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COUNSELLING AUSTRALIA

Australian Counselling Association Journal



WINTER



**Relationships on
the Internet –
you've got male**

**Australian
Institute for
Suicide Research
& Prevention**

**Problem Solving
Counselling**


**Reconnecting
the Eating
Disordered Mind
with its
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Editorial By Philip Armstrong



There seems to be some confusion in relation to accreditation and courses. Courses that are offered by universities are self-accredited and monitored by the Office of Higher Education. Looking at the ratings of each university it would be fair to say standards and quality of courses are not unilateral. Most courses offered by TAFE and private providers are accredited through the local state authority, VEET in Victoria, VETAB in NSW, TRC in Qld etc. There are also courses that are not accredited at all or self-accredited by private organisations. Students need to assess the "value" of the accreditation for themselves. The Nationally Recognised Training logo (an upside down pyramid) identifies courses that meet the Australian Qualifications Framework (AQF). A course accredited under the AQF provides an assurance as to the quality and depth of the learning and of the program provided. A non-AQF course does not have to abide by any formalised government criteria to earn the name accredited. Courses and their content are an important part of the eligibility criteria for entry into professional associations.

Professional associations have a set minimum standard for membership and this usually means they may approve or recognise only certain courses as part of their membership criteria. However, this is not a government accreditation scheme and does not mean that any courses they do not approve of are necessarily of any less relevance. Some associations have set their minimum standard at the Masters level, some at the degree level and others at an accredited Diploma level with some yet to clearly identify what courses they will approve. Some associations only recognise AQF accredited Diploma courses, some don't. Due to counselling in Australia being a self-regulating industry each association determines its own minimum standards.

It is primarily up to the individual which standard they perceive is the best to represent their profession. There is a point of discussion to be had with standards and who determines them within associations and the industry. Should committees whose job it is to set standards for associations and the industry be led by trainers? When members of the committee are lecturers/trainers/tutors and are dependant on presenting courses for their primary form of income, "do they then face a conflict of interest?" If I were to head up a faculty that offered a course in counselling, at whatever level, would I be able to objectively set an industry standard. I would need to face some very interesting questions.

What would the chance be of me setting standards at a level lower than that at which I teach and derive my income from? Would my personal needs, override any ethical boundaries? Would I be able to form my opinion on what constitutes the minimum standard by the needs of society or through my own experience at learning at a certain level? Could I objectively evaluate a Diploma course that was available through TAFE or a private provider after completing and teaching at a degree level in a tertiary institute? On what do I base my decision to set an appropriate level?

There are no studies, that I am aware of, that support any argument's that university degrees will make you

a better counsellor than someone trained at the Diploma level. If this is true, should not standards committees then be made up of an equal number of practitioners and educators from the various modes of learning? Practitioners if I am right are more likely to not have an agenda and therefore be more objective. Trainers are not likely to steer away from the level at which they teach, which brings me back to my original issue. Can educators objectively set standards? Standards are needed to define a bottom line for any profession but it seems that many automatically assume it must be at the tertiary level without collecting all the relevant information.

Does academic achievement automatically equate to being a good and competent counsellor? Has there been a significant improvement in the quality of teaching, social work and nursing since these professions adopted tertiary qualifications as their entry point? On the other hand does having several years experience and a Diploma qualification equate to being a good and competent counsellor. In both cases there are competent and incompetent practitioners. I do not believe that solely qualification or experience is what makes the difference. It is a combination of both. To acknowledge an individuals competence based purely on academic achievement would be an undervaluing of experience and application.

The argument that graduate levels will help to protect the public from poor practitioners may tug at the heartstrings, but how valid is it? All the research in counselling continually points to models and technique coming last in factors that lead to successful counselling (Miller, S.D., Duncan, B.L., Hubble, M.R. (1997) *Escape from Babel*). The research just does not support any argument of a need to raise qualification levels. It seems that many people who argue that counsellors need to attain graduate levels of education to become competent practitioners are in fact dependant, either directly or indirectly, on counsellor education for income and/or status. When you look at the content of courses many non-tertiary courses actually have a far greater content in counselling subjects. Many tertiary courses at the bachelors level have few counselling subjects with a greater content on rats and stats and testing systems, which is fine if want to be a psychologist.

Is the drive to raise qualification levels purely based on a perception that higher education equates to greater competence. Or do we as counsellors suffer from a lack of self-esteem as a profession and therefore feel we need more status. Neither is a valid reason to expect students to spend vast amounts of money on a higher education. Particularly when there is no proof that higher education equates to a higher level of competence for the public. Now, I am not against or devaluing tertiary qualification, I hold some myself and hope to continue on to a PhD one day. My reason for this is for my own on going professional development not because I believe my original training was below par. I am questioning the trend to continually raise standards purely on an unsubstantiated belief that tertiary equals competence and non-tertiary equates to second rate.

There is a point of discussion to be had with standards and who determines them within associations and the industry.

This, again, takes me back to “should standards be set by those whose income is reliant on burns in seats?” Is there a need for more practitioners who do not have an investment in education being consulted or involved in the standards process? It is never wise to assume that the driver always knows the way. As

counsellors we do not (unless you are a counselling psychologist) test, diagnose, treat mental illness or prescribe medication. So, is there a need for the counselling industry to become obsessed with over education?

ACA

Members Say

Editor,

Let me express my full agreement on the comments made in your Editorial in the last issue.

I too, am getting weary of constantly hearing from both clients and various ‘colleagues’ this false sense of ‘professional elitism’. We hear it from various sources and it is deeply ingrained in government policy and the wider community. I regard the mindset of some Psychiatrists, Psychologists and Social Workers as nothing less than professional snobbery.

I don’t say this lightly. I myself am a Social Worker employed full time as a counsellor. ‘Counsellor’ certainly is a better fit than Social Worker in terms of what I do, and like you, am proud of the title. Like many of your readers, I constantly tell people that Psychology/Psychiatry/Social Work is not counselling; *Counselling is Counselling*, and as such should be a recognised and registered profession.

It continues to amuse me that, like my own University days, the moment the average Social Work or Psychology student graduates, it’s a mad dash to get some kind of training in counselling – the training they *didn’t* receive at University. Many start off doing volunteer work, especially on the telephone counselling lines to ‘get some skills’. Maybe the various counselling agencies should start charging the Universities.

This highlights for me what many are saying; that there needs to be far more undergraduate courses in counselling that will be recognised by both government and public sectors.

Keep up the good work.

David Ward, Qld

Editor,

I was extremely pleased to read your article in the Volume 5 (Autumn 2001) *Counselling Australia* regarding the plight of Counsellors.

I agree wholeheartedly with all you have said. I have always strongly believed that the function of a counsellor is not fully appreciated. In my opinion we actually take the place of the Elders from time gone by. Society no longer has Elders such as tribes had in those old societies. Thus it is an area that needs to be filled and I believe this to be the role played by Counsellors in today’s society, a society which is moving at a very rapid rate.

We are not Social Workers, Psychologists or Psychiatrists. Yes we do help with guidance, as all these professions do, but I feel we should generally be the initial point of contact before these people. Someone who listens, someone to down-load to and as you say, someone who is “guiding the ship”. I agree, we do need the continued titled education such as Psychologists and Psychiatrists take-on. Do they

not perhaps lose their innocence by becoming too bogged down with all the so-called “mind education”? Do they not become immersed in the where, why, hidden agenda? Not only looking for something behind every action but trying to read something from every thought or word.

Previously I worked in the Psychiatry Department in The Royal Melbourne Hospital. I have seen both the Departments of Psychiatry and Psychology at work and how many of these Professionals keep diverging to other areas. Don’t misunderstand. I admire their professionalism but they tend to seek to become either Professors, Managers or get swamped in the red tape of government issues and sometimes think more of their trade than the person needing help, ie. The Client or Patient.....what of them?

I find it extremely frustrating that we **are overlooked** as you say in your article. Organisations **will** bypass us and hire social workers/psychologists etc (not to forget nurses being hired in our place) and they also tend to look at you as if to say “Counsellor....You....oh but we have so-and-so, he/she is a nurse/psychologist/psychiatrist.” So yes, please do push for this change and I, for one, am with you!

Roslyne Wyllie, Vic

Yes we do help with guidance, as all these professions do, but I feel we should generally be the initial point of contact before these people.

Editor,

Just love “*Counselling Australia*” although it’s never long enough... I just love the way Philip writes. Enjoy Angela’s column as I am a home study person and I use the internet daily. I’m not very computer literate and often get totally confused at where to go, thanks for all your help.

Really excited to hear about the email of the month club. Think you’re all wonderful. Glad to be aboard, grateful to be a part of this great organisation.

Thank you, thank you, thank you...

Dawn O’Dell, NSW

Ed. I thank all the members for their positive phone calls, emails and letters in relation to my editorial. Now I know that people do read my editorial. Although I have not received any letters from members, I am aware a couple were concerned my editorial may alienate ACA from other organisations and professionals. I have taken those concerns on board and if any individual or association was offended please contact me so as I can clarify any misconceptions.

ACA

News from the Chapters

First I would like to thank all those individuals who are donating their time, energy and resources to the building of Chapters. I cannot overstate the gratitude and pride I have in these members who are working for the betterment of ACA and counselling as a profession, you do us all proud. We will profile the members of the Chapter committees so as members will have some knowledge of who these people are. The first profile will be on Martin Hunter Jones the Chairperson of the NSW Chapter and in the next issue we will feature Gayle Higgins the Chair of the Victorian Chapter and so on.

VICTORIA

The Victorian Chapter of the ACA is shaping up well. We have many interested and enthusiastic members who have some fantastic ideas that we are endeavouring to put into practice. Some of the aims of the Victorian Chapter are:

- ⇒ to build a strong network of professional counsellors who can give each other support at all levels from student members
- ⇒ to clinical members, to develop a program of ongoing education so that members are able to meet the standards of clinical membership of ACA,
- ⇒ to have a database of qualified supervisors to ensure that counsellors are being supported,
- ⇒ to build a referral data base which members can use and promote outside the ACA,
- ⇒ to promote the ACA to others in the community in order to build membership and also to promote referrals and business to counsellors.

These are just a few ideas which we are continually expanding on. It is a very exciting time for all counsellors and I feel privileged to be part of it. I have been in private practice for two and a half years, I am an accredited Lifeline counsellor and supervisor. I would love to hear from members who would like to be a part of the Victorian chapter. You can email me your ideas on

gaylehig85@hotmail.com.

GAYLE HIGGINS,
Chairperson Victorian Chapter, MACA (Clinical)

NEW SOUTH WALES

The following is a profile of the NSW Chapter Chairperson.

My name is Martin Hunter Jones and I am, in the following brief and personal discourse, introducing myself to you as the appointed chairperson of the NSW chapter of the ACA.

In 1989, with an undistinguished academic record and some experience working with people as a personal carer I had a personal epiphany identifying my goal as being "leadership and participation in the upliftment and positive evolution of individuals and society". Accordingly I enrolled in a degree in Psychology at Flinders University, believing this to be the way to develop skills appropriate to this intention. . . . Luckily I also majored in philosophy which kept my brain sufficiently interested to enable the completion of this degree in the allotted time. Subsequent to this I began an Honours year in Psychology at Sydney University, but withdrew, disillusioned according to my observations of academic Psychology's valorisation of science, statistics, and notions of pathology. From

here I completed an MA in Adult Education at the UTS, feeling (and finding) this more in tune with my intentions.

In terms of employment relating to counselling I have provided counselling to adults with disabilities and their families for 5 years. Subsequent to this I have been employed for 2 years providing counselling to families who are experiencing crisis. For the past 2 years I have operated a private counselling and group work consultancy.

The groups I run include Parenting Skills, Parenting Skills for Dads, Dealing with Addiction, Managing Anger, Self Esteem and Personal Development for both Children and Adults, as well as Relationship and Communication Skills.

In my counselling practice I am delighted to have the opportunity to support a wide range of individuals move past their difficulties and inertia, to move towards their ideal. Beyond this I have a personal passion for supporting men and young men to re-evaluate and balance our culturised identity with our human identity in order to have a more enjoyable life. In line with this I also provide a men's group free of charge where men are able to practice listening and noticing being listened to.

With regards to the ACA, I see our organisation as a valuable nexus for connecting and authorising a broad range of people with skill, experience and vision for improving our world via the people we interact with. I believe our preparedness to acknowledge this skill, experience and vision, in addition to academic qualifications, marks the ACA's importance, difference, and value.

I see my role as the chairperson of the ACA's NSW Chapter as being to facilitate and support a team of motivated participants to inform the health (inc counsellors) political, and general community within NSW of the existence and scope of the ACA and our members. Accordingly, and to conclude, I invite NSW ACA members to contact me with a view of joining this team.

Enjoy

MARTIN HUNTER JONES

SOUTH AUSTRALIA

This Chapter was in the process of being formed as the journal went to print. The official positions and office bearers of the SA Chapter will be posted in the next journal Contact person is Peter Papps (Chairperson) 08 8363 5822

TASMANIA

This Chapter was still being formed at the time of printing.

WEST AUSTRALIA

This Chapter was still being formed at the time of printing.

QUEENSLAND

This Chapter was still being formed at the time of printing.

We have many interested and enthusiastic members who have some fantastic ideas that we are endeavouring to put into practice.

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by

Brendan Nichols

Author of the newly released book
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SNOWBALL WELCOMES ACA MEMBERS

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- You get choice. There is a wide range of investment strategies, which invest with some of the best investment managers in Australia and overseas.
- You can transact on your account online, 24 hours a day, seven days a week. You can even create your own account online – in just 15-20 minutes.

Tony McDonald, the Managing Director of Snowball tells us, "Sweeping your super funds into one focused Snowball account couldn't be easier. Tell Snowball where your existing accounts are, and we'll do all the paperwork and organising for you."

Shortly, Snowball will introduce an allocated pension (retirement income product) and a savings and investment product. And Snowball will be adding to its range of user-friendly financial planning tools. All services are made available online.

Tony says, "The educational tools on the ACA-Snowball website can help you sort out your superannuation online. For extra help, contact our Hotline on 1800 22 88 11. Our friendly Snowball team can provide assistance in using the site, and put you in touch with a qualified financial adviser if you prefer personalised advice.

For more information, contact **SNOWBALL** on 1800 22 88 11, or email

enquiries@snowballfinancial.com.au

or visit the new

website **<http://aca.snowballfinancial.com.au>**

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Relationships on the Internet: Cyber-dating - you've got male.

by Angela Lewis

Gloria Steinem (feminist and activist) said, "There are too many people trying to meet the right person than to become the right person". But on the Internet you can be the right person (albeit only while logged on) in order to meet the right person. You can be anyone you want to be - change genders, lose weight, have longer legs or no paunch - and hold sway with someone of the opposite sex just by the way you communicate on the computer screen. It is a seductive business, and the main foray for these dating excursions are the chat rooms, followed closely by online dating services.

Chat rooms are in theory a forum for people of like interests to get together in cyberspace to discuss their hobbies, passions and interests. However from my observation of chat rooms, they are more like one open, free for all, dating forum. The following discusses cyber-dating and the issues that arise from this medium that may be of relevance to counselling. The recent case of a British wife leaving her husband and two sons to live with an Australian man who she had developed a relationship with on line, is a good example of the issues that counsellors are going to have to be familiar with.

In the context of a chat room, normal, ordinary people, (it might be your husband, boss or sister-in-law) will chat and flirt with others who may be down the road, in the next suburb, or living somewhere exotic on the other side of the world. Sometimes these relationships become long and enduring, somewhat like a pen pal. Other times they can result in face-to-face meetings and actual 'real time' relationships, and other times again, cyber-relationships can ruin a real relationship when one of the partners is involved with a cyber-relationship and is caught out doing so.

It cannot be denied that a lot of genuine people are using the Internet to seek relationships with a view to some type of long-term arrangement, maybe love or marriage. It is also no longer the province of the sad, lonely and disenfranchised. You are just as likely to meet a tertiary educated business professional as you are a blue collar worker or a new age hippy. Using the Internet for relationships serves those who have busy lives, high powered careers or who travel equally as the people who are hampered by illness (physical or mental), people who live in lonely or isolated areas, or people who are single parents with responsibilities that don't allow them to spend time in social venues. At the same time there are many people out there who see chat rooms as an ideal venue for the exploitation of the feelings of others.

Some ways to foster safe relationships online:

For those people who see chat rooms or online dating services as an appropriate way to meet friends or form relationships, some basic aspects of safety and self protection need to be considered.

Do create a fictitious name for use in chat rooms and on dating sites. It would not be a good idea to use your own, real name. Consider also the implications of the online nickname you use - if you decide to call yourself a name that has a sexual

connotation (and people do this), then you are already inviting a certain type of attention.

I advise that women will find it a little easier to partake in conversations and move amongst different chat rooms if their own names are neutral. For example I can watch conversations and sit in a chat room for ages when I am logged on with a general, neutral name; approaching people to chat with as I see fit. On the other hand, when I log on with one of my female personas (one that is merely a female name), then I get pestered left right and centre, from the moment I join the chat room.

Don't assume that the person who chats to you on the computer screen will be the same person in real life. The pilot you chat to in San Diego who says he has a body fat rating of 18% and works out every day, could very well be a postal worker in Tasmania with a wife and 2 children.

Do take time to get to know a person who you think you may wish to eventually meet. I know this sounds basic, but it is often hard for people to keep up a fantasy for a very long time, and if you keep asking questions and involving them in fact finding conversations, hopefully you will start to see the real person.

Do consider setting up an alternate email address to your actual one that shows your name. There a multitude of sites that offer free email accounts e.g. Hotmail.com, Netforward.com, and you can set this email address up under your chat room pseudonym and ensure that you are safely anonymous. This anonymity also of course serves to protect not only the innocent, but also the more nefarious people that will prey on others, but that unfortunately is the way of the world.

What if you think you have met 'the one?'

You have chatted for ages, you both feel it may be going somewhere, what is the etiquette? If you met in a traditional sense in a pub, or at work for example, you already know how to proceed. For some it is dinner, some the bedroom, others the movies or home to meet mum. In this cyber forum you are literally dealing with a meeting of the minds, and the corporeal must come next!

So when you both feel the time is right, you could exchange photos - people generally get a photo scanned and send it via email. (See note above on keeping a pseudonym email address). **But don't fake your photo** - if you decide to swap pictures, send a current picture, which is flattering, but doesn't distort your true appearance. For example I would suggest that one of those studio glamour photos would just set both parties up for disappointment.

The next step might be a telephone conversation. Again this could be tricky, with one or the other person feeling vulnerable about giving out a telephone number. Do not give out your work, home or telephone details until you feel absolutely safe to do so.

For people genuinely seeking a relationship, meeting is generally the desired outcome. On Melbourne TV

You are just as likely to meet a tertiary educated business professional as you are a blue collar worker or a new age hippy.

Relationships on the Internet: Cyber-dating - you've got male.(Continued)

approximately 6 months ago, there was a documentary screened on a man who went to America and travelled around the country to meet each of the 20 (yes 20!) women he was having online relationships with! I personally know of one woman who has travelled to Italy twice to meet prospective partners. I suggest that for women it is appropriate to take along a friend, or have a friend nearby to observe. As there is no safety net (such as common friends), it is a true blind date, and there is the need for conservative behaviour. If you don't decide to take a friend along, then notify someone of your intended whereabouts and length of the date.

Pick a public place for your meeting - a casual restaurant, the movies, a sporting event and give yourself a time limit for your meeting - you can always extend the time if it works out.

Compare the person that you met on the computer screen, to the person you are getting to meet in person. Do you trust them? Do you feel they are the same person? Intuition is important, and if something does not feel right, or does not 'jell' with the image of the person you thought you were getting to know, then you need to reconsider whether to continue on.

Having said all of this, a Melbourne newspaper (The Herald Sun 14/2/01) - Valentine's Day no less - had as its headline "Wedding Con: Melbourne mum's Internet 'husband' is a criminal". The article covered the relationship between a Melbourne mother of 5 and a convicted Canadian criminal, who had met in a chat room and been united by a Melbourne radio station for a pseudo wedding, white dress and veil included! She is incidentally 'standing by her man' while the immigration authorities investigate.

Is cyber-sex, cyber-dating, or carrying on an ongoing relationship with a member of the opposite sex cheating on your partner?

The quick answer is: those who are 'doing it' would say absolutely not; the partner who watches a row of kisses typed across the computer screen intended for their spouse from somebody named LadyLookin'forLove in Texas, might well say definitely yes. It is very much a subjective call, and it depends also on the type of relationship the cyber-relationship is impinging on.

In some relationships a partner indulging in phone sex, visiting prostitutes or reading pornography is considered acceptable, so it may well be with cyber-relationships. Personally I don't think a person can have it both ways, if it is not considered cheating, then you can't believe that the people you are having relationships with are real people - which they undeniably are.

Counsellors are going to have to face this type of question at some point when relationship counselling. If we dismiss cyber-relationships as light-hearted nonsense or privately think it is just for a few 'losers' in the community, then we are way of the mark. It is a reality that cyber-relationships can and do ruin marriages and relationships, so it has to be an area that we are aware of and be prepared to deliberate on.

Here's an example from two real people, (one who has a partner) chatting on the Internet (names are changed)

F: I do want to thank you for something my love..

M: What is that..

F: You did help me feel partly what a woman must feel that is totally turned on by a man...

M: Angel, you are turning me on right now...

F: You make me feel very desired...very hot...and sexy

M: It is one of my gifts...

F: I can only imagine what it would have been like to really touch you and be touched by you.

And on it goes...!

The damage a cyber-relationship can do to an actual relationship is I believe very real. If two people are in a one-to-one relationship, (marriage or dating) and one of the parties becomes enmeshed in either serial cyber-relationships or a serious one-to-one cyber-relationship, then it is highly likely it will impact on the relationship in some form.

For example Jenny and Geoff are married. Geoff goes to his computer every single night and types away for hours. Geoff is having a cyber-affair and cannot wait to talk dirty or share his day with his cyber-girlfriend, at the expense of his family and relationship. If Jenny interrupts him he switches the screen off, or flicks on the screen saver and he becomes agitated if he cannot have long periods of time alone in front of the computer. The kids now know that when Daddy is working on the computer their interruptions are not welcome. He no longer goes to bed when she does and more and more frequently does not want to have sex with Jenny, because more often than not he is meeting his own needs whilst on the computer while chatting to his cyber-friend.

Using Jenny and Geoff as the example, the time he spends chatting to the cyber-girlfriend, is time he should be spending on making his relationship strong and secure, and time he should be investing in his relationship with his children. The true danger of the cyber-relationship is that the person on the other end of the email or chat room can be anything they want to be, or anything we imagine or want them to be. This can create problems both for the cyber-relationship if it turns into a real life relationship in being able to survive against the messy realities of a real life relationship; and for a real life relationship competing against a surreal interpretation of a relationship and/or person in the cyber-world. Let's face it, typing about moonlight, candles and the hot-tub and what the cyber-affair could indulge in, simply cannot compete with the washing machine going in the background and your spouse yelling at you to put the garbage out.

Some would argue that a little bit of harmless fantasy is just an escape from the humdrum of real life, but only the participants in this virtual world know when they have overstepped the mark, and somehow made that world more real, and more desirable than the one they live in. It is easy to forget that the people on the computer screen are real people, with real and often

Personally I don't think a person can have it both ways

mundane lives like ours, and to be carried away by the enticing romance of the delicious email love letter or row of hugs and kisses appearing just for us from 10,000 miles away courtesy of the magic of our computer.

How would you answer this relationship question from a client?

I met a man on the Internet about 2 months ago, and we just 'clicked'. I have even telephoned him at work and he sounds really divine. We can talk to each other about anything, and I think we have both fallen in love. The thing is, he lives in Malaysia and we have not met in person yet - is it possible that we can be in love before meeting?

I would answer it this way:

This is just but the first step on your road to love. Both the distance and the sheer novelty of the situation fuel this anticipation, passion, intensity and excitement by the unknown, and possibly. If you are seriously considering a long term relationship then you need to get on a plane and see him for yourself - it is certainly a big risk, (for both of you), because by now you have probably built up certain expectations about each other. What are your worries - that you won't find each other attractive enough, that he is married, that he has lied about his status in life, his race, his religion or that you may discover you are

one of his stable of online lovers - all real possibilities. If you don't want to ruin the illusion of the fantasy relationship you are enjoying so much at this point in your life, it is OK to feel you are in love and simply stays in the safe and comfortable zone of a cyber-relationship. If you wish to examine this relationship out of the realm of fantasy you need to experience it in the light of a 'real time' life, where you can interact on a physical and emotional level and assess each other's behaviour in living a day-to-day normal life. A long lasting relationship requires (amongst other things), trust, understanding, intimacy and acceptance - and I think knowing whether holding that special someone's hand makes your heart jump!

For those who may be interested in seeking more first hand experience of the patterns and issues of this medium the following is a list of on line dating agencies

www.lovenet.com.au

www.rsvp.com.au

www.adultfriendfinder.com

www.webpersonals.com

www.ninemsn.com.au

If you wish to examine this relationship out of the realm of fantasy you need to experience it in the light of a 'real time' life, where you can interact on a physical and emotional level and assess each other's behaviour in living a day-to-day normal life.

ACA

FREE INTRODUCTORY WORKSHOP to **IDENTIKS - MENTAL IMAGERY PROCEDURES**

WA, Perth – 25 August 2001 at Murdoch University 1.30 - 4.30pm
Qld, Gold Coast – 22 Sep 2001 at Pines Meeting room 1.30 - 4.30 pm

This workshop has been designed to introduce counsellors to a new revolutionary concept of the mind that can lead to:

- To Stress-elimination as opposed to management
- Eradicating Depression
- Resolving Addictions/Relationship issue
- Resolving Post Traumatic Stress Syndrome

Your presenters are **JOHN MACE** (WA) well-known author of "How to turn Upsets into Energy" and **JOHN AVERY** (Qld) both clinical members of the ACA.

The ultimate test of any technique is, "Does it work?" and importantly, does it do so consistently. John's new methods, based upon the premise that you are a spiritual being, certainly meets those demanding criteria. Needless to say, they have to be applied with skill and understanding". Peter Graham, Integrative Clearing Practitioner.

"I challenge you to open your mind and give it a go, what have you got to lose, it's free"
Philip Armstrong MACA

Ring John Mace on 08 94172240 for information on the Perth venue
Ring John Avery on 07 5576 2301 for information on the Gold Coast venue

ACA approved workshop

Problem solving counselling By Michael Neenan

*Problem-solving counselling programmes, designed to teach individuals social, workplace or interpersonal skills, have increased in the last 30 years. Here **Michael Neenan and Stephan Palmer** describe an approach which tackles both the emotional and practical aspects of a problem.*

Problem-solving is a structured and systematic method of teaching clients to identify current problems or stressors in their lives and then learn a series of graduated steps or skills in order to tackle these difficulties. Programmes designed to teach individuals social, workplace or interpersonal problem-solving skills have increased in the last three decades (e.g. D’Zurilla and Golfried, 1971; D’Zurilla, 1986; Palmer; 1997). These problem-solving approaches have in common a number of sequential steps that include problem definition, generation of alternative problem definition, generation of alternative problem-solving methods, decision-making and evaluation of the chosen course(s) of action.

The problem-solving counselling we describe here is a double-headed or dual systems approach, i.e. tackling the emotional and practical aspects of a problem. As Walen, et al (1992, p. 52) observe: “Dealing with the emotional problems gets rid of emotional disturbance; dealing with *practical* problems leads to self-actualisation and improvements in the patient’s quality of life. Both are important.”

The emotional problem is tackled first as clients are not usually effective practical problem-solvers when they are emotionally disturbed. For example, a man who is depressed (emotional problem) about his lack of friends (practical problem) fails to develop a social network. This is because his view of himself as unlikeable and unattractive militates against making any successful social overtures. By helping him to challenge and change his negative self-image and depressogenic thinking, he is then able to focus his restored energies on initiating the necessary practical measures (e.g. joining a singles group, adventure weekends) in order to provide opportunities to find a suitable partner.

The dual systems approach to problem-solving we practice is essentially a cognitive-behavioural one because it emphasises the significant impact our thinking has on our emotions and behaviour. The specific cognitive-behavioural model we employ for emotional problem-solving is Ellis’ (1994) rational emotive behaviour therapy (REBT); the model for practical problem-solving is the one proposed by Wasik (1984). The ultimate aim of this dual systems approach is to teach clients to become their own counsellors or problem solvers.

Emotional problem solving

The cornerstone of REBT rests on the assumption that individuals are not so much disturbed by events as by the views they take of these events (Ellis and Bernard, 1985). For example, two people fail the same job interview: the first person is disappointed but realises that nobody has to give him a job and thereby dips on applying for other ones; the second person becomes depressed and angry because he believes he absolutely should have got the job and the

interview panel have revealed his worthlessness by not appointing him - he now concludes that it is futile to apply for any more jobs. The ABCDE model of emotional disturbance and change presents clients with a means of understanding and tackling their emotional problems:

A = activating event (past, present or future, internal or external)

Being passed over for promotion

B = beliefs in the form of rigid and absolute musts, shoulds, have-tos, got-tos, oughts

‘I absolutely should have been promoted, its not fair.’

C = emotional and behavioural consequences

– hurt and withdrawal (‘sulking’) leading to both decreased productivity and interpersonal contact at work

D = disputing the client’s rigid beliefs that produce her emotional and behavioural reactions at C

‘Just because I very much wanted the promotion there is no reason why I have to get it. Too bad that I didn’t. I’d better stop moping about and get on with the job I have got.’

E = a new and effective rational outlook based on flexible thinking which reverses the workplace decline and ameliorates the disturbed feelings noted at C.

From the REBT viewpoint it is B rather than A that determines C (though it is important to emphasise the significant contribution that A brings to C). This is known as emotional responsibility, whereby the individual accepts that her emotional problems are largely determined by her rigid beliefs. In order to achieve E, the client usually has a lot of hard work (homework) to carry out through the disputing (D) process. This is known as therapeutic responsibility. The use of the ABCDE model is illustrated in the following case study.

John - a case study

John had been referred by his GP for anxiety and stress. He was a 32-year-old single man who lived in a block of flats. He worked part-time in a local supermarket and described his life as ‘quiet and uneventful’ with few friends and little social life. However, his ‘quiet’ life was frequently shattered by the couple in the next flat who played their music

The emotional problem is tackled first as clients are not usually effective practical problem-solvers when they are emotionally disturbed.

loudly and for long periods. He described himself as 'always being on edge' when at home and felt ashamed that he was not able to confront the couple in the next flat. The therapist was keen to find out what prevented him from doing this:

Client: I'd get anxious if I went next door.

Therapist: Because...?

Client: They wouldn't pay any attention to me. They'd laugh at me or tell me to 'get lost'.

Therapist: And if they said or did those things, what then?

Client: Well, all the sneering and horrible looks I'd get from them on the stairs, meeting them in the hallway or in the car-park outside. I did once ask them to turn the music down and that's how they responded.

Therapist: And what are you anxious about if they do behave like that.

Client: I'd feel very uncomfortable knowing how much they dislike me or that they're laughing at me. I don't want to feel like that. I try to avoid any arguments or unpleasantness in my dealings with other people

Therapist: Is that what you are most anxious about: that you wouldn't be able to cope with the intense personal discomfort you would experience if you confronted them?

Client: Yes, that's it. I just want a quiet life.

Therapist: That seems to be precisely what you're not getting at the moment.

The therapist has located the reason John's anxiety (C) blocks him from taking any effective action with his noisy neighbours (A) - his avoidance of interpersonal tensions or conflict. In REBT, this is hypothesised as *low frustration tolerance* (LFT) or *discomfort anxiety*, i.e. the worry individuals experience when anticipating pain, discomfort, agitation, unpleasantness, etc.

Implicit or explicit in this anxiety is a demand that the anticipated discomfort must not be too great, otherwise it will be unbearable. This point of view is offered to the client:

Client: That sounds a lot like me. I'm always trying to avoid unpleasantness in my life because I believe I can't cope with it but avoidance doesn't make me any happier.

Therapist: So how would you state your belief in precise terms so we are both clear what it is that you what to change?

Client: I must avoid at all costs any unpleasantness or conflict with other people because I just can't cope with it (B).

Therapist: In the case of your noisy neighbours, would you be interested in working with me to lower your anxiety and increase your ability to cope with this difficult situation by challenging and changing that belief?

Client: I suppose I need to do something about this situation but I just can't go round there now and have it out with them.

Therapist: I'm not asking you to do that. Let's first deal with the ideas that drive your anxiety because

they prevent you from taking effective action with the couple next door.

Client: OK, I've got nothing to lose but my mind if that music doesn't stop.

During subsequent sessions John agreed to undertake a variety of homework or self-help assignments in order to weaken his disturbance-producing beliefs and strengthen his newly emerging emotional problem-solving beliefs ('I don't like these unpleasant situations or feelings but I can learn to deal with them better):

Cognitive tasks - compiling a list of the advantages and disadvantages of not tackling his problem and then revisiting the advantages to examine whether they were genuinely advantageous; reading a self-help book which encourages individuals to court and tolerate discomfort in order to achieve their goals (Dryden and Gordon, 1993).

Behavioural tasks - undertaking a series of 'stay-in there' exercises (Grieger and Boyd, 1980) which consisted of remaining in situations he usually avoided in order to work through his disturbed thoughts and feelings, e.g. visiting his parents who nearly always criticised him for not 'getting on in life', going to the dentist for a much delayed check-up.

Emotive tasks - engaging in shame-attacking exercises (Ellis, 1969). As John said he felt ashamed of himself - 'I'm weak and pathetic for not standing up to them'. These exercises teach clients to expose themselves for their perceived defects and to distinguish between criticising a behaviour or trait but not condemning themselves on the basis of it. Exercises that he carried out included asking directions to the local railway station while standing outside it and walking down the road with an umbrella open when it was not raining. After eight sessions of tackling successfully the emotional aspects of his problem, John then focused on its practical aspects.

Step 1

John's obvious problem was his noisy neighbours who made his home life unpleasant. This was the biggest current problem in his life (if he had a multitude of difficulties to be addressed then a problem list would have been drawn up).

Step 2

His goal was to find some means of influencing his neighbours to reduce their music playing to a more tolerable level - 'so that I no longer feel I'm living in the same flat as them'.

Step 3

Here John was encouraged to come up with as many possible solutions to his problem no matter how ludicrous or unrealistic some of them initially appeared; in other words, to brainstorm. At first, he had trouble suggesting solutions, so the therapist offered some as a means of prompting him and then he produced these:

- a. Ask the council for a transfer
- b. Let their car tyres down
- c. Knock on their door every time they play their music too loud and ask them to turn it down. Be persistent.

These exercises teach clients to expose themselves for their perceived defects and to distinguish between criticising a behaviour or trait but not condemning themselves on the basis of it.

Problem solving counselling (Continued)

PRACTICAL PROBLEM SOLVING

He said that he wasn't always sure what to do when he had practical problems to deal with and this often meant he ended up with more rather than fewer problems. The model taught to him was Wasik's (1984) seven-step problem-solving approach which includes self-questioning:

Steps

1. Problem identification	<i>What is the concern?</i>
2. Goal selection	<i>What do I want?</i>
3. Generation of alternatives	<i>What can I do?</i>
4. Consideration of consequences	<i>What might happen?</i>
5. Decision making	<i>What is my decision?</i>
6. Implementation	<i>Now do it!</i>
7. Evaluation	<i>Did it work?</i>

Questions / Actions

- d. Find out the council's rules and regulations regarding the playing music and what enforcement powers they have.
- e. Ask the other neighbours if they are upset over the music levels and try to get up a petition.
- f. Blast them out with music!
- g. Let the noisy couple know what my plan of action will be if they ignore me.

Step 4

This involved John considering the advantages and disadvantages of each solution produced from the brainstorming session. The client may wish to rate the plausibility of each possible solution on a scale of 0-10: 0- the least plausible...10- the most plausible:

- a. 'It's running, or literally, moving away from the problem. I've done too much of that in my life.' **1.**
- b. 'Too childish and may make the situation worse.' **1.**
- c. 'This sounds more like it. It will be hard for me to do that but if I don't, I'm never going to get any peace. Stand up and be counted.' **8.**
- d. 'This is a very sensible step and I will contact them if the couple don't turn down their music.' **7.**
- e. 'If there are other people in the block who are also fed up with the music, then force of numbers either through a petition or knocking on their door might prevail.' **6.**
- f. 'A non-starter then I'll get a double dose of loud noise.' **0.**
- g. 'I'll certainly use this tactic if I get no satisfaction from them.' **6.**

Step 5

John now chose which solution to pursue based upon the calculus of probable success decided in the previous step: 'I'll start with c, and fall back on d, e and g if the going gets really tough'.

Step 6

This involved role-play: the therapist took on the role of one of the neighbours while John made repeated requests to him to turn the music down. John's voice faltered at times and he often looked down at the floor. Coming out of the role-play, the therapist commented upon John's indecisive manner and changes were made in his inter-actional approach. John then practised the new behaviour in the session as well as agreeing to act it out in imagery for a homework task. The therapist can also prompt the client to suggest ways of handling the situation if setbacks occur (they usually do).

Step 7

At the next session, which is after the client has carried out the agreed solution, therapist and client evaluated its outcome:

Therapist: How did you get on?

Client: They're still playing their music too loud but the good news is that every time they do that I've been straight round there to complain.

Therapist: And how did they respond?

Client: As expected: rude, slammed the door in my face sometimes and, at other times, didn't even bother answering it.

Therapist: Any threats of physical violence?

Client: No, but if there are, I will immediately call the police which I didn't put on last week's list.

Therapist: Were there any moments or times when you wanted to forget the whole thing?

Client: On several occasions. The old ideas came back.

Therapist: Such as...?

Client: 'I can't stand all this unpleasantness. Why won't it go away? I just want a quiet, uneventful life.'

Therapist: How did you deal with those ideas?

Client: As you taught me in the earlier part of therapy - vigorously dispute them.

Therapist: Did it work?

Client: Yes, it did. I told myself to stop running away when things become unpleasant or difficult in my life and see the problem through to the bitter end. I think I'm beginning to get some backbone.

Therapist: It's good to hear you're making progress. So what's the next step with the noisy neighbours?

Client: Well, I told them yesterday that I've had enough and I'm officially complaining to the council and demanding that action be taken. I'll also be seeking the views of other residents.

Therapist: How does it feel to be doing all that?

Client: To be honest, I feel quite proud of myself. At last I'm really carrying something through.

In the following weeks, John reported that the music level of these neighbours had dropped appreciably. 'They still give me icy stares when they see me but I can live with that.' Another benefit he enjoyed was that he finally got to know and became friendly with other residents in the block of flats: 'We were strangers until I knocked on their doors.'

The client may wish to rate the plausibility of each possible solution on a scale of 0-10

The practical problem-solving section of counselling had lasted for five sessions. To return to step 7, if the proposed solution(s) has been successful, the client can then pick another problem from his list and follow steps 1-6 again.

Ending

Now that he had success in one area of his life, John said he had experienced a 'sea change' in his outlook and wanted to do more with his life such as leaving his part-time job in the supermarket and pursuing 'a career that will be interesting and challenging for me in ways which the supermarket has never been'. He also wanted a more exciting social life and now felt he had the confidence to meet people and make more friends. Follow-up appointments were arranged for three, six and 12 months to monitor his progress in maintaining his therapeutic gains as well as finding out about the other developments in his life.

In conclusion

Problem-solving counselling is a psychoeducational approach that teaches clients how to remediate their present problems and prevent or reduce the occurrence of future ones. It is an approach that can be used in a variety of clinical settings (e.g. schools, colleges, industry). Problem-solving counselling is ideally suited to brief therapy regimes used in, for example, employee assistance programmes and general practice. Whether the emphasis is on emotional problem-solving or practical problem-solving or both, we believe that this approach has a great potential for helping individuals to accelerate the process of change in their lives and adapt more effectively to the increasing demands of a complex society.

Michael Neenan is Associate Director of the Centre for Stress Management.

Professor Stephen Palmer is Director of the Centre for Stress Management.

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Problem-solving counselling is a psychoeducational approach that teaches clients how to remediate their present problems and prevent or reduce the occurrence of future ones.

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INSTRUCTOR TRAINING WORKSHOP TALKING & LISTENING TOGETHER

Communication Skills for Couples

When: 20th to 22nd September 2001
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Queensland Winter Conference

The session showed the historical significance of religion to counselling today and also the similarities between the pastoral functions and the counselling process.



Speaker - Rev. Ray Hunt.

The Queensland Winter Conference was a fantastic day at the Mecure Hotel Brisbane. Over 40 delegates enjoyed the day of learning, challenges and networking. The speakers, Linda Van Dorssen, Rev Ray Hunt and Merrelyn Bates, filled the day with diverse information and practical applications.

enthusiasm in applying the material to themselves and their practice. Ray shared with us the Contribution of Religion to Counselling and impressed the delegates with great oratory skills and a professional slide show (thanks to his lovely daughter). The session showed the historical significance of religion to counselling today and also the similarities between the pastoral functions and the counselling process. Emotional Freedom Technique (EFT) was introduced to the delegates by Merrelyn, in a hands on and practical presentation she took the delegates through applying EFT to themselves and provided many examples of how to apply the technique to clients. This proved to be a contentious issue with some delegates, whilst others found the subject very interesting.

The following are some comments received about the day:

- Great opportunity to network and confirmation of the high level of organisational skills of ACA
- I will take home from the conference practical ideas that I can apply to my counselling & practice to enhance it.
- Plenty of Ideas
- The conference made me think about how professional I am and how I portray it. What I found challenging was the difference between Pastoral Care and Counselling. Great encouragement from other participants and connection with certain people. And I realised how necessary it is to meet together to share experiences.
- That 'Practice Framework' is vital.
- The day provided me with answers to questions, a broadened outlook on topics and new information on topics I am not aware of.
- I took home new perspectives on the subjects discussed



Speaker - Linda van Dorssen and ACA member Adrian Hellwig.

Linda spoke about the integrated approach of Practice Frameworks and took all the delegates through the first stages of developing their own framework by incorporating reflective practice and values. The delegates all showed great



ACA delegates hard at work.



Delegates in classroom.



Delegates at lunch.



Everyone enjoying lunch in Quays Restaurant.

ACA

South Australian Conference

A good day was had by all. The weather was a bit cold for this Queenslander but apparently it wasn't a bad day weather wise if you were South Australian. Geraldine Slattery gave a very informative talk on Compassion Fatigue and we learnt some very good strategies on how to prevent this ourselves. A very important lesson was learnt about the difference between compassion fatigue and burn out. Geraldine discussed an option of self-care skills. Geraldine spent time discussing the importance of supervision for counsellors and their relevance in identifying the key

factors in compassion fatigue. Geraldine was followed by Anne-Marie

Clark who spoke on Working with Couples. Anne-Marie has developed her tool to help counsellors with couples and calls this meeting at the gate. She uses an analogy of everyone living in their own paddock and how we use our paddock to define our lives and relationships. The delegates took very well to this analogy and many have now adopted it as part of their tool kit for working with couples. Anne-Marie covered the issues of working with couples extensively by first discussing our own understanding of what a healthy relationship is. The delegates at the conference came away with a lot more knowledge than when they came. The most common remark made on the feedback sheets was "A better understanding of the theory of relationships and information on compassion fatigue".

The delegates at the conference came away with a lot more knowledge than when they came.

ACA



Speaker - Anne-Marie Clark.



ACA Delegates with Geraldine Slattery (speaker) 3rd from the right.



Some delegates deep in conversation.



Delegates in classroom.



Delegates at lunch.



Conference delegates.

Australian Institute for Suicide Research & Prevention

By Dawn Spinks

Dawn is a clinical member of the ACA who in conjunction with her work in suicide also runs a private practice, which employs 3 counsellors.

I am proud to have this opportunity to introduce the work of The Australian Institute for Suicide Research and Prevention (AISRAP). Established in early 1996 in recognition of the urgent need to address Australia's suicide problems, the Institute is headed by internationally renowned suicidologist Professor Diego De Leo and based at Griffith University (Brisbane). AISRAP has a strong research base to identify key indicators for suicide enabling the Institute to advise on, and develop, evidence based prevention programs.

As counsellors, we are in prime positions to identify risk factors presented by our clients. However, this itself is fraught with challenges as the risk factors are multifactorial in nature, and then, what do we do once we have made such an identification. AISRAP has identified that:

- The assessment procedures need further development
- Training in suicide risk is required by a range of health professionals and the public
- The clinical pathways to support people at risk of suicide are grossly underdeveloped, leaving clients at risk of further depression with limited or no support network

As counsellors, we are in prime positions to identify risk factors presented by our clients.

WHY IS SUICIDE RESEARCH IMPORTANT?

On average 2,600 Australians commit suicide each year:

- 50 people per week, on average
- 7 per day

THE FACTS

Suicide is the leading cause of death among young people in Australia under the age of 30.

Males are four times as likely to commit suicide than females, and they usually use more violent means.

For each completed suicide, it is estimated that there may be as many as 50 - 100 attempted suicides. Most of the attempts are by young females.

TRAINING

Even though there are a number of suicide prevention programs current in Australia, there is little evaluation, and no strong evidence base to support their effectiveness. There is an ongoing, urgent need to fund international, national and state projects to aid in understanding this complex situation and develop appropriate prevention protocols. We cannot afford to waste money or time in this endeavour.

I have been spending 12 hours per week with AISRAP, raising the profile of the institute and identifying funding opportunities so people such as ourselves are better trained in suicide prevention.

AISRAP offers a two-day accredited training course in 'suicide prevention skills training' as well as offering specifically tailored courses to meet client requirements. The following workshops will be available in August.

Logan Campus, Griffith University	15 August - 16 August
Natham Campus, Griffith University	20 August - 21 August
Nambour Community Center Inc	23 August - 24 August
University of Southern Queensland, Toowoomba	27 August - 28 August
Gold Coast Campus, Griffith University	30 August - 31 August

WHO TO CONTACT FOR FURTHER INFORMATION

For further information on workshops, costs or information in relation to AISRAP please contact Jackie as follows:

Jackie Hall AISRAP Business Manager
Tel: 3875 3377
Fax: 3875 3450
Email: J.Hall@mailbox.gu.edu.au

AISRAP are a self-funding organization and as such rely on donations and funding. Our goal this year is to raise \$200,000 to enable us to further develop our suicide prevention and intervention research, developing evidence based programs to save lives.

Ed: I fully endorse this cause and would encourage any members who are able to please donate monies to AISRAP to enable this important research to continue.

Internet Resources Compiled by Angela Lewis MA.Ed



Angela Lewis
MA.Ed, CTDP, MACA,
is a qualified
Counsellor and
practices as a corporate
adult educator
(computer training) in
Melbourne.

www.angelalewis.com.au

This month I have decided to focus on some sites that may help us in our efforts as small business owners and users of technology.

www.pricepoint.com.au

This site is a leading provider of price information on computers and other related goods. Pricepoint aggregates prices from the majority of Australian resellers, and this allows you to get a good idea of the best price around for any computer equipment you might be looking to purchase.

www.imobile.com.au

This site offers an online directory of mobile phone dealers throughout Australia plus an online mobile phone magazine, featuring the latest technology available with mobilephones.

www.awaonline.gov.au

A site established by the Office of the Employment Advocate to help people wishing to design a work place agreement between employers and staff.

www.webnovice.com

A good site for tips tricks and tutorials for the new computer or Internet user.

www.floatmaster.com

Very interesting website that has all the news and information you could possibly want on companies that are about to float on the sharemarket.

My personal pick of the month:

www.empharmacy.com.au

I utilise this site, because I find that the cost for both prescription and non-prescription articles is much cheaper than buying from a conventional pharmacy.

The site is large and easy to use and also offers the alternative of ringing in your order for those not comfortable ordering over the Internet.

SEARCH ENGINES.

Over the next few issues I will showcase a search engine per publication. A search engine is a web site dedicated to helping you find things on the Internet - most search engines are free for anyone to use. You access a search engine like any other Web site - by typing in its address. Once there, you enter the word or phrase you are looking for and the search engine gives you a list of sites on the Internet to choose from. The first we will look at is Google at **www.google.com**. The Google home page is clean and clear with just a search field and two buttons. The "I Feel Lucky" button means Google skips the search results and takes you to the top-ranked site.



A search engine is a web site dedicated to helping you find things on the Internet - most search engines are free for anyone to use.

Using '+' in the search e.g. +Bob +Dylan means that the word must be found in all of the search results - so it would not return just 'Bob' but Bob Dylan

Using '-' in search means the word cannot be found in any of the search results e.g. +Dylan -Bob - in this case only Dylan and no 'Bobs'.

Using " " means please search for consecutive words e.g., "Viva Las Vegas".

"Learning is not compulsory. Neither is survival."

- W. Edwards Deming, Consultant and Author

Please note that these Internet addresses were correct at the time of submission to the ACA. Neither Angela Lewis nor the ACA gain any benefit from the publication of these site addresses.

Any suggestions for this column?

Email me angela@angelalewis.com.au

ACA

STOP PRESS

NATIONAL CONFERENCE

The proposed ACA National Conference that was going to be held in October this year is now going to be held over until March 2002. The reason for this is to enable the ACA Victorian Chapter to hold their inaugural conference this year. It is envisaged that the Victorian Chapter will be holding their first Conference in October this year. Members will be informed as the details become available.

Email of the Month Club

To keep in touch with our members on a more regular basis the ACA have formed the Email of the Month Club. We are sending all registered members a monthly newsletter via email that contains tons of information that is relevant to counselling and business.

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To join the club simply email us with your name and details to aca@theaca.net.au or lauren@theaca.net.au and you will be registered as a member of the club to receive the newsletter. Membership is open to all members and any other interested parties at no cost and does not involve filling in an application form. All we need is your name and email address; your details will not be passed on to any advertisers and will be strictly used for communication between ACA and you only.

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The Fallacy of the Real Self

The person-centred counsellor tends to associate an individual's organismic experiencing with the true self, the real self. Have we come to think of the self-structure solely as something which is false, extraneous or unreliable, asks Janet Tolan. Here she looks at the function of the self-structure and why it is so important to the individual that it be maintained

Several years ago, as a trainer and supervisor of person-centred counsellors, I began to notice a common thread with many students and supervisees who reported themselves 'stuck' with clients. It was a seeming reluctance in these counsellors to acknowledge and empathise with their clients' self-structure – as though they had received the 'message' from their reading and training that their clients' organismic experiencing was the only valuable and trustworthy aspect of the client's personality.

It set me thinking about the self-structure as originally described by Rogers and his colleagues. Surely it would run counter to the whole philosophical base of client-centred theory to believe that any part of the personality had no purpose, no function. What, then, was the function of the self-structure? Why had I never read anything which celebrated, which extolled the virtues of the self-structure?

It is, of course, true to say that the individual's organismic experiencing gives her accurate information which can be denied or distorted by her self-structure. But over the years, the organismic self has come to be called the real self, the core self or even the true self. The implication inherent in such language is that the self-structure is false, extraneous or unreliable. Have we come to associate the self-structure solely with conditions of worth and introjected values? It is a small step from there to the idea that the whole of the self-structure has been externally imposed upon the person, that it is bad and, moreover, that it gets in the way of the actualising tendency.

The therapist who has taken this message from her reading and her training is liable, unwittingly, to convey messages to her clients such as, 'Don't listen to those old introjects. Follow your heart. Be true to your feelings.' In effect, this can replace old shoulds and oughts by new ones, imposed – subtly – by the therapist. Rather than accepting himself as he is, the client learns new worries: 'I must learn to think of myself for a change.' 'I shouldn't be bothered so much about what my mother will say.' 'I ought to just leave and not be so afraid of the consequences.' 'I shouldn't be so hung up on earning money'.

There is, of course, a truth to the notion that the self-structure has been imposed from the outside. But the pertinent question is: to what purpose? Why does the self-structure come into being and why is it of such importance to the individual that it be maintained? Organismic experiencing is simply that: the capacity of the organism to experience. We see, we hear, we touch, we smell, we taste, we sense our own inner sadness or happiness, anger or calm. This experiencing is essentially neutral – neither healthy nor unhealthy, neither good nor bad. It simply is. Without the self-structure, we would not be able to construe any of this experience or give it meaning.

The world as I see it

So the first purpose of the self-structure is to organise our experience – to categorise it. The category which has been most focussed upon in client-centred theory is that part of experience which we label 'I' or 'me'. However, I would suggest that the wider category of 'the world-as-I-see-it', including other people, is an equally important component of the self-structure. Carl Rogers used the terms self-structure and self-concept rather interchangeably, but at several points in his XIX Propositions he alludes to the fact that the individual construes the world external to herself in as unique a way as she construes her own self (Rogers 1951: 484-486). Although he writes that there is 'no sharp limit between the experience of the self and of the outside world' (p497), I propose to differentiate between the terms self-structure and self-concept. The self-structure includes the individual's unique map of the world (including his assumptions and expectations of others) as well as his beliefs about himself. So the self-structure will be viewed as the whole and the self-concept as a subset of the whole.

That an individual's worldview is a part of her self-structure is borne out by how threatened she can become if this is challenged, and how she is able to distort and deny information which conflicts with it. Someone whose belief in racial superiority is based upon introjected values will defend that view in the face of mountainous evidence to the contrary. Employing logic or reason will be ineffectual since any challenge is a threat to the self-structure and will give rise to an emotional reaction.

Although the self-structure can be argued to be highly dependent upon external influences, individuals do have the potential capacity to evaluate and amend it. In the area of personality which we call congruent, the self-structure changes as organismic experiencing is admitted into awareness. But why do we have an area of the personality in which rigidly held beliefs about the world are not amenable to the evidence of our senses? How can this be functional?

The wish for love, acceptance, respect, admiration from others – to be valued by others – is very strong in all of us. When we receive it, we experience those emotions which Rogers (1951) described as 'calm' and 'satisfied' (Proposition VI). As young children, we experience the calm, satisfied emotions when we receive love and praise from adults. We experience the uncomfortable, dissatisfied emotions when we receive censure and rejection from adults – and, later, from our peers. The self-structure is built upon our taking account of other people's needs and wishes. So the self-structure enables us to live in relationship with others.

Our beliefs about the world are, I would suggest, built into the self-structure as a means of ensuring our

Someone whose belief in racial superiority is based upon introjected values will defend that view in the face of mountainous evidence to the contrary.

The Fallacy of the Real Self (Continued)

acceptance within a particular family, gang, tribe, society or culture and this is one of the main purposes of the self-structure. In this respect, the self-structure fulfils an organismic need – the need to be accepted, valued and loved – to belong. If this premise is accepted, then, paradoxically, the counsellor who fails to understand her client's struggle to meet this most fundamental experiential need.

A barrier to self-actualisation

If a counsellor sees any facet of the self-structure as a rather inconvenient barrier to self-actualisation, she may ignore it, try to bypass it, or even attack it (gently, of course, as seems in keeping with the person-centred way!).

'I can't cry,' says the client. The counsellor hears this as a plea for help. According to her theoretical understanding, her client's inability to express his distress is caused by his conditions of worth. It is entirely logical, therefore, for her to accept the task of helping her client to overcome this barrier to true expression of his feelings. She comes to supervision and reports being 'stuck' with this client. He seems to be going in circles and she cannot seem to help him to release his tears. Without realising it, she has fallen into the judgmental trap of valuing his distress more highly than his apprehension. The client knows better. He is of a family, of a workplace and of a society which see men who cry as weak. Realistically, if he were to cry in front of his colleagues, he would jeopardise his prospects of promotion. Instead of receiving acceptance and understanding from his counsellor, he has received the subtle message that he should learn how to cry. His self-structure is under threat and it has marshalled its defences.

The self-structure is fulfilling its function admirably in ensuring that this client does not receive censure or disapprobation from others. However, the actualising tendency is at work. His uncomfortable feelings are its signal that there is an important matter which needs to be symbolised in awareness and incorporated into his self-structure. By failing to empathise with the self-structure and to accept its validity, the counsellor is failing to provide the climate in which the self-structure can loosen and integrate the distorted or denied material. If this climate were to be provided, 'I can't cry' could become 'I can sometimes cry, but not in front of ...'.

In practice, it can be very difficult to accord equal unconditional positive regard to every aspect of a client's self-structure: an anorexic who perceives herself as fat; an abused young woman who is convinced that she is worthless; a convicted criminal who 'knows' that no-one gives a shit, so why should he? How tempting it is to 'show' such clients that they are wrong? But any attempt to do so, however subtle, is an attack upon the self-structure and it will respond by defending itself and becoming more rigid.

Real self v false self

Moreover, we can easily collude with the judgements of our clients: 'It's stupid of me to stay with a partner who beats me up.' Subtly, we can take on the task of helping the client to leave this relationship by giving full empathic attention to those aspects of her experience which seem to us to move forward the 'goal' and failing to pay attention to those which, in our judgement, work against it. The counsellor in this scenario hears, for example, his client's fear for her

own safety, but does not give empathic weight to her worry that people will condemn her for leaving the father of their children. He can even become impatient with the client's seeming unwillingness to 'move on'. His concern for this client is very real and his intentions are of the best, but he has failed to give full weight to his client's reasons for being in and remaining in this relationship and has not enabled her to grieve her potential losses in leaving. Has he, at some level, categorised her terror of further violence as real self and her wish to be seen as a good mother as based upon introjected values and therefore in some way false? And yet her need to be accepted by those important to her is also real. Indeed, in some cultures the honour of her whole family might depend upon her staying with her husband. Making aware choices involves all aspects of the self, not solely organismic experiencing.

The self-structure is our means of organising and categorising the world around us. Without a self-structure we would be at a loss. How would we know which ideas and behaviours would be acceptable to others? The self-structure enables us to predict the world and, in particular, to anticipate how people will respond to us. The more this is in awareness, the more choice we have. One person might choose to express a radical opinion at work and risk censure. The same person might choose to keep her opinion quiet at a family gathering, not to avoid censure but out of respect. She will wear clothes she dislikes at a wedding for the same reason. Ultimately, the self-structure helps us to balance our own organismic needs with the needs of others. It enables us to live in a world peopled with others rather than an isolated world of our own.

Another basic purpose or function of the self-structure is to bring some organisation and categorisation to a complex world and to 'lose' information which is extraneous. We put something of a premium on bringing material into awareness. However, much of the useful work of the self-structure is out of our awareness. In my culture, for example, it is unacceptable for people to spit in public. And yet, there are other cultures in which spitting is not prohibited, where people recognise their wish to spit. We do not need to spend energy thinking and making decisions about it. We may be denying an experience to awareness, but it is a functional denial.

Also in my culture, it is polite to say 'Please', when asking for something in a bar or restaurant. In other cultures, this is not the norm – why ask a favour when it is the waiter's job to bring food and drink? Even knowing this, I and my compatriots say 'please' in the appropriate language. We do this automatically and we do it despite the fact that it has been pointed out to us as unnecessary – because it feels rude not to say it. This feeling response is the clue that the self-structure is working to maintain itself in the face of a challenge.

Challenging the self-structure

Anyone who has ever found themselves in a strange culture will know how disorienting and anxiety-producing it can be when the self-structure is challenged through contact with a different set of values or mores. Indeed, for many people, a counselling course or a racial awareness course is such an experience. So, too, might be a new workplace or

One person might choose to express a radical opinion at work and risk censure. The same person might choose to keep her opinion quiet at a family gathering, not to avoid censure but out of respect.

a first meeting with a new partner's family. Ways of thinking and behaving which have stood them in good stead for many years might suddenly be met with subtle (or not-so-subtle) disapproval. They struggle to understand what is expected of them – what to say, how to behave. The role of the self-structure in enabling each of us to predict how we will be received by others is evident when we encounter a culture in which our predictions no longer hold true.

That the self-structure enables us to predict other people's reactions to us is important on a daily basis. There is, however, another aspect of the self-structure's role in enabling us to make predictions which becomes evident only in more extreme circumstances. This occurs when the predictability of the world itself is overturned by some extreme event such as an earthquake or a car crash or a personal assault. Again, the challenge here is not predominantly to the person's perception of self, but to the expectations the individual has about the world they live in. A car is no longer an everyday vehicle but a deadly metallic machine. This aspect of the theory needs further expansion and development, but it seems likely that phenomena such as flashbacks and recurrent dreams are a continuing attempt on the part of the organism to symbolise such traumatic events accurately in awareness so that they can be incorporated into self-structural constructs of the external world.

The self-structure organises our experience. First, it symbolises experience, then it fits the symbols into the patterns and categories it has built up. It learns to ignore experiences which seem irrelevant or insignificant. It is our map of the world – heavily influenced, of course, by those significant others who named (or mis-named) our experience as we developed.

- Without the self-structure, would we know what 'green' is?
- Without the self-structure, would we, at all times, be feeling our feet on the ground?
- Without the self-structure, would we know how others would receive our behaviour?
- Without the self-structure, would we be able to empathise?
- Without the self-structure, would we know right from wrong?

The last question is a fundamental one for client-centred therapy, because the theory clearly separates other people's 'rights and wrongs' from the individual's 'rights and wrongs'. 'Right and wrong' differ from family to family, culture to culture, society to society – and they are continually changing. Fifty years ago, in Britain, it was generally considered 'wrong' to have a baby without being married. Now we are shocked by what we perceive as the 'inhuman' treatment of unmarried mothers and their children which happened in that era. Recognising that 'right and wrong' are not absolute and universal concepts, client-centred theory talks about what is valued – it is important for all of us to know what is valued by others. Where the organismic self and the self-structure are in harmony, the person can make his own value-judgements. He can choose to go along with other people's wishes, expectations and demands, or he can choose to follow his own path. He is aware of the possibilities and risks of both options.

In conclusion, then, the self-structure deserves our attention, our respect and, when we are acting as therapists, our empathetic understanding. It is as much a real, core and true aspect of the self as organismic experiencing and if we place a lesser value upon it we shall indeed find ourselves 'getting stuck'.

The role of the self-structure in enabling each of us to predict how we will be received by others is evident when we encounter a culture in which our predictions no longer hold true.

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This article is an abridged version of a paper presented at the Fifth International Conference on Client-Centred and Experiential Psychotherapy, Chicago, 2000.

Janet Tolan is a Fellow of BACP. She is currently Course Leader for Counselling Programmes at Liverpool John Moores University and is in private practice in Manchester.

Reference

1. **Rogers C R** (1951). *Client-Centred Therapy*. Boston: Houghton Mifflin.

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ACA

“Reconnecting the eating disordered mind with its abandoned body.”

By Vicki Rowe

Eating Disorders and Body Image – A Personal Background/History:

In this article I aim to provide background information (gained through personal experience, academic education, extensive further reading and discussion), and to pose my belief regarding the benefit of massage in conjunction with counselling as a therapeutic tool in the healing process of persons with body image and eating disorders.

The use of female terminology is solely to ease the flow of writing, and in no way intends to leave out the male persons (living with an eating disorder and/or body image problem).

Further, I do not intend to suggest that my experience and view is complete – nor does it speak for everyone – it is simply my perspective..

I am a young woman of 27 years, born and bred in Australia.

Whilst training to be a gymnast as a youngster, I became acutely aware of body image and its social importance. I went through my school years a relatively ‘normal’ child: trying diets; worrying about the size of my thighs, my hips, my butt! – Even though photographs show I actually had a slight frame. I experienced puberty as a particularly traumatic time. My body was changing in so many ways, most of which I did not consider to be ‘normal’. I didn’t grow a third arm or a second head – I filled out to become a woman (still well within the ‘healthy weight range’). Why did I perceive myself to be so huge? What made me think I had such an abnormal and unacceptable body? Why, before the age of 18, was I not only entering university, but embarking on the road to the potentially life threatening illness of anorexia nervosa?

Being naturally inquisitive and intellectually able, I devoted the direction of my undergraduate study in psychology to understanding as much as I could about this ‘condition’ that dominated my thoughts and behaviour. I read and learnt not only about psychology and human behaviour, but also studied theoretical perspective’s (including feminist and philosophical) on eating disorders and the concept of body image. Living in a residential college on the university’s campus, I worked in the position/role of Senior Tutor – in which I was responsible for the pastoral (and academic) care of other student-residents. I also initiated and assumed the position of Anti-Sexual Harassment (ASH) and Equal Opportunity (EO) contact person, within the college. Through these positions I gained further knowledge and understanding of how social attitude and interaction affected the different types of people in this environment. During my four years at university, I developed a well-informed and passionate view of body image, eating disorders, and related topics.

Having decided that my life’s work and career lay in helping others affected by this type of illness, I declined honours in Behavioural Science – concluding that a broader, more wholistic approach would

increase my effectiveness as a therapist. I went on to gain competency and study in massage therapy, nutrition and counselling. I believe each of these therapies has a role in the education and healing of persons who are fighting a battle with body image distortion and/or disordered eating.

Eating Disorders and Body Image – Background Information:

Problems with body image and eating disorders are widely misunderstood – not only by the general public, but in some cases by the people from whom help is sought. Greater education and understanding is necessary if these specific problems are to be addressed effectively.

Several factors contribute to the perpetuation of misunderstanding eating disorders. I shall highlight two:

- (1) The words “anorexia” and “bulimia” are defined in relation to appetite:
 - *anorexia*: lack of loss of appetite
 - *bulimia*: morbidly voracious appetite
 (The Macquarie Dictionary, 3rd Edition, 1998)

Using definitions that refer to “appetite” leads to the assumption that eating disorders are primarily about food. This is not so. Eating disorders (including binge eating) manifest themselves as “disordered eating” however, the true ‘disorder’ stems from a psychological and emotional disturbance that is far more complex and insidious.

An eating disordered individual’s relationship with, and perception of, food, is no longer seen as – a healthy, necessary and enjoyable substance that is consumed to meet the primary physiological need for nourishment and hunger. Food becomes a tool – used to express her internal state of turmoil and pain. Her struggle to deal with, and respond appropriately to, food reflects her inner struggle for survival.

- (2) Many people’s interpretation of the eating disordered individual’s obsession with food (either refusing to eat, or purging and/or bingeing) is based on the conception that they are ‘vain’.

Less severe forms of body image distortion and disordered eating may begin with the desire to lose weight – however; the motivation behind this desire is often far more complex than simple vanity. Our society’s objectification of (especially) women, and the consistently perpetuated and firmly held belief (posed by the media and fashion/diet industry) that ‘*thin is beautiful and fat is bad*’, applies such intense pressure, that a susceptible individual may develop a distorted perception of her body; she may feel shame or hatred toward it - possibly initiating abandonment and rejection of her body. Disordered eating may develop, as attempts are made to lose weight and change body shape.

Severe eating disorders manifest as disturbed eating practices, and body image distortion and obsession.

I read and learnt not only about psychology and human behaviour, but also studied theoretical perspective’s (including feminist and philosophical) on eating disorders and the concept of body image.

The person with the eating disorder believes she is anything but beautiful! Her attempt to control eating, and her obsession with (and rejection of) her body, attests to her internal struggle with her perceived lack of power and control over her life. Further, it reveals the incredible self-hatred and self-loathing (that she feels toward herself and her body). Food and her body are arenas in which battles for control and survival are fought.

In reality:

Eating disorders are rarely primarily about food. They are real emotional, psychological and physiological disorders. They are serious and should be treated as such – no matter the degree of severity! If you suspect someone has an eating disorder (problem relating to food in a ‘normal’ way) or body image disorder (distorted perception of one’s body); you need to refer the person to an expert in this field. Further, if you believe the person with the eating disorder to be in imminent psychological or physical danger - if suicidal, or at physiological risk (for example, heart disturbance) – medical assistance should be sought immediately.

Eating disorders and body image distortion represent a wide and varied continuum: from the individual who berates herself because she wants to “shed a few kilos of this unsightly ‘flab’ (the diet industry and advertisers use extremely powerful, emotive language)”; to the severe and clinically ill anorexic, bulimic or binge eater. People with an eating disorder have different experiences, there are many who are severe, but do not meet the clinical [DSMIV] criteria, most experience a complicated maze of problems – everyone is different and unique.

It is not in any way being suggested that anyone who decides they want, or needs, to lose some weight has a “disorder”. An individual begins to run into problems when she starts to perceive her body in a distorted way. Her self-image becomes increasingly disturbed, and her self-esteem suffers a barrage of abuse – in the form of self-criticism. In an attempt to realign her ‘perceived-self’ (the distorted understanding of how she thinks her body looks) with her ‘ideal-self’ (the socially inflicted view of the ‘beautiful’ body), she may start to change her eating habits and beliefs about food. Unfortunately, this can happen at a young age.

The degree of distortion in her perception of her body, and the lengths she may go to in an attempt to change (and control) it, through dieting and food-related rituals, will be unique to her. Her individual personality, family and peer experiences, and any history of abuse or trauma, are just some of the factors that will influence how she will handle the onslaught of societal pressure. For many, changes in eating (and relating to food) and body image perception, remain only minor. For others, a constant struggle with ‘the battle of the bulge’ will plague them for a good part of their lives. But for those most susceptible, a severely tumultuous relationship with food, body image and her true/internal self will evolve. There are several personal characteristics which appear to be predisposing factors, and are

common amongst the different types of severe disorders, however there are always exceptions and these characteristics can in no way be said to be causal. This adds to the difficulty of trying to predict who may be more at risk.

Unfortunately for some, obsession with dieting and weight loss may evolve to such a point where the person with an eating disorder suffers a clinically diagnosable mental disorder (anorexia nervosa, bulimia nervosa, binge eating). The individual with anorexia nervosa succeeds in her attempts to ‘diet’ and lose weight by ceasing to consume food almost entirely, and drops to a dangerously low body weight. In bulimia nervosa, the individual places such pressure on herself to control her intake of food and her weight, that she ‘snaps’ – she does not just ‘break her diet’, but she consumes a massive amount of food in a relatively short period of time – she ‘binges’. Her need is so intense that she does not enjoy the food; not even tasting it as feelings of desperation and a loss of control overtake her. Similar overwhelming feelings of desperation and loss of control are often experienced by the binge eater – both suffering an intense sense of guilt and self-loathing once the episode is over.

The person with bulimia nervosa, unlike the binge eater, tries to compensate for this massive consumption of calories by ‘purging’. She may use one, or a combination of, techniques to purge: emptying the stomach through self-induced vomiting; undertaking excessive exercise; abusing laxatives and/or diuretics; beginning another cycle of strict dieting. While the binge eater tends to gain weight from periods of bingeing, the individual with bulimia nervosa may experience vast fluctuations in weight (gain and loss), or her weight may remain stable.

All three eating disorders trap people in a web of self-loathing and disgust (for their body and their lack of control and discipline). They see their body as the enemy, through an obsessive and distorted perspective. This unnatural relationship with food, and the elevated focus on the importance of body weight and shape is actually the manifestation of deeper emotional and psychological issues. The attempt to control food intake and body weight reflects the eating disordered person’s desperate attempt to control her life. She sees her self as having very little power and control in the real world, and so eating and weight loss becomes her world. Her ‘success’ or ‘failure’ in her attempts, and how she deals with this, result in the type of eating disorder displayed.

It is essential to recognise that one of the most important points to be acknowledged here, is that body image relates to how we feel about ourselves based on our perception of our physical appearance. If this perception becomes distorted, or if our emotional and/or mental health become dependent upon how we look – we have lost touch with what is truly important – *that we are wonderful, worthwhile people because of who we are, NOT what we look like!*

In reality:
Eating disorders are rarely primarily about food. They are real emotional, psychological and physiological disorders. They are serious and should be treated as such – no matter the degree of severity!

“Reconnecting the eating disordered mind with its abandoned body.” (Continued)

The holistic approach: Massage therapists

Massage therapy for a person with an eating disorder/body image problem can benefit on several therapeutic levels. Firstly, of course, massage can provide relaxation and stress relief; however, it can also be used as a means of helping the individual become more comfortable with, and accepting of, their body.

When we touch someone, we are not just transferring energy and releasing tension, we are connecting with the person’s physical being – their physical self.

Trust is an important and essential factor in all massage, but even more so for the individual with an eating disorder who sees her body as the enemy; an object of hatred. A massage therapists, can help the individual begin to accept (through touch and trust) her body as the marvellous vehicle which carries her physically in this world.

Through understanding, education, encouragement and acceptance, we can participate in the individual’s journey of self re-discovery. By participating in a team – with other therapists such as counsellors and carers (friends and family members), we can endeavour to re-educate people as to where self-worth

and self-acceptance actually comes from, and try to help counteract the influence society places on the body as the primary determinant of happiness and worth.

When treating people with less advanced eating disorders, emphasis should focus on support, empathy, understanding, and most importantly acceptance (verbally and physically). Endeavour to reinforce any positive or accepting self-references; but avoid making any comments (positive or otherwise) about her body yourself. While it is not the role of a massage therapist to counsel, basic listening skills should be acquired and applied. The aim of massage therapy in this situation should be to help the person come to accept her body – to learn to feel comfortable in/with it. Encourage her to build self-esteem on attributes other than (the physical/physical/her physical appearance/body).

Once again, anorexia nervosa, bulimia nervosa and binge eating, all manifest as “disordered eating”, but the main issue is one of power and control. The control she shows (or fails to show) over her consumption of food, reflects her inner struggle with her perceived lack of power and control in her world. Through self-inflicted starvation, bingeing, and/or

Through understanding, education, encouragement and acceptance, we can participate in the individual’s journey of self re-discovery.

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bingeing and purging, the individual loses her actual sense of self. She not only disconnects herself from her body, she disconnects from reality. She may develop obsessive, and even self-harming behaviours, in an effort to understand and cope with what is happening to her.

The massage therapist can help the person with an eating disorder “reconnect” with her abandoned body. Through the sensation of touch, her mind is brought back to, and focuses on, her physical being; she is reminded that her body is real and can even bring her pleasure. Over time, exposure to these sensations and feelings may help her come to believe that her body is not the enemy. Massage provides a positive experience of one’s body: pleasurable physical sensations; recognition and acknowledgment of the physical self; and acceptance and growth through the experience/medium of touch – supported by trust.

It must be remembered that it depends on the severity of the disorder and the individual person’s unique perception of herself and her body, how she copes with any form of touch or physical attention. She may not be capable of receiving massage, or unable to relax. To the eating disordered individual, her body is truly disgusting and the idea of someone touching this ‘disgustingness’, may elicit fear or intense discomfort. Gentle communication and patience is essential. Trust and a willingness to participate may need to be built up slowly over time (the length of time varies with the individual).

It is also important to consider that the person with an eating disorder may be very defensive or angry – she may even deny she has a problem. Sometimes (especially with bulimia) eating disorders are hard to detect and you may be unsure. Approaching the person can be tricky, and it is best if you are equipped with as much information as possible. Each individual will respond differently, but always remember that aggressive confrontations (and especially accusations) are not helpful and will most likely place her on the defensive.

Holistic Approach: The role of the professional counsellor.

Persons with severe eating disorders are unwell. Some are hospitalised because the illness has placed their lives at risk. Once in hospital, the person receives a combination of therapeutic and medical help. Unfortunately, (quite often) once released, the eating disordered person may not receive appropriate/effective follow-up help, and she may once again return to a dangerously low body weight. Further, some persons with an eating disorder are never ‘diagnosed’, and fail to receive the medical attention, therapy, or help they desperately need. Sadly, a great deal of ‘cases’ are only recognised after the disorder has firmly attached its claws.

An increase in awareness and understanding of this area of illness will help in the detection of eating problems, and also the application of appropriate treatment.

All therapists involved in the treatment of an eating disordered person (whether she is severely ill, or has a

lowered self-esteem; distorted perception of her body and/or problematic eating), should aim to work together – towards the same goals. Referral and ongoing communication between therapists/counsellors/practitioners is essential (of course with the client’s informed consent).

The professional counsellor may find themselves working with a client who is fighting any level/degree of disordered eating and body image disturbance. As always, the counsellor must assess the client with an open mind, and hopefully, enough awareness to detect any signs (no matter how subtle) of distorted self-perception, or an altered relationship with food. As with any issue that requires specialist intervention or a combination of treatment approaches, the counsellor should aim to become aware of other professionals in their area who are qualified to be involved in the treatment of that issue. For example, when counselling a client with an eating problem, the counsellor should be able to call upon a network of local professional (and trained/aware) nutritionists, dietitians, psychiatrists, massage therapists, naturopaths, general practitioners (and so on); to enable them to offer their client an extensive range of support therapies which may aid in their healing. As with all clients, the counsellor should discuss the therapies available, and help their client come to a decision as to which approaches they feel comfortable with.

Eating disorders are best left treated by counselors who specialize in this area. In the first instance counselors should refer if this is not an area they are familiar with. There are organizations that counselors can contact in relation to this issue, the Eating Disorder Foundation of Victoria (EDFV) is one of these.

(EDFV) is an organisation set up to provide support for people with an eating disorder and their carers; they also distribute information and education to medicos (any person/s functioning in a therapeutic role) interested in learning more about these disorders and how to become more effective in the healing process. Please contact the EDFV for further information on (03) 9885 0318.

Vikki Rowe Bachelor of Behavioural Science (BBSc) – La Trobe University – Bundoora Campus. Past membership with the Australian Psychological Society (APS). Senior tutor – Menzies College, La Trobe University – Bundoora Campus. Member with the Australian Counselling Association (ACA).

Fully qualified Nutritionist - Membership with the Australian Traditional Medicine Society (ATMS)– Nutritionist (including Therapeutic Goods Advertising Certificate of Exemption).

Certified Therapeutic Massage Therapist – Therapeutic Massage Certificate - Membership with the Association of Massage Therapists of Australia (AMTA)– Therapeutic Level.

Survivor of anorexia nervosa.

To the eating disordered individual, her body is truly disgusting and the idea of someone touching this ‘disgustingness’, may elicit fear or intense discomfort. Gentle communication and patience is essential.



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Book Review

'A Child Called 'It' and The Lost Boy' – By David Pelzer

A Child Called 'It' is a personal story about a boy between the ages of four and twelve. Dave Pelzer tells his story of an ordinary family that was devastated by their hidden secret – an abusive parent. The author has written this book with brutal honesty and recounts of the horrors of an alcoholic and abusive mother and a weak, insecure and eventually non-existent father.

From the tender age of four David Pelzer became a slave to his own family. Tortured and starved on a regular basis with increasing severity as the years passed, his mother inflicted the most barbaric forms of punishment not fit for any living creature, let alone a young child. Dave is one of four sons in the Pelzer household, yet he did not participate in any family activities, did not play with his brothers and was not even allowed to look at anyone without permission.

His days consisted of chores, some scraps for food (if any) and school. It is at school that David finds solace and peace until the starving pains become that bad that he steals food from other children's lunch boxes and the punishment cycle starts again. For years the teachers, neighbours and friends watched this skinny, pale and sometimes visibly bruised child wear the same clothes everyday for a year and beg for food. Yet it was not until he was twelve years old that the teachers and staff of his school risked their careers to save this one little boy. The only reason he survived till that day was the dreams of a family that loved him and an unbelievably determined will to live.

The Lost Boy is Dave Pelzer's second novel and sequel to A Child Called 'It'. This book is based on his life from twelve to eighteen and is written from the perspective of a child/young adult at that particular time. Dave documents the trails and heartache involved with being a foster child and also the eternal hope for the love of a real family.

Dave is rescued from his abusive mother and must come to terms with being a ward of the State. Firstly he must sit in a courtroom and tell strangers about the shameful things his mother did to him and face the fact that, if he tells the truth, he will never see the only family he has ever known again. David then enters the life of a foster child – five different homes in as many years and a variety of good and bad experiences with the different people he encounters on this journey. There were those who felt that all foster kids were trouble – unworthy of love – and resented his presence, forcing him to suffer yet more shame. But there were also those who brought light into his life and helped in his plight of regeneration, resilience and forgiveness.

This is more than just a story of survival; it is a story of the unconquerable human spirit and the secret of internal motivation. These books inform you of how a loving, caring parent can change to a cold, abusive monster venting frustrations on a helpless child. And that is exactly how the book reads; it is like seeing what abuse is like through the eyes of a child. Some may find the story disturbing as child abuse is a disturbing phenomenon, but unfortunately it is one that is present in our society today. At some stages the books seem to lose track of time and place and be a little confusing, but I believe that the author was specifically trying to recount his story from the

viewpoint of a child and therefore allowed for mix ups. Throughout both the books the language, tone and vocabulary reflect the age and wisdom of the child at that particular time.

The eventual survival and small triumphs of David over seemingly insurmountable odds brought tears to my eyes and I'm sure all readers will be as touched as I was. I would also like to mention that Dave Pelzer's experiences as a child is documented as the third-worst case of child abuse on record in the entire state of California. Therefore the largest and most distressing lesson I took from this book is the undeniable truth about child abuse and its unrelenting cycle in our countries, cities, suburbs, streets and homes.

Reviewed by Lauren Moore
Both books retail for \$15.95 each

'A Guide To Interviewing Children: Essential Skills for Counsellors, Police, Lawyers and Social Workers' – By Clare Wilson and Martine Powell

A Guide To Interviewing Children was written primarily for professionals who are called on to interview children in cases where sexual abuse is suspected. However, it is a goldmine of information for any professional whose employment requires them to interview children. Both the authors were clinical psychologists before becoming researchers in the areas of interviewing techniques and of improving child interviews. They have also trained various professional groups in the interviewing of children. In this book they share what they have learned from their own professional experiences.

The structure of the book is simple and logical. The introduction gives an explanation of the target population and the rationale behind the writing of the book. Important background information on how a child's mind works and the child's limitations in an interview are given in Chapter 1. This is essential information, especially for the inexperienced worker. After this, the authors cover various aspects of the interview from planning, to interviewing techniques, to adapting interviews for children with particular needs, and finally to evaluation. Although it would be more beneficial to read the book from beginning to end – it is not lengthy and is easy to read – the detailed contents pages at the beginning of the book and the index at the conclusion of the book make quick referencing of relevant information possible.

Tasks are set throughout the book, which give opportunities to apply the information to specific situations. Suggested solutions, where appropriate, are provided in one of the Appendices. Also helpful are the Tables throughout the book that summarise information in a way that makes it easily accessed and remembered.

I highly recommend this book to any counsellor in the Association who works with children. It is easy to read and insightful. It will be a useful addition to any counsellor's library because even after it has been read it will continue to be referred to for its wealth of information and its read application to various scenarios.

Reviewed by Sui Whiteford,
B. Soc. Wk., M. Soc. Wk.

These three titles are available through Allen & Unwin at 10% discount to readers. To order direct phone 02 8425 0149 and ask for Tertiary & Professional Department or fax on 02 9906 2218 or email academic@allenandunwin.com

Register of ACA Approved Supervisors

Name	Contact number	Qualifications	Cost/hr	Medium
Philip Armstrong	Qld 07 3356 7262	B. Couns, Dip Psych SOA Supervision	\$80.00	Phone & face-to-face
Nora Huppert	NSW 02 9181 3918	Family Therapy	\$120.00	Face to face
Dawn Spinks	Qld 0417 633 977	BA (Psych) M. Pub. Hlth	\$88.00	Phone & face-to-face
Martin Hunter-Jones	NSW 02 99734997	MA Ad. Ed BA Psych. Philos	\$90.00	Phone & face-to-face
Kerry Cavanagh	SA 08 8221 6066	BA (Hons) M.App.Psych	\$110.00	Phone, face to face & small group

REGISTER AS A SUPERVISOR

ACA invites professional supervisors to register their names with us. All registered supervisors will be placed on the above list for a 12month period. They will also be placed on a list that goes out to all new members as part of the Application/Information Kit. ACA receives on average several calls a month from counsellors wishing to engage supervisors. Supervisors who are registered with ACA will be recommended to all enquirers. The cost of registration is \$100.00 per annum for ACA members and \$180.00 per annum for non-members. This cost can be tax deductible. When you consider

the coverage given through the journal, application kits and phone enquiries, you will not get a better return for an investment in marketing than by registering your name with ACA. Remember, if you are prepared to conduct supervision over the phone you are not restricted to your immediate area. Counselling Australia is distributed to every state within Australia and all major regional areas. You will not get that sort of coverage for such a small cost anywhere else. Fill in the registration information form below and attach your supporting documentation with your cheque/money order or credit card details and register now.



Remember, if you are prepared to conduct supervision over the phone you are not restricted to your immediate area.

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