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PII: S0260-6917(21)00231-8
DOI: https://doi.org/10.1016/j.nedt.2021.104974
Reference: YNEDT 104974

To appear in: Nurse Education Today

Received date: 3 February 2021
Revised date: 30 April 2021
Accepted date: 12 May 2021


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PHOTOVOICE AND DRAMATISATION IN THE CLASSROOM WITH NURSING STUDENTS: AN EXPLORATORY STUDY TO RAISE AWARENESS OF THE CULTURAL AND SOCIAL DIMENSIONS OF VIOLENCE AGAINST WOMEN

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This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgments: To the students for their attention and cooperation.

Conflicts of Interest: The authors declare no conflict of interest.

Author Contributions: Conceptualization, MCSR, EAD, JSG; methodology, MCSR, EAD, ALNP, JSG; software, EAD, ALNP; validation, MCSR, EAD, ALNP, JSG; formal analysis, MCSR, EAD, ALNP, JSG; investigation, MCSR, ALNP, JSG; resources, MCSR, JSG; data curation, MCSR, EAD, ALNP, JSG; writing—original draft preparation, MCSR, EAD, ALNP; writing—review and editing, MCSR, EAD, ALNP, JSG; visualization, JSG; supervision, MCSR; project administration, MCSR, JSG; funding acquisition, MCSR. All authors have read and agreed to the published version of the manuscript.”
ABSTRACT

Background: Active teaching methodologies that incorporate students’ feelings and beliefs and encourage them to reflect upon and critically think about certain variables, are extremely useful to teachers.

Objective: To explore the potential of dramatisation and photovoice technologies as instruments to stimulate nursing students to reflect upon violence against women in society, thereby encouraging critical thinking and debate in a participatory way.

Design: This was a qualitative, descriptive-exploratory study which used the participatory action research approach.

Participants: Forty fourth-year students enrolled in the Nursing undergraduate degree at the University of Alicante in Spain.

Methods: The photovoice technique was used to record images from a dramatisation which served as the basis to represent scenes from the everyday life of people who are subjected to physical and psychological violence. These photographs were then debated and analysed by the students. We used MAXQDA® software and the guidelines published by Giorgi to aid our data analysis.

Results: Four main categories emerged; the ‘violence against women’. The ‘victim’ and ‘abuser’ categories considered ‘emotions’, ‘feelings’, ‘attitudes’, and ‘behaviours’. The fourth category that emerged was ‘social viewpoints’.

Conclusions: Photovoice-dramatisation raised awareness among the students and allowed them to reflect upon these behaviours and to critically think about the cultural and social dimensions of violence against women. The use of both of these techniques in practical and theoretical contexts to train students can help to nurture social commitment when faced with this problem.
Keywords: Violence against women, students, nursing, qualitative research, photovoice, dramatisation
INTRODUCTION

It has been suggested that teaching methodologies that include approaches to complex dimensions such as beliefs, emotions, feelings, and values (Siles-González & Solano-Ruiz, 2016, 2019), as well as their personal experiences or perceptions (Jin & Bridges, 2016) should be incorporated into the teaching-learning processes used for undergraduate nursing students. The use of images and photographs is especially relevant among young people.

Photovoice, a participatory action research (PAR) technique that involves participants by getting them to take photographs of a topic, critically reflect upon it, and discuss its possible solutions (Wang & Burris, 1994), also falls within the framework of photoethnography and incorporates elements of social importance for further study. Moreover, this approach has already been used in university students to promote critical thinking regarding health-related factors (Andina, 2020; Coronado et al., 2020; Yáñez-Urbina et al., 2018).

Other methodologies used by teachers for the same purpose include pedagogical representation techniques such as role playing, (Monteiro et al., 2016), social theatre (Arveklev et al., 2016), and dramatisation or its variants such as psychodrama (Edwars et al., 2018) or sociodrama (Gandolfo & Cal, 2020). Tackling complex issues such as violence against women with students requires the use of pedagogical approaches that allow them to increase their awareness of the problem and to reflect upon its wider social significance. In this sense, numerous studies have employed several different methodologies to deal with this particular issue (Doran & Hutchinson, 2017; Strunk, 2017).

Violence against women constitutes a public health problem and a violation of human rights (WHO, 2020). According to the United Nations, one in five women and girls will have suffered some form of physical and/or sexual violence by an intimate partner in the 12 months prior (United Nations, 2020). As future healthcare providers and agents of change,
nursing students must be able to identify, manage, and prevent this type of violence, offering physical, emotional, and social support to its victims (Visentin et al., 2015).

However, certain beliefs, as well as ignorance of the topic among nursing students, can generate barriers to their ability to provide comprehensive support to these patients (Rigol-Cuadra et al., 2015). Therefore, it is important for researchers to better understand students’ perceptions of this topic (Murillo et al., 2018). Thus, the general objective of this study focussed on exploring the potential of photovoice and dramatisation technologies as instruments to stimulate nursing students to reflect upon violence against women in society, thereby encouraging critical thinking and participatory debate centred around this problem.

METHODS

Design

This was a qualitative, descriptive-exploratory study which used the PAR approach. In PAR, the themes arise from the needs detected in the context in which the action takes place; the PAR approach aims to address (and stimulate reflection upon) issues of socio-cultural importance related to people’s behaviour, such as violence against women (Reason & Bradbury, 2006). The epistemological bases of this approach are anchored in the conscientization (critical consciousness) model by Paulo Freire, as well as feminist theories, and critical and anti-oppressive theories (Wang & Burris, 1994).

Participants

Students in the last year of their undergraduate Nursing degree at the University of Alicante (Spain) who were enrolled in the optional ‘Culture of Care, Education for Development, and Critical Thinking’ course (2019–2020 academic year) were selected for inclusion through convenience sampling (Elfil & Negida, 2017). The objective of the study was explained to all the students, and that they could decline if they did not want to
participate (without any negative consequence). Finally, all the students enrolled in the subject decided to participate in the study.

**Procedure**

Data was collected in two phases during November 2019. The first session began with a theoretical introduction to the subject of study, the course objectives, work to be carried out, and methodology. The dramatisation and the steps involved in the photovoice procedure (photo-documentation, photo-elicitation, and gallery exhibition) were also described in detail (Evans-Agnew et al., 2017). The 40 students enrolled in the course were divided into two classrooms (20 per classroom); in turn, these groups were subdivided into four groups comprising five students per group. The students were asked to choose a context in daily life related to violence against women and create a short story that would later be staged. During the performance they had to take 3–4 photographs with their mobile telephones or tablet devices of scenes in the dramatisation that, to them, represented the objective of the study (photo-documentation).

In the second session (2.5 hours), a debate was held with one discussion group in each classroom (photo-elicitation). The students were provided printouts of the photographs and their stories and each group \((n = 5)\) prepared a document to deliver to the teachers, which incorporated the photographs and story, as well as their reflections upon the beliefs, values, behaviours, or feelings that they thought had influenced the violence presented in their story. Subsequently, we held another debate between the two classroom groups about the photographs (four groups in each classroom), to reach a consensus on the general topics and subtopics, thereby achieving data saturation.

Two teachers (members of our research team) simultaneously provided the same guidelines and support to the students in each classroom and took field notes on the
reflections and beliefs the students had expressed. Finally, all the selected photographs were exhibited in the Nursing Faculty hallway for a month (gallery exhibition), in order to promote a broader debate at the social level and to allow all the nursing degree students to reflect upon violence against women collectively and freely.

Data analysis

Following the steps proposed by de Giorgi (1997), two members of the research team carried out a qualitative data analysis of the documents prepared by the students (stories, reflections, and photographs) as follows: (i) detailed reading of the stories and reflections, as well as an observation of all the photographs (paying attention to face and body expressions, cloths, objects, context…); (ii) code extraction and grouping into general categories and subcategories; (iii) the content of each of the categories and subcategories analysed was interpreted considering the reflections described in the documents, field notes taken in the classroom, and the categories and subcategories that had emerged in the discussion groups. None predetermined framework was used to carry out the qualitative data analysis. The codes, subcategories and categories were extracted from the stories, reflection and photos. We used MAXQDA 2020® software to support this analysis. The results were shown to the whole research team, to reach a consensus while also maintaining reflective and critical attitude.

Ethical considerations

We obtained informed consent for the use of all the students’ photographs and stories. This research was approved by the Ethics Committee at the University (ETICA-ULE-008-2020).

RESULTS
All 40 students enrolled in the course participated in this study. Their ages ranged from 22–46 years; 30 were female and 10 were male. Four categories and eight subcategories were identified from the documents (table 1).

Types of violence against women

The students had represented two types of violence against women: ‘visible mark’ physical violence was seen in situations such as aggression shown by a man towards a woman (Image 1, Group 1). In some of the narratives about their perceptions of these scenes the students stated the following:

Any physical or bodily injury that leaves visible marks; this includes hitting, slapping, and pushing (Group 4).

In contrast, psychological violence was denominated the ‘invisible part’ or the ‘internal scar’:

Threats and phrases such as: ‘you’ll be nobody without me’, ‘nobody will love you like I do’, or ‘I’ll find you wherever you go’ (Group 1).

Screen captures of WhatsApp messages were used by various groups to represent this type of violence (Image 2, Group 6).

Other types of violence such as workplace violence were also represented. In this case the students focussed on healthcare professionals, describing the violence as:

Any behaviour that denigrates or humiliates any healthcare professional on the basis of sex, sexual orientation, or ethnicity (Group 7).

Scenes of domestic violence were also represented, stating the following:

It is not recognised as a public health problem, it is only recognised as a private and individual family problem... this is no cause for surprise (Group 4).
One of the groups had worked on the type of sexual harassment experienced on the street and had written the following:

*It appears as flirting, flattery, or a joke, which normalises it... makes it difficult to typify... because there is no real relationship between the aggressor and the victim... there is a fine line between male freedom of expression and the rights... of women* (Group 3).

**Victim**

The second category that emerged was related to describing the feelings, attitudes, and behaviours of the victim.

*Emotions and feelings about the victim:* All the students used part of their debate time and some of their images to reflect upon what emotions and feelings they thought a female victim of violence might experience. In this sense, the emotion of fear was described by all the participants. Fear of “*what the man may do to her*” (Group 2), because she “*doesn’t know how he’s going to react*” (Group 5), or because she thinks that “*at any moment she might end up on the ground simply because she is a woman*” (Group 7). Indeed, one group highlighted the look of fear a woman might show (Image 3, Group 2).

Most of the students thought that the victims may have experienced feelings of vulnerability and helplessness:

*She can’t see beyond [the moment]. She feels helpless because she doesn’t know what to do* (Group 1).

*Vulnerability is the feeling of absolute weakness and fragility—and consequently, of loneliness and a lack of support—for not being able to express what was experienced* (Group 4).
Likewise, they also described rage:

*Anger. Why don’t I do something? Claudia feels angry because she cannot express what she feels* (Group 8).

They also portrayed situations in which anguish might be experienced:

*The boyfriend is awake, waiting for her at home, and doesn’t stop calling her* (Group 6).

or before “*indiscreet staring by unknown men*” (Group 3).

Feelings of sadness and pain were also described:

*She’s living through a painful situation, as shown by her tears* (Group 5).

(Image 4, Group 5)

To a lesser extent, they represented the discomfort a woman may feel when feeling observed or harassed:

*She cannot fully enjoy spending an afternoon with her friends because she feels permanently observed by the boy* (Group 3).

*An uncomfortable situation because her boss is touching her leg during a meeting* (Group 8).

Finally, they narrated feelings of loneliness:

*Some people who find themselves in this situation think that the best option is to stay quiet because no one will believe or help them* (Group 2).

**Attitudes and behaviours of the victim**: The students agreed that victims very often justified their abuser’s behaviour towards them and forgave them:
She thought that he acted that way because he loved her and was only protecting her... she avoided arguing with him and tried to always please him (Group 1).

The students recognised this as a submissive attitude:

(Image 5, Group 4)

as well as a feeling of resignation and fatigue with the situation these women were experiencing:

*Resignation* [is the] acceptance of the situation experienced because of the belief that there are no other options (Group 5).

*I can't [do it] anymore* (Group 1).

Dependence (*the world revolves around him* [Group 5]), numbness to situations... not knowing how to react (Group 3), putting on a 'happy face' in social situations (*pretending what I want to be, not who I need to be* [Group 4]), and defeat (Image 6, Group 2) were also described as possible attitudes the victim may have had.

One of the groups staged a confrontation and a formal complaint:

*Courage, makes the decision to face the situation, despite the consequences it may have... Confrontation, the protagonist does not shrink away from the situation and decides to talk about it* (Group 3).

**Abuser**

*Feelings about the abuser:* very few feelings were expressed, but where they were mentioned, these included feelings of pleasure when harming the victim:

*A relationship in which the roles are marked by the pleasure of hurting* (Daniel) and *by submission* (Miriam) (Group 4).
feeling of superiority:

*Arrogance on the part of the patient* (man) *because he believes he is more entitled than the other people who are waiting* (Group 7).

**Attitudes and behaviours of the abuser:** an attitude of control and possession towards the victim was described:

*Marta tells her boyfriend about the plan...* (he replies): “*Now I understand why you’re wearing such skimpy clothes... you want to lead them on when you’re out partying*” (Group 6).

Several dialogues also emerged regarding the manipulation exercised by the abuser:

*He tries to get her to do what he wants...* “*If you do that, we should break up ... I’m sorry, I got stressed*” (Group 5).

as well as possible bullying, objectification, and harassment:

*I don’t know you, why are you touching me? [...] why are you grabbing me?* (Group 3).

Some students also described threatening attitudes:

*You’re no one without me, no one will love you like I do... I’ll find you wherever you go* (Group 1).

In addition, aggressiveness was portrayed and, to a lesser extent, humiliation or pathological jealousy were also mentioned (Image 7, Group 5).

**Social viewpoints**

This category included different perceptions and attitudes that the students thought society holds towards violence.
**Social perception:** several groups used their dialogues to express how they thought society shows a lack of awareness about the importance of working to end violence against women:

*Society... is not aware of this issue and normalises it... we continue to consider sexist violence only as something physical* (Group 6).

Helplessness and anger were also perceived as present in the collective mind of society:

*Anger and despair at seeing [domestic violence] and feeling that we can’t do anything* (Group 2).

On the other hand, the stereotypic societal views of female victims as being weak, which generated pain, were described:

*We tend to see [a female victim]... as a weak person who is not able to ‘get out’ of her situation... what we tend to think is: “oh, what a shame!”* (Group 1).

**Social attitudes:** the main attitude of society was presented as minimisation and silencing of the problem:

*Too often, it is silenced, minimised, rationalised, denied and/or accepted by individuals and society* (Group 4).

In contrast, certain micro aggressive behaviours that continue to be exerted even now, both among young and old people, were highlighted:

*You ask for the bill and it’s given to the man... the ‘strong’ drink is for the man... cat calls on the street, and expressions such as "you're hysterical"* (Group 1).

Along these lines, the students also commented on how certain professions, such as nursing, continue to be sexualised:
Recently... a woman appeared dressed up as a nurse and performing in an ironic, but highly sexualised way on a television program (Group 1).

**Resources and social strategies:** Several of the groups of students explained how violence against women is a learned act which is the result of the patriarchal culture that still prevails in our society:

*It has existed since time immemorial... because of the patriarchal and sexist education that imposes male dominating and abusive behaviours* (Group 2).

They highlighted the importance of education as a key element required for this problem to disappear in our society:

*More importance should be placed on education in this matter, at educational centres from an early age... we should take action in schools... and also at the level of our country’s policies* (Group 6).

At the same time, the institutional support of professionals from different fields, including nurses, was described as essential:

*Healthcare [nursing] plays an important role in this issue, because we can identify it, raise awareness, and help, support and protect both real and potential victims* (Group 6).

The support networks available to the victims (family and friends) were described as both necessary and as a source of hope (Image 8, Group 1).

**DISCUSSION**

According to Freire, conscientization is a process of cultural action through which people awaken to the reality of their sociocultural situation, move beyond the limitations and alienations to which they are subjected, and affirm themselves as conscious subjects and co-
creators of their historical future (Freire, 1974). The results we obtained showed that our students had an active and participatory awareness of factors related to violence against women. In our opinion, the nursing students’ ability to empathise with the problems suffered by women and being able to describe both the characteristics of these problems as well as their consequences (Doran & Hutchinson, 2017), confirms the usefulness of this awareness-raising process.

Visible marks, as the students in this study referred to it, was the most commonly mentioned category of violence against women. Similarly, in another study in which nursing students were asked to present different aspects of violence against women, physical violence was most often mentioned, perhaps because it was the most easily identifiable type (Silva et al., 2018).

Data related to the emotions and feelings that female victims of violence might experience in comparison to those of the abuser (Alshammari et al., 2018), emerged from the narratives, reflections, and images produced in this current work. Feelings in the victim such as fear, vulnerability, loneliness, or anger, which induce attitudes like submission or defeat, were described by the students. In contrast, very few stories described confrontation or pushback by women. In accordance with the results from other work, the students in our study empathised with the victim and highlighted negative and paralysing factors which focussed on the fear or pain these women might experience (Silva et al., 2018). In this sense, highlighting their sadness or impotence may have been easier for the students, or may be factors that they found more striking (Gomes et al., 2015). When showing images of the abuser, the students focussed on the abusers’ attitudes but spent scant time on their potential feelings (Beccaria et al., 2013). Nonetheless, superiority, control, manipulation, or aggressiveness were some of the attitudes they highlighted (Silva et al., 2018).
The students claimed that there is a general lack of social awareness in relation to the problem of violence against women. This ties in with the work by Freire, stating that conscientization facilitates learning around the “perspectives of meaning” (Freire, 1974). In other words, the idea that the community has about victims (as weak people), provokes feelings of pain, helplessness, and anger, and these perceptions lead to certain social attitudes such as trying to demystify the issue, silencing, and normalising sexist and sexualised behaviours. Lovi et al. (2018) also argued that beliefs and social stereotypes are an important origin of the normalisation of certain behaviours. The ability to adopt a new perspective and act accordingly requires communities both to be associated with people who share new perspectives on the problem, and to support and reinforce this whole process (Freire, 1974).

Our findings suggest that violence against women is a learned construct whose origins lie in our patriarchal culture. Therefore, as already pointed out in research carried out in future nursing professionals (Maquibar et al., 2018), possible solutions to this problem must also be found in society itself.

The students of this work mentioned that education was the main key to modifying social behaviour. In this sense, Rigol-Cuadra et al. (2015) also underlined the importance of influencing the education of future professionals. Several studies have underpinned the need to introduce subjects that address this issue (Nathan & Ferrara, 2020; Maquibar et al., 2019; Yılmaz & Öz, 2018) in order to provide students with tools to confidently address gender violence (Maquibar et al., 2018). This would help them to develop the skills necessary to help women confront gender-based violence problems (Gürkan & Kömürcü, 2017; Lovi et al., 2018). Thus, innovative approaches such as the photovoice or dramatisation techniques we used in this study, can be taken to develop content that allows students to address their beliefs, values, and stereotypes (Doran & Hutchinson, 2017), thereby also enhancing their learning (Nathan & Ferrara, 2020).
Here we report that the use of photovoice and dramatisation, not only as intervention tools but also for research purposes (Christensen, 2019), made the need for empowerment and reflection upon cultural and social situations visible. We believe that it will be important to highlight and collectively consider these contexts and scenarios in order to achieve significant changes in society (Duffy, 2018; Martínez-Guzmán et al., 2018; Simmonds et al., 2015; Duffy, 2018). The use of both these techniques provided the nursing students in our study with compassionate and positive realistic viewpoints on women who have suffered violence (Christensen, 2018).

**Limitations**

The discourses that emerged in this work may have been limited by the homogeneity of the sample, the time available, and the way the students’ impressions were collected. In future work, it would be interesting to choose groups that are more heterogeneous (sex, age, cultural, and social characteristics), and to triangulate the results by also using other techniques. Moreover, it would be interesting to collect the opinion of all the degree students of the gallery exhibition in the Faculty hallway.

**CONCLUSIONS**

Based on our results we can affirm that use of both the photovoice and dramatisation techniques, in a practical theoretical context and nourished by a social commitment, can have a significant social effect. The use of participatory techniques such as photovoice-dramatisation allowed nursing students to empathise and learn the cultural and social dimensions of violence against women through active reflection and critical thinking. Because of these activities, the students experienced what needs women who suffer violence may have, and exposed some of the potential difficulties, barriers, and social stigmatisation they may experience, all of which represent key elements for the social, cultural, and political transformation of the problem. Health professionals must be aware of and understand the
relationship between exposure to violence and its repercussions on women’s health so that they can accompany and manage these women in their journey to find adequate protection and support.

REFERENCES


Image 1, Group 1. Visible marks. Physical violence.
Hola???
Se que estas en linea, que estas hablando con otro??
CONTESTA
Voy a recogerte del trabajo.
Imagen 3, Group 2. The look of fear.
Image 4, Group 5. Sadness and pain.
Image 5, Group 4. Submissive attitude.
Image 6, Group 2. Defeat.
Image 7, Group 5. Humiliation and pathological jealousy.
Image 8, Group 1. Support network.
Table 1: Categories and subcategories identified from the documents

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence against women</td>
<td>Types of violence</td>
<td>Physical violence, Psychological violence, Workplace violence, Domestic violence, Sexual harassment</td>
</tr>
<tr>
<td></td>
<td>Emotions and feelings</td>
<td>Fear, Vulnerability and helplessness, Rage, Anguish, Sadness and pain, Discomfort, Loneliness</td>
</tr>
<tr>
<td></td>
<td>Attitudes and behaviours</td>
<td>Justified, Submissive, Resignation, Fatigue, Dependence, Happy face, Defeat, Confrontation, Formal complaint</td>
</tr>
<tr>
<td>Abuser</td>
<td>Feelings</td>
<td>Pleasure when harming, Superiority</td>
</tr>
<tr>
<td></td>
<td>Attitudes and behaviours</td>
<td>Control, possession, Manipulation, Bullying, objectification, harassment, Threatening, Aggressiveness, Humiliation, Pathological jealousy</td>
</tr>
<tr>
<td>Social viewpoints</td>
<td>Social perception</td>
<td>Lack of awareness, Helplessness and anger, Stereotypic societal view of female as being weak, Pain</td>
</tr>
<tr>
<td></td>
<td>Social attitudes</td>
<td>Minimisation and silencing, Micro-aggressive behaviours, Sexualised</td>
</tr>
<tr>
<td></td>
<td>Resources and social strategies</td>
<td>Learned, Institutional support, Support networks</td>
</tr>
</tbody>
</table>
Highlights

- Active teaching methodologies can encourage students to reflect upon violence against women in society.
- Dramatisation and photovoice allowed to critically think about cultural/social dimensions of violence against women.
- Dramatisation and photovoice helped students to nurture social commitment when faced with this problem.