and relations systems, therefore guidance and accuracy of pedagogues is the most important question in these schools.

The control school shows coherence compared to the other examined schools, as complex health conception was outlined for all of the school participants (teachers, parents, students).

*2. How document contents regarding mental hygiene realised in the operation of schools?*

Mental health and the efforts for its protection and care appears on the level of thinking in case of “Stigmatised” and “Traditional” schools, it is more detailed in the “Holistic” school, and it is a

system organising element regarding aims, activities, and relations at the “Organisation developer” school.

Interview questions deals with the elements of the mental hygienic culture such as the sample of pedagogues, evaluation, practice of sanctioning, the question of cohesion, origin of conflicts and the conflict solving methods, and the judgement of the school climate.

In the “Traditional” school, *on the field of sampling*, the physical sample was dominant besides samples related to mental health. Regarding to *situations raising conflicts*, we can see that they origin from the violence against norms, the different judgement of learning efficiency and the circle of individual ambitions. This latest may connect with the high educational level of parents which transcends the national rate. *Conflicts* of pedagogues with parents are solved with problem solving methods, while with colleagues and leaders they use compromises and avoidance. *Student efficiency* coincides with subject efficiency. *School regulations* are important for this examined institution, involving students into the creation of school rules is formal. Sanctioning is flexible, where the circumstances and consequences are discussed and judgements are gradual. There are numerous initiations which strengthen the cohesion of school community, faculty or student communities. The *climate* of the school is thought to be positive because of the high level of professional work and cooperation, and the positive attitude of the headmaster, negative factors are the questions of quality assurance the system of teacher rooms, *and the financial disadvantage of this profession*. Accordingly, *“Traditional” school has efforts and elements on the protection of mental health but it does not pervade the everyday operation and every relations of the school*.

On the field of *sampling* in case of “Stigmatised” schools, examples of the mediation of mental health were represented mostly in the interviews. From the point of physical health, only the question of smoking was emphasised. *Conflict regarding students* came from truancy, scurrility; smoking in school, which is in correlation with the lower educational level of parents. The method of resolving the conflicts was developed, as an effect of conflict resolution trainings of the school. “Stigmatised” school evaluates all efforts on efficiency beyond studying, and strengthen it with all kind of evaluation methods to promote the personality of students. *Rules* are basically important; the rules of the micro communities are defined together with the students. *Flexible sanctioning* is a characteristic of this school where discussion and customization is an important element. Pedagogues spoke about several ideas and efforts which strengthens the *unity* of the communities of pedagogues and students in the school. Involving parents into school programmes is one of the most emphasised actions. The aggravating factor concerning cohesion is the large distances within the building, and the intent of some students from upper classes to back out themselves from school programmes. One explanation for this phenomenon should be that their virtue system is forming I this age period and it is strongly influenced by the sociocultural disadvantageous family and peer communities. In this case, the values of the family and peers may get distant from each other. The *climate* of the school is positively influenced by the high level of professional work, innovation in subjects and methods, high level of tolerance and cooperation and the esthetical, well-equipped institutions. It is negatively affected by the stigmatisation and excretion by other schools in the city. *Consequently, in the „Stigmatised” school, we recognised a more developed, outlined mental hygienic work as we read in the related part of the pedagogical programme*.

The question of sampling in “Holistic” school was judged that direct education has to be in synchrony with behaviours and activities. The most emphasised thing from the point of mental health is cooperation, the sample of an accurate communication and behavioural culture, and healthy nutrition, moving and non-smoking lifestyle from the point of physical health. Conflicts are originated from the violence of norms and the negligence of studying. Problem solving and compromise searching methods were preferred regarding *conflict resolving*. *Efficiency of students* primarily means the subject efficiency in this examined school, and at the same time development of students correlate to themselves is an important aspect in the flexible *evaluation system*. *Scholastic rules* are continuously modified in parallel with sanctions. Creation of rules happens in a democratic way. Besides flexible sanctioning there is an emphasis on preventing the contravention of rules. *Togetherness* is strengthened with several traditions and new ideas. *Climate* of the school is thought to be positive, and as problems they mentioned economic factors. *Health educational programme contains the extension of mental hygienic practice onto all participants and relation systems of the school, however methods for this action were not found in their programme*.

“Organisation developer” school imagines effective health education with the basis of an *accurate sample*, and in this reason this school finds the behaviour, communication, expressions, nutrition and physical activity of the pedagogue is exemplary. The most important reason of *conflict* is the violence against norms and the different judgement of efficiency. Conflict inside the faculty or between pedagogues and the leaders origin from operational specialities. To *handle conflicts* they use problem solving and compromise searching methods. Efficiency is interpreted in a complex way. Directorial praise is a common motivating method in this school. School regulations are considered as important and necessary direction points, and the contravention of these rules entails sanctions. However we cannot speak about rigid sanctioning as violence against norms are discussed before the imposition of sanctions. Interviewees spoke for some length about the proposals on strengthening the cohesion of micro and macro communities. Besides cohesion the high level of professional work, possibilities of innovation, the feeling of safety and the freedom of pedagogic work are said to be positively affecting factors. They rate wrong physical status of schools; the possible lose of individuality of schools as negative factors.

*Based on the comparison of the mental hygienic aspects of schools it can be said that only the mental hygienic program of “Organisation developer” school shows overall congruence with the practice outlined in the interviews. Aims and activities represented by health educational programmes, special themes for different age groups, wide range of methods and the system of approach adumbrate the mental hygienic richness of health education.*

*3. How the reaction on special needs of scholastic environment appears in the activities of pedagogues and in the content of health educational programmes?*

In this issue the base was that whether the schools based on the analysis of their status determine their needs on health education viz. reactive approach can be anticipated in this case on the level of planning and implementation.

*Educational programme of the “Stigmatised” school informs us that needs and activities are built upon state assessment.* This survey is determined by the physical and mental health of the students, their social status, the incidence of different addictions, and the indicators of school environment. The reaching of these aims is monitored with the examination of efficiency indicators in every half year. Interviews referred to reactions origin from the special needs of the school.

In case of the “Traditional” and “Holistic” schools, the determination of needs was not the part of the health education programme.

At the “Holistic” school, we were able to recognise their “Good Practices” program, which suits the characteristics and holistic concept of the school. It tells that the academic year starts with an assessment and at the end of the year there is an evaluation in different levels (students, pedagogues and parents) to show the results of the year. The main elements of this project are not involved to the educational programme yet, *consequently the examined document does not inform us about the actual questions of needs and reactions.* However in the course of the interviews, we heard about such needs and planned activities which can improve the well-being in the school.

The “Organisation developer” control school maps the characteristics of the environment and society, and the personal and material requirements of the school. The outline of past and current status of health educational and environmental educational activities is the part of the status analysis. *The needs and the outlined activities of the “Organisation developer” school are in whole union.* At the same time interviews highlight the effort of the school to reflect on the requirements defined by the parents. One important aspect for parents in the question of school selection is that the environment should be humanist, secure and healthy. The answer for this is the mental hygienic programme of the schools, and the tender for “Nonviolent school” is also a reflection to this challenge.

## **Conclusion**

1. Comparison of the interviews and the health education programme of schools showed that the aims, methods and planned activities are not synchronised with the practice represented in the interviews, in certain cases the aims of planning and the elements for implementation were also incongruent. Content analysis of documents and interviews showed a result, that there was coherence at those concepts of mental hygiene, where there was a consensus about the role of teachers according to the mental health of students, and that the guide of pedagogues has to be present in all scenes and relations continuously.

2. The control school was able to maintain and develop its health promotion programme in the last 19 years, however the societal (political, law, and parental) and professional requirements were modulated several times and the significant part of the faculty was changed. It can be seen from the examinations that health promotion based on mental hygiene became the inner characteristic of the school by the health concept of pedagogues, the sample they give, the concept and evaluation of efficiency, regulatory consciousness, their effort for the cohesion of micro and macro communities and the judgement of the school climate. These factors refer to the role of teachers in the hidden curriculum.

3. Reasons of conflicts and factors negatively affects school climate are connected to the society instead of the organisations. These problems are related to the surfeit of teachers, the low social prestige of this profession, the underpaidness, and the lack of educational competences concerning children with inordinate behaviour. Since behavioural disorders are in correspondence with the intrapsychical happenings and stability of the families, it is important to strengthen those social approaches which introduce school as a partner institution for parents in the field of education, and a mental hygienic supporter, beyond its educational function. In parallel, it raises the approach of problem managing, giving instrument into the hand of teachers who are strongly frustrated in certain educational situations.

4. My qualitative research strengthens those domestic quantitative researches which say that there is a determining notability of organisational climate, reliance and professionalism beyond education. These characteristics can be seen in “Holistic” and “Organisation developer” schools based on the answers of the interviewees. The activity of health education teachers were the highest in these schools (including mental hygienic activities). Based on this it can be assumed that certain schools are health promoters individually with their mental hygienic concept and their positive climate, while other schools are not able to influence the health attitude of their students permanently, in spite of their numerous health educational programmes and actions.

5. Questions concerning conflict managing culture showed that except certain cases pedagogues are able to use the most efficient methods – differently from other research results. The reason may be that in all cases teachers studied conflict resolution, which was effective in the circle of the interviewees. It is strengthened by the fact recognised by other researches that interpersonal relations in schools can be improved by the development of communication and conflict resolution skills based on self-recognition.

6. Quantitative examination of expressions related to health concept and health education showed a significant difference among the original, unprocessed texts examined schools. The difference was significant in connection with certain aspects and in the whole number of expressions of health concept. Only a partial significance can be seen between the health concept of schools and the dimensions of health concept. Therefore health concept cannot be recognised with quantitative approach alone, but qualitative results can be strengthened by these methods. Furthermore it requires the examination of reasons and factors playing role in the background of the contradictions. In this case the exploratory principle is that the usage of expressions correlates with the level of the terminology and the educational trends. Our qualitative results are in consonance with the results of Paksi et al about the usage of expressions among schools. According to their observations, “one of the research edifications was that the thinking/conception usage of schools in relation with prevention/health promotion is widely heterogeneous, and it does not map the professional standards/cohesions (...).” (Paksi–Felvinczi–Schmidt 2004:61).

7. My last conclusion is I relation with the comparison of the content of health education and health promotion from the point of different sciences. Documents and interview analyses showed that these two definitions were used as synonyms; it was only used consciously in case of the control school. At the same time health education was interpreted widely, and included several indirect elements by the pedagogues: personal guide, possibilities of the development of school buffets and dining halls, circumstances of feeding and personal hygiene, organisational culture, the development of scholastic



rules and sanctioning, the possibility of involving health and other sectors (health visitor, psychologist, child protection service, etc.), possibility of cooperation with nongovernmental organisations, such as campaign programmes of direct education. However, these segments show coincidence with the professional interpretation of health promotion: health education programmes, preventive health services, development on community and organisational levels, actions related to the environment – and in case we find that it may include the controlling activities of smaller societal units, such as schools – and the field of regulation. Consequently, in the point of its content, the definition of health promotion in health sciences and the recognition of health education is pedagogy meet: different terms are used for similar and same activities.

The *practical benefit of the research* is the strengthening of pedagogues: their health educational activities are not special competences and it is not an option. With the forming of the natural, material and psychosocial environment of the school and the personal guide, teachers can give health supporter climate which has a health preventer function to the students, while the effectiveness of information giving programmes is questionable. At the same time, it is important to note that self-reflection and self-education of pedagogues is necessary.

*My research composes a system model from a theoretical point* which shows that school as a scene is able to promote the forming of health concept of students and technicians with its actions, function and hidden curricular effects. Naturally, the flexible and customised interpretation of health promoter activity fields is necessary for this. The model is usable for both sciences in the future, and it offers a standard representative frame complemented with numerous other practical samples. Furthermore exact terminology may relieve the problems of scientific discourses. In this regard, there is a possibility for the science of education to adapt the complex definition of health promotion with the acceptance of its extra content. The interpretation of these definitions may have a facilitator effect on changing the approach of pedagogues at the trainings regarding health education.

### **Possible further ways of this research**

In my opinion, the most important task in the future is to raise the health concept of scholastic health professionals and their role related to scholastic health promotion into the examination of scholastic health education, because the health culture of public health institutions is significantly influenced by their activities and their guide. In connection with this, the exploration of the possibilities and results of the cooperation of pedagogues is urgent, both in the level of principles and practice.

The other possible way to continue this research concerns the control school of my research. The qualitative research should be complemented with quantitative methods for the faculty and students at the Elementary School of Köztársaság Square at Pécs. The aim would be to confirm the hidden curriculum effect of the organisation development programme with multi-lateral approaches.

The third possibility may serve predictive results in relation with the recognition of health education attitude of pedagogue attendees, to see clearly those intervention points influenced by their training. In this frame curriculum contents related to health concept and health education regarding teacher training may be explored, and it can be compared with the thinking on health and health education of the attendees. In this manner with involving other variables, we may get a picture about the forming effect of health approach and the attitude determining the health education work of future pedagogues. This examination may contribute to the recognition of the efficiency of health education is teacher training, and may fore screen the relation of students to health education and mental hygiene. Examination of this relation is important because it determines such educational functions indirectly like benchmark of students, observing the rules, forming cohesion, sample of health attitude of teachers, sample of communication and conflict resolution, which affects the personality of students. And the health of up growing generations in schools is not only a question from the several important questions concerning society, but it is a factor determining our demographic status, economical and cultural development.

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## List of publications

### Publications related to the topic of the thesis

Studies in peer-reviewed journals and in edited volumes:

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