

Volume 4 Number 1 Autumn 2004

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



**Drought
counselling
Project Part 1**

**Confidentiality
– A Limited
Concept**

**In the Year
2034AD**

**Continuing
Education and
Critical
Thinking – A
Counsellor's
Guide Part 2**

**Relationships
Australia –
Drought
Survey**

**ACA Survey
Enclosed**

Federation of Psychotherapists and Counsellors of Queensland Inc are hosting the

ACA National Conference 16th & 17th October 2004

“The Modern Face of Counselling & Psychotherapy in Australia”

At Novotel Hotel Creek St Brisbane

The following is a list of presenters and abstract subjects that have been received:

Special Guest Speaker: Dr Brendan Tempest-Mogg, Doctorate (Higher Education), Masters of Letters (Sociology), Masters of Arts (Sociology), Bachelor of Arts (Psychology/Sociology): President of Warnborough University (UK)

Dr Nadine Pelling :Senior lecturer School of Psychology, University of South Australia:

Australian Advertised Counsellors-A snapshot of advertised counsellors in Australia

Dr Randolph Bowers : Lecturer in Counselling at University of New England

Our Stories – Our Medicine: Exploring holistic therapy intergrating body wellness, mindfulness and spirituality

Dr Phillip Fourie : Deputy Head, School of Health Sciences, Bond University

The silent challenge to everyday functioning-A non-medical approach to treating PTSD and Anxiety Disorders

Dr Brian Sullivan : Coordinator, Master of Counselling, School of Social Work and Applied Human Sciences, University of Queensland, TBA

Dr Travis Gee : Senior Research Fellow in the Department of Medicine at Griffith University TBA

George Thompson Churchill Scholar and Certified Drug & Alcohol Counsellor: Introduction to Substance Abuse Screening Inventory (SASSI)

Dr William Tadros: Physiologist, Naturopath and Sports Medicine, Counsellor with SES

Medical/Congenital, Transgender. Gender Dysphoria

Michael Lynch L.L.B. Family Law Accredited Specialist in private practice.

The Changing Face of Family Law, looking at cases and examples.

John Falcon M.A. Clinical Supervisor of REFOUCS.

Examine sex addiction and its counter part sexual anorexia.

Mark Shoring N.D. Qld Head of Faculty, Australian College of Natural Medicine

Neurological Nutrition: Nutritional practice management of patients presenting with neurological disorders.

Samantha Forbes, BA (Psych & Philos), B Soc Wk, Dip Transpersonal Couns:

Trauma, Identity and Ethical Practice

Mary Guest, B. Psych (Hons), Queensland Council of Carers Counselling Carers

Counselling carers,specific needs of carers

Pam Mitchell, M. Couns, Grad Dip Couns (Spts Psych): Counselling considerations in the trauma and despair

experienced in chronic illness: a client and carer perspective.

Belinda Houlstrom, MA. (Hons). Dip Clin Hyp: Personality and Context in the Therapeutic Process

Donald Marmara, Graduate of the Grda Boyesen Institute for Biodynamic Psychology & Psychotherapy

The Body in Psychotherapy: 60% - 90% of communication is through body language and tone of voice.

Angela Lewis MA Ed, doctoral candidate: Love, relationships and the Internet.

Jan Woolmer Counselling Degree, Diploma in Applied Science Community and Human Services,

Suicide Prevention and Postvention Counselling Workshop

Lilian Jeter Master Cert in Gerontology/Master of Education (USA), Elder Abuse: A Hidden Dilemma

David Ward M. Couns, BSoc Wk: Wounding the Sole: Reflections on counselling ex-members of cults and other controlling groups.

Toni Megan, psychologist, **Philippa Haris**, Manager Mental Illness Fellowship of Nth Qld, **Dianne Roger**, PhD student, Centre for Women’s Studies James Cook University: Component of Effective Group Work Interventions.

Adrian Hellwig M.Comm, Dip Prof Couns, B. Theology: The “Triple S” Methodology of Suicide Minimisation

Heidi McConkey Dip Prof Couns, Application of Voice Dialogue in Sex Therapy

Carolyn Goslin R.N. Dip Prof Couns, Timeline Therapy Trainer, NLP Trainer: Timeline Therapy and NLP

Angel Ashcroft B. Psych: Workplace Bullying

Anne Jeavens B. Ed, M. Ed: The French are from France and the Spanish from Spain, and the Deaf....? Implications for Deaf people from a minority language and cultural group in the counselling context

Payment plans are now available, ACA member, ACA affiliate and student discounts will apply. Up to date information on the Conference will be available through the Email of The Month Club and the ACA web site. All members will be mailed a separate application form in the near future. Non-members can email ACA to be placed on an update list.



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 Australian Counselling
 Association Pty Ltd
 PO Box 33
 Kedron QLD 4031
 Telephone: 07 3857 8288
 Facsimile: 07 3857 1777
 Web: www.theaca.net.au
 Email: aca@theaca.net.au

Editor
 Philip Armstrong

I.T. Educator
 Angela Lewis

Editorial Advisory Group
 Ass Prof Martin Philpott
 Dr Ted Heaton
 Dr Travis Gee
 Dr Stan Gold
 Ken Warren M.Soc.Sci
 Alison Booth BA(Hons), Grad Dip (Rehab)
 Philip Armstrong B.Couns, Dip.Psych
 Nicky Lemmo
 Dee Stevenson B.B.Sc., Grad.Dip.Psych
 Adrian Hellwig M.Ed

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Editorial By Phillip Armstrong



Welcome back to all our readers and I hope you enjoy the first volume of Counselling Australia for 2004. You will notice that the journal is getting thicker, with more pages, as time goes on. This is due to the excellent standard of articles being sent to us by our members and faculty members of universities and training providers. We appreciate your contributions and support.

The year 2003 culminated in another record year for ACA in regard to new members and 2004 seems to be no different, with 120 new members already, up to 28 February 2004. Of these, approximately 60% have been full members and 40% student members. I remember someone late last year stating at a meeting I attended that ACA was made up of volunteers and therefore ACA could not represent the profession legitimately. Just to set the facts straight on that matter, out of our approximate membership of 2500 members, less than ten are volunteer members. Also to set the facts straight, volunteer members are as important to us as any other category of membership and we do believe their say is as valid as anyone else's.

Whilst talking about new members, I will take this moment to indulge myself as the editor and mention another new member. Alyciana Armstrong joined us

on 29 December 2003. My partner, Alison, unexpectedly required an emergency caesarean after contracting pre-eclampsia late into her pregnancy. Fortunately mother and daughter are fine and I am extremely sleep deprived at the moment and presently pre-disposed to moments of grumpiness. It is amazing how quickly one's life can be dominated by someone so small. I have found a new addition to the family to be very grounding, especially as I am no longer a young man myself.

ACA will remain grounded this year by continuing to work towards professional recognition for all counsellors in this country. We will also continue to work towards recognition by the tax department in regard to GST and private health funds for rebates. On the 1st and 2nd of April, I will be meeting with the Member Associations' representatives and Chapter Chairpersons in Melbourne. This meeting will lay the path for strategies for the rest of the year and also represent members' issues to the association. It is in your own best interests to contact your nearest representative if you wish to have a particular issue discussed at the meeting.

I also would like to strongly urge all members to complete and post in the enclosed survey.

ACA

ACA will remain grounded this year by continuing to work towards professional recognition for all counsellors in this country.

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Dr T. Paul Psychologist

*This workshop was designed by Phillip Armstrong
B. Couns, Dip Psych FACA, AAIMM*

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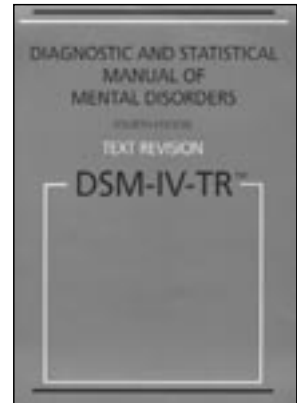
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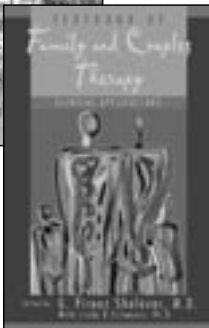
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Tax Win for Personal Development Courses

A Melbourne call centre operator has set a precedent for others to claim personal development course fees as a legitimate tax deduction. Heather Ellis reports.

Sheri Ucar, a customer service operator for a large Australian telecommunications company knew the skills gained through a lifestyle coaching course had helped both her work performance, her employer and her stress levels when dealing with the “sometimes irate” callers.

But when her tax accountant refused to lodge her claim for her course fees, Sheri, 33, took her argument to the Australian Tax Office and won.

A year after submitting her application, the ATO ruled in her favour awarding her a refund of nearly \$7000 claimed against \$18,000 in course fees, books and transport costs paid over three years commencing 1 July 1999.

“My accountant had initially said I could claim the fees but when it came to lodging my return, he said I could not make this claim and no other tax accountant would make it either,” Sheri says.

Instead, the accountant advised Sheri to enrol in a computer course, which she could claim but had little relevance to her job.

The accountant then relented saying for an additional charge, he would write to the ATO seeking advice on her claim. And it was at this point that Sheri decided to approach the ATO herself.

Having already experienced the benefits of the lifestyle coaching course on her job performance, Sheri felt her claim was justified. The refund would also help pay for her continuing personal development education.

Sheri, who is now a student at the Australian College of Contemporary Somatic Psychotherapy, first began personal development training in 1999. Sheri says many of the subjects covered in the Diploma of Contemporary Somatic (body) Psychotherapy provide her with skills that benefit her job and are therefore also tax deductible.

In the ruling granted on February 21, 2003, Deputy Commissioner of Taxation Mark Konza identified that Sheri undertook the lifestyle coaching course to improve her work performance, customer relations and staff training.

The ruling states that the fees paid for a personal development course are deductible as a self-education expense if the topics are work related and not topics of a private or capital nature.

Initially, Sheri said she had been a little hesitant about continuing the application on her own but within a month of writing to the ATO, she received a request for more information to justify her claim. A request that grew into a barrage of emails exchanged between herself and three ATO taxation officers for the next 12 months.

“I admit it was a hard slog but I kept going because I knew this was right. I just knew the course was a benefit to my job.”

Sheri says working in a call centre involves constant communication via email and phone with customers who sometimes become quite irate. The result is both Sheri and her work colleagues become stressed which in turn leaves them all surrounded by each others tension.

“I am often stuck between what the customer wants and what is company policy. I might get 100 calls a day and talk to people all over Australia and it is pretty tough and a lot of people don’t realise this.”

Sheri says her job also involves training new and existing staff and the skills gained through her personal development training have assisted her enormously in carrying out this role.

While the lifestyle coaching course was the first stage of her personal development education covering psychodynamic, body-oriented and humanistic understandings of human experience and potential, it also opened the way for more self-confidence and a more constructive work ethic, Sheri says.

“I developed a different attitude in how I approached my job.”

It was an attitude that was also noticed by her managers who had no hesitation in providing Sheri with a letter of support for her application to the ATO.

Sheri believes her successful ruling has made personal development more affordable to the general workforce, especially those in customer service, middle management and training roles.

“I can only hope my case will inspire others as the ATO is now more likely to recognise claims from other tax payers for similar courses in similar situations as mine.”

*While private rulings are not available for public viewing, a summary is available at www.ato.gov.au/rba/ (Advice No. 24870)

Having already experienced the benefits of the lifestyle coaching course on her job performance, Sheri felt her claim was justified.

ACA

**Remember to fill in
and post the survey**

Confidentiality – A Limited Concept

By Amy Somers

Confidentiality is a widely used term and one readily associated with client-counsellor relationships. In essence, it defines a relationship of confidence where information passes as a secret or private matter, not to be divulged to others¹. The concept of an unlimited confidentiality is at odds with social relativism. In a pluralistic society, which caters for many interests and ideologies, it appears that while the value of confidentiality is held in high esteem, it has the capacity to play a fairly submissive role in counselling relationships involving children and adolescents.

In order to examine how counsellors² view their obligation to their young clients in terms of confidentiality in case of care and protection, we undertook to survey young clients in terms of confidentiality working within the area. There were approximately sixty questionnaires sent out to various community health services, relevant organisations and individual counsellors, of which thirteen responses were received³. In addition to this, three psychologists working within different employment settings were also interviewed. While the research does not have overtly high quantitative value, there are predominate themes existent in the majority of responses which have formed the basis of the chapter.

This chapter aims to illustrate the way in which counsellors view their obligation to their child and adolescent clients. It will illustrate that confidentiality is an ethically and functionally limited concept. On one hand, confidentiality is limited by the professional and individual ethics of the counsellors, stemming from notions of “duty of care” and “best interests”. Conversely, where a counsellor perceives that confidentiality can be legitimately breached, they are limited by pragmatic concerns about the Department of Human Services (DHS) in justifying this breach.

i. COUNSELLOR'S CONCEPTION OF CONFIDENTIALITY

The worth of confidentiality to counselling relationships is under no question. Theoretically, it is accepted that in order to respect the client's autonomy, to have respect for the client-counsellor relationship and to appease utilitarian concerns as a service provider, confidentiality is crucial⁴. As was pointed out in chapter one regarding the justifications for the mandatory reporting system, there are a multitude of conflicting interests. In response to the question as to the obligation counsellors have to their child and adolescent clients in term of confidentiality, the large majority of counsellors defined confidentiality in the negative and had regard to the limitations rather than the extent. That is, as opposed to defining confidentiality as an inalienable right or duty which is incapable of transgression.

A common theme running through the respondents' definition of confidentiality was the situations in which confidentiality would and should theoretically be breached. This is *theoretical* as there are many more pragmatic considerations involved in the counsellor's decision about actually breaching confidentiality in a practical sense and making a notification. These other factors are discussed below under the heading “To breach or not to breach”.

There is a consensus among the respondents that the possibilities of “danger”, “threat of harm”, or “abuse” to a child or adolescent regarding care and protection matters, are circumstances which would be capable of transcending an obligation to maintain confidentiality⁵. More prevalent than these factors, is a general attitude that there is no hard and fast rule about when confidentiality may be circumscribed. However, it does appear that there must be a level of severity or peril in order to justify the limit to confidentiality. This conception of limited confidentiality appears consistent not only with the academic literature of this matter⁶, but also with the expectation of professional bodies and public opinion.

Two professional bodies with relevancy in this matter are the Australian Psychological Society (APS) and the Australian Counselling Association (ACA). The respondents' definition of confidentiality adheres quite closely to the APS guidelines which limit confidentiality where there is the risk of danger to client or danger to others⁷. Despite the majority of counsellors understanding that they were not mandated⁸, several felt that qualifying confidentiality with this third aspect was integral to the duty of care they owed their young client. Understandably, this was more so for young children⁹, and this is in line with surveyed public opinion on this matter¹⁰. One could argue however, that this third aspect is actually advocated by the APS code of conduct where it advises psychologists to have regard and protecting the best interest of a minor¹¹.

The ACA code of conduct explicitly states that any limitation on the degree of confidentiality is likely to diminish the effectiveness of counselling¹². However, while on the one hand these guidelines expressly highlight confidentiality as an integral component in the client-counsellor relationship, sections 2.3.3 and 2.3.4 are devoted to prescribing situations where limitations will exist. These subsequent sections clearly conceive that the context in which the counsellor is employed may impact upon any limitations on confidentiality. Further, the code envisages “exceptional circumstances” where counsellors may decide to break confidentiality, such as “potential self harm, suicide, and harm to others”¹³. However ultimately counsellors are advised to “consider their own views” and the impact of breach in their practice¹⁴.

The result of analysing such codes is that it illustrates that counsellors appear to be prescribing to a definition of confidentiality which is in line with professional expectations. The question arises as to whether counsellors, in affirming the limited sense of confidentiality, are somehow in breach of an inherent obligation to maintain confidentiality to their young child or adolescent client, or as one study referred to it, “keep secrets”¹⁵. Psychologists and counsellors per se are under no statutory obligation to make a notification under the mandatory reporting provisions contained in the *Children and Young Persons' Act of 1989*. The majority of respondents stated that they had never received any kind of formal training or education on mandatory reporting. The questionnaire results illustrate that there is a clear differentiation by counsellors as to what constitutes an authorised

While on the one hand these guidelines expressly highlight confidentiality as an integral component in the client-counsellor relationship, sections 2.3.3 and 2.3.4 are devoted to prescribing situations where limitations will exist.

Confidentiality – A Limited Concept (Continued)

breach and what constitutes an unauthorised breach. An authorised breach is one made in lieu of the three above-mentioned exceptions. However, and perhaps importantly, it is unclear as to what is an unauthorised breach. The decision to make a report to the DHS, and prima facie breach confidentiality, provides an interesting example of the tensions inherent in the role of a counsellor arising from this.

The question of when it is appropriate to breach confidentiality appears to be based on two limbs. The first is the individual circumstances of the case. The results of the questionnaire indicate that it is the circumstances of the case, as opposed to principles or ethics, which dominate a counsellor's consideration of breaching confidentiality. Just over 70% of the respondents referred to concepts such as "best interest in the situation". Counsellors spoke of the balancing act between the severity of the alleged abuse, the likelihood that the alleged abuse would continue, and the expected level of improvement in the child or adolescent's situation that breaching confidentiality would result in. The issue of destroying the client-counsellor relationship was noted by a couple of respondents as a concern, but only as an additional factor in the actual decision to breach or not. As revealed below at (iii), the overriding factor, and the second limb, in a counsellor's decision as to whether or not notification would constitute a legitimate breach, is the speculated response from the DHS.

ii. THE RIGHTS OF THE CHILD OR ADOLESCENT

The human rights' status of young clients is thus to an extent undermined by the lack of autonomy they potentially have within the client-counsellor relationship. As McMahon notes, there do not exist any legal mechanisms within which any client can enforce his or her confidentiality¹⁶. One would imagine that a child or adolescent, whose autonomy is defined through the subjective opinion of the counsellor and concepts such as "mature minor", would have even less capacity to assert his or her right to maintain confidentiality.

A major issue in this area has been the concept of pre-warning clients as to possible limits on confidentiality. The professional issue which would stem from this would be whether or not an effective counselling relationship could be developed if children or adolescents were made aware of the situations in which their confidentiality would not be assured. In an Australian study, it was found that 37% of mental health providers pre-warned their clients¹⁷. It is unclear, and would be difficult to attain, what percentage of counsellors pre-warn their clients as to the limits of confidentiality, however, approximately 50% of the respondents in this questionnaire noted that they would make the limitations clear to the child or adolescent at the beginning of the counselling.

It is not apparent however as to why a counsellor may not pre-warn, and yet 60% of respondents noted that children and adolescents did not understand possible limitations on confidentiality. One psychologist commented that "young people don't understand mandatory reporting and I imagine it could stop them from disclosing on certain occasions". On the other

hand, one psychologist working within a secondary school remarked "when I see every child I let them know when I will breach confidentiality....they know before they open their mouths and it is amazing that when you say that to them, it doesn't stop them." Thus, there does appear lack of agreement on this point. As the relevant codes of conduct advocate a pre-warning, one could speculate that this was a prevalent attitude among the profession.

While the professional guidelines purport to defend the client's right to confidentiality¹⁸, several of the questionnaire respondents noted that the child or adolescent's consent, while desirable, was certainly not necessary in a decision regarding breach. This appears to be attributable to the duty of care issue. One respondent noted "for us it comes down to the definition of a mature minor...you would treat a thirteen or fourteen year old differently than you would a fifteen or sixteen year old in terms of breaching confidentiality". Thus, one can conclude that an obligation of duty of care completely overrides confidentiality with a young child, for example a six year old, while with an adolescent, it is a more subjective test, made based on whether or not the young person is of a "mature mind".

Therefore, the idea of having the child or adolescent's permission when breaching confidentiality is not held to be necessary. In a pragmatic sense, this is completely understandable as mandatory reporting legislation would be ineffectual if this kind of condition were placed upon notification. Some counsellors noted that agreement as to a notification was desirable and contributed a factor in the decision making process. It appears that the risk of losing a child or adolescent client is balanced against the effectiveness of the response of the DHS. There was a prevalent attitude in the responses that the loss of a client could be justified if the DHS properly handled the situation. Concerns were raised in responses received as to whether the latter was the case. This is discussed later in this chapter.

The issue of the school setting is also highly relevant to the rights of the child. The kind of professional dilemma for the counsellor appears to be that on the one hand, they are not required by law to breach confidentiality, and on the other hand, the employer, the school, is mandated. In a study completed in 1995, 53% of high school respondents stated that absolute confidentiality from a school counsellor was essential, and 46% stated it was important¹⁹. In cases where physical or sexual abuse occurred, an average of 54% of students would agree it was necessary for confidentiality to be breached²⁰.

These being students' expectations, and yet, one counsellor working within a school noted that there was absolute discrepancy between schools as to when confidentiality would be breached, what members of staff were told what, what lists were kept as to who was being counselled and who had access to these lists. "There are schools where counsellors have to give lists to principals and coordinators of all the kids they are seeing and a rough idea of the issues. To me, that is a breach of confidentiality". It appears that this alleged inconsistency could be due to the employment contract entered into by counsellors. Indeed, the codes of conduct of the ACA specifically

Some counsellors noted that agreement as to a notification was desirable and contributed a factor in the decision making process.

envisages such a conflict of principles²¹. In a preventative light, one would imagine that some kind of uniform code for school counsellors or singular employment clause, requiring prewarning and disclosure could flow to, is a conceivable solution.

In terms of the role that the child or adolescent plays in the question of maintaining confidentiality, it appears that the counsellors surveyed for this project do undertake the ethical approach advocated by academic writers. McMahon pointed out that a major task for the psychology profession, and one which enables it to overcome the dilemma between confidentiality and breach, is advising clients as early as possible as to the limitations of the counsellor's promise of confidentiality²². While this may not be wholly reconcilable with the rights of the child as chartered in the Charter of the UN Convention on the Rights of the Child, especially Article 12²³, it is a workable requirement which would attempt to provide an ethical practice.

iii. TO BREACH OR NOT TO BREACH

A striking majority of the respondents spoke of another limitation to threat of harm and abuse, and one which prevented them from fulfilling what they saw to be their duty of care to their child or adolescent client. This limitation can be succinctly stated as a perceived lack of effective responsiveness of the DHS. In the questionnaire and interviews, 86% of respondents commented on the way in which it was perceived that the response of the DHS impinged upon their decision as to whether to breach confidentiality or not.

This means that the decision of whether to notify the DHS as to child protection matters or not appeared to be based not on a concern for confidentiality but rather whether the situation would in fact be improved or worsened by a report. As one counsellor commented, the image of the Department, storming into a house and taking the children away, is not a reality, except perhaps in cases of babies and very young children. This is relevant as counsellors argue that breach is justified in certain circumstances, and yet, it appears that many refrain from breaching, perhaps when intervention is seriously required, because of a lack of faith in the response of the DHS.

There is a general expectation that it is highly likely that in many cases the DHS will not respond, especially where the young person could be deemed to be a mature minor or where there is not overt physical abuse. Several of the respondents pointed out that the child needed to be "black and blue" before any action was taken, and stated that more subtle and inferred types of abuse were often not followed up on by the DHS. There is a sense of frustration apparent in the responses of the counsellors, as one commented on an experience where "I was more concerned than the DHS, I insisted that they take responsibility".

There is a fear that reporting to DHS will in many cases exacerbate the situation through delay and ineffective referral. Several of the counsellors spoke of situations where they had made reports and the child had in essence been put at more risk because of the time lapse between the report, the contact the DHS made with the family, and when action was

actually taken. As one counsellor remarks, "I have had cases where the Department have been brilliant. But I have probably had more cases where it has been the biggest disaster and the kid as a result has been put at a higher risk".

This notion of responsibility is also discussed by several of the counsellors regarding adolescents. The legislation refers to young people, and yet, there is a constant concern among respondents that once a person reaches a certain age, the DHS will "handball the case onto adult services". One counsellor comments that the Department openly admit their main concern is babies, and that "the age is creeping back...you would have difficulty with a fourteen year old....they (DHS) will ask you about them being old enough to protect themselves, old enough to run away, old enough to call the cops. Yeah they are physically old enough, but what fourteen year old has the guts to report his Dad to the police?"

There is no clear opinion as to what the perceived lack in responsiveness can be attributed to. Quite a few counsellors express feelings of sympathy for the case workers in the DHS, and note they are often very young and nervous, overburdened, working with highly restricted resources, often in tumultuous and emotionally charged family situations. This is definitely in keeping with the image that the media has painted of case workers²⁴. Some of the respondents were dubious about the level of confidentiality that the Department would give to their clients. This is also coupled with a fear that the DHS will not place the same amount of care into the child as the counsellor would. Some counsellors even hesitate to report as they worry that the child could be abused if placed within the DHS system. One counsellor notes that they "often receive negative feedback from young people regarding their experience with protective services".

This disdain with welfare services in Australia is not confined to counsellors, and as Budai points out in her report on psychiatry and mandatory reporting, there is a tendency to not report²⁵, and this could be reduced if one could alter the perception to one that the involvement of the protection system actually benefited children²⁶. There appears to be a lack of appreciation or understanding from counsellors as to the systems that are in place within the DHS and this perhaps leads to the frustration about delay and inconsistency. The DHS outlines on its website the process of making a notification, however, provides little more information about the way in which it prioritises or reacts to certain situations. Thus, a plea for bureaucratic transparency is apparent from these counsellors' responses.

It appears a serious contradiction to government policy when counsellors are making decisions about whether or not to notify, and in not notifying, are essentially being forced to undertake role of child protection themselves. One counsellor notes that "a lot of it is outsourced to counselling and other agencies and I can do that myself". One must ask whether this masks for a satisfactory welfare system. As was noted in chapter one, the essence of these kinds of reporting mechanisms should be to ensure the rights of the child, not to privatise or hand-ball them along.

As one counsellor commented, the image of the Department, storming into a house and taking the children away, is not a reality, except perhaps in cases of babies and very young children.

Confidentiality – A Limited Concept (Continued)

CONCLUSION

The notion of confidentiality in the relationship between a child or adolescent and their counsellor is a complex combination of morals, professional duties, notions of duty of care and government intervention. There is no doubt that confidentiality is a limited concept. Whether confidentiality should be limited is a purely ethical question and one which this law reform project has not had the scope to explore.

Counsellors recognise that they have no obligation to maintain confidentiality. However, with mechanisms such as mandatory reporting and the effect this has on professional culture, the duty of the counsellor has a much wider, social welfare scope. This is perhaps just and desirable, however the complication arises when the counsellor, in exercising this duty of care towards the welfare of their client, is held back by pragmatic considerations. If one prescribes to the policy of the State government, it does not appear right that, in deciding whether to make a notification as to child care and protection matters, the counsellor must undertake an analysis of the welfare system.

Recommendations

- Greater transparency in the process undertaken by the Department of Human Services. For example, an explanation of the procedures which are undertaken and explanation of possible delay.
- Clearer guidelines from the Department of Human Services as to notification when dealing with adolescents.
- A uniform clause to be placed in employment contracts for counselors working within secondary school as to the situations in which information will be released and regarding duties of confidentiality to reassure students.
- Considering the majority of counsellors have made notification without being mandated, compulsory training on mandatory reporting legislation and when they are required and not required to report with guidance on how to deal with dilemmas run by the legal professional and their professional associations.
- A review of State governmental policy which accurately reflects the situation as to child protection.

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If one prescribes to the policy of the State government, it does not appear right that, in deciding whether to make a notification as to child care and protection matters, the counsellor must undertake an analysis of the welfare system.

Australia's History: What do we know of our PAST? - Part 1

By Ron Hampton

Ron Hampton provides a historical background and explanation of the cultural, social and psychological challenges faced by Aboriginal and Torres Strait Islander peoples today.

Most of us have very little understanding of Australian History. We need to ask ourselves a few searching questions about who we are:

Who are Australians?
What are our origins?
How much do we know of our history?

As an Australian, you are probably the descendant of one of the many groups of "boat people" who have reached our shores. Many of you will be of European descent; others will have their roots in Asia, Africa or the Americas; or you might be a mix of any of these.

Most will be of British and northern European descent, a carry-over from the White Australia policy in place from the beginning of the 20th Century. You will claim citizenship on the basis of your birth, or through undergoing ceremonies in which you acknowledged the sovereignty of Australia. Few of you will have descent from Australia's original occupants, and even then, you will probably be of mixed descent.

As a citizen of Australia, you have rights, such as access to education and health services, and obligations, voting and paying taxes behind being two examples.

Australian citizenship has been evolving since the invasion of our shores and the annexation of Aboriginal lands beginning in 1788. The Constitution of Australia was developed by State/Colonial politicians to enable central government to take responsibility for particular issues.

Until Federation in 1901, there were no Australian citizens but there were State/ Colonial citizens. The political figures that drafted the Constitution for the British Parliament specifically excluded Aboriginal and Torres Strait Islanders from the scope of the Commonwealth Government. They were excluded from citizenship.

The government acknowledged migrants and awarded them status as citizens on the basis of periods of living and working in Australia. Having acknowledged themselves as citizens of Australia, migrants assumed the same rights as natal Australian citizens. Their citizenship was permanent.

In this same period, Aboriginal Australians were denied citizenship, except for a select group of notable individuals like Albert Namatjira who were extolled as being worthy of "Citizenship".

Unlike migrants and European descent Australians, these individuals were required to cut themselves off completely from family and culture. Failure to do this could result in annulment of their "Citizenship". It was not until the successful Referendum in 1967 that Aboriginal people and Torres Strait Islanders became citizens of Australia. Prior to that date, despite fighting for their country in several wars, Indigenous Australians were excluded even from the

Census. Indigenous history as citizens extends only some 35 years.

"White Australia Has a Black History.": Aspects of History which we Fail to Teach

Australia is an ancient continental land mass. The massive mountain ranges of other continents no longer exist in Australia. They have eroded over aeons. The flora and fauna differ hugely from other parts of the "ancient" world.

The history on which the British base their assumed superiority dates back a mere two to three thousand years. Aboriginal and Torres Strait people have versions of their own history – their Dreamings and legends.

We will look at history from a perspective which examines the long record of Aboriginal occupation of the Australian continent.

Evidence archaeologists have uncovered of human habitation of the Australian continent spans at least 120,000 years, but most people are caught in the concept of the 40,000 year history of Australia. The foundation of this lies in the Carbon-dating method. It is only accurate to 40,000 years, plus or minus some 3,000 years.

New dating techniques indicate that Aboriginal occupation of mainland Australia may go back beyond 120,000 years. The discovery of a painted Serpent in the Kimberly dated at around 123,000 BP (Before Present) and the discovery of a skull fragment in the Simpson Desert dated around 125,000 BP indicate that Australia has been occupied by people for at least this period. It is probable that occupation was much longer as the Serpent figures predominantly in Aboriginal belief systems across the continent. It is highly improbable that the Kimberly's serpent was the product of people newly arrived on this continent.

Aboriginal creation stories state that they (the people) have always been part of this land: that their Dreamings are the reality of the creation of the universe. Archaeologists suggest that they might have originated in South East Asia, traveling as their populations expanded across land bridges which no longer exist today, and making sea voyages across the large gaps between the islands. If this is so, they are certainly the earliest ocean voyaging migrants in the history of this planet. There is no single, sure answer to this question.

Non-Indigenous theories look to Africa as the source of Mankind and their subsequent dispersal across the continents. If humans came, as suggested, through the islands and across the ocean channels, they would probably have landed in the northern regions during one of the Ice Ages.

The Sahul Shelf at this time encompassed not only Australia (including Tasmania) and New Guinea, but also large tracts of land which have since been inundated by the rising sea. These lowland plains, sited next to the most prolific food source in man's history, are obvious sites for settlement. During such times, the level of the ocean was greatly lowered and many islands were linked.

Archaeologists suggest that they might have originated in South East Asia, traveling as their populations expanded across land bridges which no longer exist today, and making sea voyages across the large gaps between the islands.

Australia's History: What do we know of our Past? (Continued)

It was, however, never possible to reach Australia without crossing at least 50 kilometres of open sea. Birdsell examined these possible routes in great detail, and determined that they would have been forced to make at least eight sea voyages. It is unlikely that we will ever be able to determine where or when homo sapiens first occupied Australia as most of these sites have been under the sea for several thousand years. Many Aboriginal Dreaming stories support the theory of arrival from the north.

The Torres Strait Islanders, Australia's second Indigenous group of people are from a different background – the Melanesians. Their history of occupation is shorter, though we have little hard evidence of its duration. It is possible they moved into and occupied the Torres Strait region prior to or during the last Ice Age (approximately 8 – 10,000 years ago). Their cultural bases differ markedly from those of the Aboriginal people and many of their cultural and family links are to New Guinea.

Visitors to our Shores

The British were certainly not the first visitors to our shores. Evidence and oral records to our shores. Evidence and oral records show the Macassans, Indonesia's sea people, as long-time and regular visitors to and traders with the people of the northern coasts. It is also possible the Chinese touched on our shores during their investigations of the islands and lands of this region.

Today, most Australians recognize that Cook did not discover Australia. At the turn of the 16th Century, the Portuguese were exploring much of this region. Records indicate that a Portuguese vessel sailed down and mapped the east coast.

In the early 1600s, Dutch navigators were making landings on the west coast of Cape York (Janzson) and the central coast of Western Australia (Hartog). Designated as *Nouveau Hollandie* or *New Holland*, Dutch ships plied its western waters, many unsuccessfully, as they made their way up the coast to Java.

William Dampier became the first English navigator to record his visit to shores of this continent in 1688. He visited the Western Australian coast near Broome and was dismayed by what he saw as a barren land, and by the appearance of the local Aborigines.

The visit by Cook on the east coast in 1770 was different because of the political climate in Britain at that time. France appeared to be expanding into the area, there were changes occurring the British Empire, and Cook undertook to lay claim to this vast tract of land in the name of King George III of England.

Colonisation or Invasion: Why did the First Fleet Come?

In England and Europe, social change was rapid. Prisons, a new concept, were becoming flooded with people unable to cope with a changing society and dispossessed by the industrial revolution and by the continuation of feudal land ownership practices in Britain. Crime was rampant and sentences long and harsh.

America had revolted and the dregs of Britain's social problems were no longer welcome there. Somewhere new and isolated was needed to avoid political embarrassment. Cook's "find" was opportune.

With some alacrity, plans were made to bundle off some of their embarrassments to the Antipodes. A form of superficial legality to their annexation of the land, lay in Cook's declaration of it as "*Terra Nullius*" – an empty land, devoid of people and unused, without occupants or government. Reports by Dampier and other navigators supported this assessment. The die was cast.

1787 saw the departure of the "First Fleet" consisting of ships loaded with soldiers, food, equipment and, of course, convicts.

Who were the People of the First Fleet?

While the convicts were the scum of the social system, their gaolers were not much different. Apart from some of the upper echelon of officers and administrators, they represented groups who had little option but to leave Mother England and take their chances in the Antipodes.

They went with resentment and hopes of being able to make their fortunes in a new land. They considered the convicts as a ready pool of labour and were in a position to take out their frustration on their hapless charges. Grasping at opportunities to elevate their social position, they saw themselves as superior to the convicts. With their sense of European/British pre-eminence and arrogance, they designated the original Australians as less than human. Under such circumstances, it is little wonder that the convicts, perceiving that the local inhabitants were regarded even lower on the social scale than them, treated the Aborigines brutally and without understanding or compassion.

What was the Rationale?

Slavery was an unpopular political term, but that is precisely what the convicts represented in the establishment of the settlement in the new land – cheap, replaceable labour, kept in control by extreme measures of cruelty, sadism and indifference. Initial orders to the fleet commanders were that they "treat properly" with the native inhabitants and deal with them in the manner in which they (the English) approached them.

This indicates that the English authorities were aware of Aboriginal occupants of the land prior to their invasion. The English were not slow to designate the Aboriginal inhabitants as being under British law, but they conferred no rights on them, only obligations, linked with seemingly irrational rules and punishments.

Traditional Aboriginal life never involved incarceration, nor the brutality of chain-gangs and floggings. They were at a loss to understand the ways of these invaders.

To be continued next Journal

Grasping at opportunities to elevate their social position, they saw themselves as superior to the convicts.

I'm not in love...just a little bit limerent....

By Angela Lewis Ma Ed

How many times have you encountered a friend, colleague or relative who confesses, with sparkling eyes and a dreamy voice that they are "in love"? Then a few weeks or a few months later when you see this person again and enquire after their new love you are told "Oh him, it didn't work out" or "Don't mention her name again".

Is love blind? Do we enter an altered state of awareness when we fall in love and misperceive our loved one? This would appear to be true, at least according to Dorothy Tennov's book *Love and Limerence* (1980). Dr Tennov has coined the word "limerence" to identify a particular state of mind in the early stages of attraction and infatuation, during which we see no faults in the object of our desire. Limerence is sometimes referred to as 'being in love' with someone as opposed to 'loving someone', as well as being identified with passionate or romantic love.

Limerence loosely covers the same territory as the phrase 'in love' while also taking in concepts of infatuation and crush. Tennov is clear that infatuation is of a different genre as it denotes an intense attraction to a few aspects of a person and 'crush' as having implications of immaturity.

In limerence, a person can be blinded by the intense feelings they are experiencing and rush headlong into a relationship with someone who is still a relative stranger. When in limerence, a person often cannot sleep, eat, or concentrate to varying degrees on anyone or anything but the object of this powerful attraction.

After I wrote the article on cyber-infidelity (ACA Dec 2003) I was reflecting on how many people seemed to fall heavily and hopelessly in love with others on the Internet and frequently used language that involved phrases such as 'soul mates', 'reason for living', or 'my greatest love' when speaking about their new relationship and then became wholly entangled in the organisation, plotting and thinking about the time they could re-connect on their computer screens with their cyber-mate. Dorothy Tennov's characterisation of the state of limerence seems to me to be an accurate description of what is happening in the virtual world. People's ability to be limerent would explain why there is such a fascination with looking for partners on the Internet and why there are literally hundreds of dating and match-making sites, as well as millions of hopeful people logging on day and night looking for that elusive spark. And when they don't find it on one site they move on elsewhere and start it all again with another person. For limerence junkies the chase is often far more fascinating than the conquest.

Cyberspace appears to offer the ideal environment for the imagined state of 'love' to germinate and blossom, providing cyber-based relationships with all the criteria that limerence needs to occur and to continue. These are: *attraction* combined with *hope* and *obstruction* equals *limerence*. A classic star-crossed lovers scenario.

Attraction - means we find the person attractive physically, emotionally and intellectually, as a potential mate. Mere sexual attraction would be defined as 'lust', rather than limerence.

Hope - the limerent object has done something to make us think we have a chance - it may be they smiled at you, invited you on a date, sent you an email or typed a row of kisses on the computer screen.

Obstruction - this can be anything that would prevent a real relationship occurring - a real-life wife or husband, living in different countries or states, forbidding parents - basically anything that makes the players in this scene feel like they are Romeo and Juliet, or Heloise and Abelard. The need to overcome obstacles provides a sense of challenge, which in itself can be a stimulant to 'love' - the 'thrill of the chase' as it were.

Once the obstruction is removed then the limerence usually fades fairly quickly, unless it is actually love. Removing hope can take longer to kill it, as removal of hope itself can become an obstruction. And attraction, in the case of cyber-relationships, can often be killed off fairly quickly if the people in question meet and find out the other person is too fat, too short, has no teeth, smells funny, is stupid, is a criminal, etc.

Tennov says that limerence ceases under one of the following conditions:

Consummation: in which the two people concerned actually form a reciprocal relationship. The relationship either turns into love or very quickly dissipates.

Starvation: eventually the limerence fades when there is no positive feedback

Transformation: when limerence is transferred to another limerent object.

Internet relationships work in perfect harmony with the conditions listed above, as people are able to experience the headiness of limerence, mostly never consummate the relationship and are able to move onto another one by either being starved of attention by their limerent object or being distracted by one of the many thousands of other potential limerent objects that may catch their eye. The virtual world is an ideal place to experience all the heady, crazy feelings of being romantically in love, without any of the messiness of real life.

For people who are prone to, or seek out limerence, it is about seeking romance as opposed to sex. These people seek interpersonal relationships that can provide them a powerful bond,; they actively seek out the feelings that limerence can make them experience. Tennov says, "Limerence is a desire for more than sex and a desire in which the sexual act symbolizes the bonding together of two individuals". Where limerence and love appear to diverge is that with love there is a concern for the other person's welfare and feelings without expectation of return - there is no agenda, just the genuine feeling. However while limerents can also feel affection care and concern, theirs comes with an objective that 'love' must be returned. However once it is unfettered and free to grow as a normal relationship, the limerent relationship can (as described above) quickly disappear.

The need to overcome obstacles provides a sense of challenge, which in itself can be a stimulant to 'love' - the 'thrill of the chase' as it were.

I'm not in love...just a little bit limerent.... (Continued)

Tennov's opinion is that limerence is not inherently destructive as it usually always ends, however what is potentially destructive is when two limerent people misjudge their limerence and rush off and get married, move countries for each other, buy a house or have children together and then find that there was certainly limerence but no love. The shelf-life of limerence is between six and twelve months before the relationship turns into either permanence, indifference or dislike. Which is a very good argument for dating or engagement for more than one year.

Here is a list of the basic components that Tennov sees as characterising limerence:

Acute longing for reciprocation

Intensification through adversity (e.g. distance, other partners, rejection)

An aching of the heart when uncertainty is strong

Dependency of moods on the object of affections actions

A general intensity of feeling that leaves other concerns in the background.

A feeling of buoyancy – walking on air

So when a person is in the hold of limerence the limerent object can become an obsession – you think about him, worry about him, dream about him – you can even lose weight and make mistakes at work. You will have a tendency to ignore his faults and find his every word fascinating. “You hang on straws and

you analyse everything” says Dr Tennov. Sound familiar to anyone?

Some descriptions of feelings that people who are limerent may experience:

- So overwhelmed and controlled by these feelings,
- Usually all I can see is the positive of loving him,
- Nothing like this has ever happened to me,
- Unlike anything I have ever felt before,
- It cost me several friendships,
- How do you stop the urge to call them which pains me greatly
- I was obsessed
- I felt this was my soul mate,
- It took much, much longer to get over this relationship,
- The pull is so strong,
- I would advocate waiting till the “high”! has worn off,
- It's probably more heightened by the fact that it is a love which will never be.
- All of this is complicated further by the fact that we are both married.
- It was most difficult to ‘give up’ the object of my affection.
- A reunion of their souls,
- He touches me and I melt from head to toe,
- I have truly experienced this feeling only once.
- Stupid. I know. Selfish. I know.
- I don't believe that she loves me as intensely as I love her,
- It's horrible and wonderful all at the same time.
- I am looking for a way to get my mind off this person and into my “real” life and marriage.
- Unexpected, out of the blue,
- I was in love with him there and then.
- Basically this feeling totally surrounds me in everyday life,
- I feel drugged with happiness.

It is not difficult to see why people enjoy the state of limerence and will actively seek it out and repeat the experience over and over again, with a desire for limerence being a part of the limerent experience – an ‘in love with love’ type of scenario. This would explain why people who are advertising for a partner on the Internet will still be found there one and two years later but with gaps in between, when they have taken themselves offline, while experiencing their latest limerent encounter.

The final words from a website dedicated to the limerent experience... “The wounds of romantic love are as intense as its blissfulness. It can be truly an experience of agony and ecstasy, and invariably is! To have experienced this “divine madness” is an almost intolerable privilege. To have never known its intensity may leave us with a quieter life, but romantic love when tasted changes our perceptions for ever.”

Love and Limerence: The Experience of Being in Love Dorothy Tennov. New York: Stein and Day, 1980

The shelf-life of limerence is between six and twelve months before the relationship turns into either permanence, indifference or dislike.

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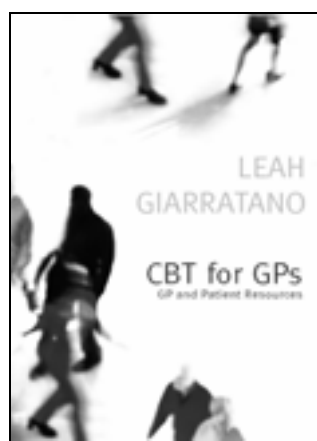
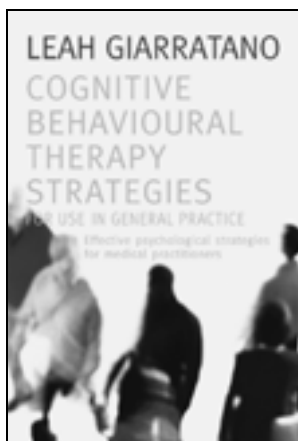
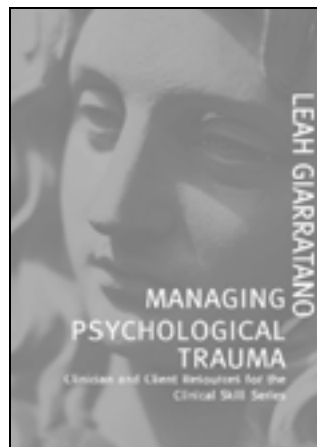
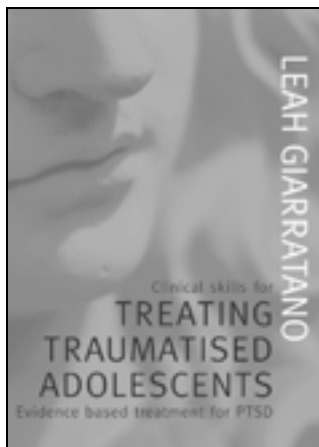
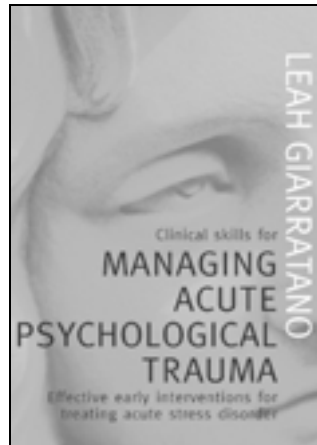
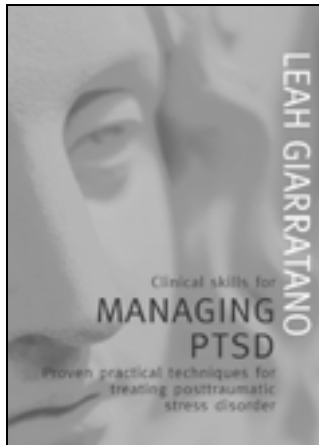
Further information: **Melbourne & Adelaide**
Moshe Perl (03) 9533 0555 <mperl@ozemail.com.au>

Perth Rosalie Sharon & Halka Beseda
(08) 9381 1604 <hakomiwa@hotmail.com>

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Continuing Education and Critical Thinking - A Counsellor's Guide – Part 2

Dr. Travis Gee

Centre of National Research on Disability and Rehabilitation Medicine, University of Qld.

Centre for Work, Leisure and Community Research, Griffith University

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This article, the second in a series on understanding research-related issues for counsellors, focuses on the idea of variability. This may sound somewhat challenging, however, the numbers are not difficult when we understand what they mean. With numbers as shorthand, the key concept of what we term *sampling variation* becomes clearer, and helps place research in the proper context. This requires some more understanding of samples and how they are obtained.

In the last article, I gave an example of how approximately 1/12 of accident cases are represented by each sign. That was based on some large samples from hospitals in Queensland, but we cannot call it the entire *population* of accident cases, because not all hospitals were represented. The distinction between samples from a population and the population itself is the first step we need to see clearly to understand sampling variation.

Populations and samples

When we have census data, there is no estimate: we know the actual number of people with two children, for instance. From this we can get the actual proportion, or probability (however we choose to express it) when we divide by the total number of people in the population. When we calculate the average age, it is not an estimate, it is the true value (assuming we've gotten everyone). However, researchers can rarely afford to have their questions answered so completely!

When we have complete data on everyone, the statistics we report are called *parameters*, whereas when we deal with estimates from some subsample of the population, we are dealing with *estimates*. Rather, they often work with small samples, as in many articles in this journal, and estimates are the order of the day. Naturally, the larger the sample the better the estimate (i.e., the less different it will be from the true population value), but that is a tale for another day.

Suppose that you found five of fifty clients having a particular characteristic. What can you say? There are many factors that can lead clients to your door. Perhaps people with that feature (symptom, demographic background characteristic, or whatever it may be) tend to avoid counselling. If this is true, then your 10% is an underestimate. Perhaps they seek counselling in droves (compared to people who don't share that dimension) and your 10% is an overestimate. Unless you get the information by drawing random samples from the population, you don't know what might have increased or decreased the rate at which you observed what you were looking for.

Random Sampling

The idea of random sampling is important to understanding variability as well. Suppose that you

were just measuring the average height of people. If you take a random sample of, say 100 people, you have a reasonable estimate of the parameter that you would have gotten had you measured everyone. However, if you deliberately bias that sample by studying only women, your number only applies to women, not to everyone. If you were to call it an estimate of the total population, it would be low, because physically, women are shorter on average than men. Likewise, sampling only men would give you an overestimate.

Knowing exactly what the population is that you are talking about is critical, because you cannot really talk about other ones based on your sample. For instance, if you study depressed women who have experienced domestic violence, you cannot talk about depression in general. If you talk about clients who came to you, that is not a random sample, because of those other factors discussed above. Rarely is a random sample taken in counselling research, and so there are many things lurking in the background that even a very reflective, creative researcher may miss which account for some kind of systematic pattern in the data.

Variability - Systematic and Otherwise

In the preceding section I mentioned how sampling only women when measuring height will lead to a different average height than when sampling only men. There is a systematic difference that is due to the natural difference between the sexes. Systematic differences are very interesting. Indeed, the phenomena we wish to investigate are systematic differences. Do women who have experienced domestic violence differ systematically from those who do not? Does a sample of divorced men score lower on average on quality of life than married ones?

Variability that is not systematic is random, and when we sample, we try to do so randomly so that there is only one systematic source that could be at the root of any differences that we observe. Consider the astrological signs in emergency departments. If one sign is 'clumsy,' then that sign should represent more than 1/12 of cases, while the other signs are distributed amongst the rest of cases.

Now, if we sample randomly, we'll rarely get the same estimate twice. If we have 1200 cases that should be evenly distributed across 12 astrological signs, for instance, then we won't get exactly 100 of each, even if the true parameter (expected proportion for each sign) is 1/12. Perhaps we have 98 Aries, 103 Pisces, 97 Virgos, and so forth. If we started sampling a few weeks after we did, there might have been 100 Aries, 99 Pisces, 102 Virgos, etc.. However, all of these numbers would have been around 100. That is what sampling variation is - variability caused by the way we went about getting our data. Statistics allow us to estimate the probability that a deviation from expectation (such as 150 Taureans or 60 Pisceans) would occur by chance, and while the mathematics of it are more than can be fit in here, the concept of what the numbers refer to is fairly simple.

If we are systematic somehow in collecting it (e.g., only people who came to our clinic), then that systematic factor becomes an alternative explanation

When we calculate the average age, it is not an estimate, it is the true value (assuming we've gotten everyone).

for our findings. As a silly example, suppose that we find that depressed men and depressed women are the same height! They *should* differ by the same amount as men and women in the total population....so why do ours *not* differ? Well, perhaps our clinic draws men who are depressed about their height, or women who are depressed about being unable to find a partner who is taller than them. Or perhaps we did not sample enough people, and the estimate for men and the estimate for women just aren't accurate enough to tell us much!

Central Limit Theorem

The scary mathematical title of this section refers to another concept that with the math stripped away becomes quite understandable. Basically, the bigger the sample, the better the estimate will be. In other words, the less distant the estimate will be from the parameter that it is estimating. If you wish to grasp this concept, try the following exercise. Cut up a piece of paper into ten smaller squares, and on each square, place one of the following numbers:

102 105 98 85 15 95 97 89 119 150

Suppose that they represent the IQ of a set of clients, and for these purpose, they will be the population. If you add them up the come to 1055, which means that when you divide by 10, the mean IQ for the groups is 105.5. Note that variability exists already in the data themselves, as no single case has an IQ of 105.5... each deviates from the average to some degree ("everyone's different," a trivial truth!) Now put these bits of paper in a hat. Take one out, write down the value on a separate sheet, and put it back in the hat. Take out another and do the same. Add them

together and divide by two to get the mean. Record the mean. Repeat this process five times, and observe how much the estimate varies.

Now do the same thing again, but this time instead of using two randomly sampled cases to get the mean, take out five (replacing each time), and find the mean of those five cases (add together and divide by 5). Repeat this process five times, and observe the variation. All of these estimates should be closer to 105.5. What would happen if you did this using 9 of the 10 cases? Ten of the 10?

A related question would be 'What would happen if you only used numbers that are below 102?'. Consider that if you have a sample whose mean IQ is well below 100 (which is the population mean for IQ), then they *come from a different population*. You could get that by sampling deliberately, to get an estimate of the population parameter for low-IQ people, or you could discover that in a group selected for a particular problem, low intelligence is a feature.

When we compare two averages, it is best to use a sample large enough that it is an accurate representation of the true parameter for of the two groups that we expect to differ. Statistics tell us about the probability that this will happen, but they rely on good estimates which vary from the parameter by smaller and smaller amounts as the sample gets larger and larger. Poor estimates that vary widely (as when we sampled 2 at a time) can result in groups failing to differ when they should, leading to incorrect conclusions. We will explore probability a bit more in the next article in this series.

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A related question would be "What would happen if you only used numbers that are below 102?"



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- www.qld.toughlove.org.au for groups in Queensland
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TOUGHLOVE encourages parents to allow their children to experience the natural and logical consequences of their actions.

A Comparative Study Between Psychological Therapies and Buddhist Philosophy

By Nicolas Gromik

In Monopoly (TM) there are set rules to play the game, but there are no set rules for the way a player ought to behave during the game. Modern psychotherapies aim to use this paradigm to help the players feel comfortable in understanding and utilizing the rules as well as accepting the inter and intra personal aspects involved with playing the game. Freud first encouraged psychologists to discover the reason why some players behave in an irrational manner. From the seminal work of Freud multiple therapists developed their own style of theories. Reported in the literature (Corey, 1991; Dryden and Ellis, 1987; Howatt, 2001; O'leary and Wilson, 1975; Patterson, 1983) the psychotherapies developed by Freud and the members of his school were generally abandoned by the new generation of psychoanalysts. Glasser was one such dissatisfied member of the new generation of therapist to have emerged.

This paper begins by evaluating the philosophical underpinning of Glasser's theory, which he called Reality Theory and was operationalised by a process called Reality Therapy. Glasser's work is then compared with some of these other new theories developed by other pioneers. This paper analyses the similarities and differences that exist between their goals of therapy and their therapeutic processes. This argument will present the case that a model of therapy that facilitates the emergence of self is preferable to those models of therapy that aim to condition the individual to become society focused. This paper outlines why the theories underlying these therapies have a vested interest in the game of Monopoly (TM). Whether it is for wealth or recognition, each theory attempts to sell its product to an unaware maladjusted population.

Consequently this paper compares the above findings with a Buddhist perception of psychotherapy to suggest that a linkage between theories - whether it is fusion or eclecticism - is not the solution. Further research is needed to offer a better understanding of the reality of what each therapy hopes to offer to its patients. From the amassed evidences, this paper concludes that each therapy needs to continue research not so much on the structure of the human mind, but more so on the social foundation upon which the concept of the mind and the theories of the mind have evolved. The understanding of this situation will allow the development of therapies that can best help the patient become an authentic self; the evolution of the psyche.

Philosophical underpinnings

A major benefit for the psychological community is that Glasser is still alive. In 1967 he established the William Glasser Institute, and a tour of its website reveals that Reality Theory is a dynamic and robust theory. In fact this site explains why Glasser chose to rename Reality Theory as Choice Theory. Glasser's original title "control theory" was misunderstood to mean "control" over others, which was contrary to Glasser's purpose. He aimed to empower his patients to regain control over their lives, via choice not control (Lennon, 2000).

Howatt (2001) identifies the premise of Reality Therapy as a participant within society possessing choices to behave in a responsible manner. To establish this premise, Glasser acknowledges that he received some help from other psychologists and experts to develop his theory (Glasser, 1984; Howatt, 2001; Lennon, 2000).

Glasserian philosophy stems from the belief that human beings are in the majority, stable, functional and responsible. Through either the lack of education or role models, or by facing situations that challenge their belief system human beings react by creating mental blocks which prevent them from thinking and behaving responsibly (Glasser, 1984; Howatt, 2001; Lennon, 2000). As quoted in Howatt, 2001 and Lennon 2000, Glasser disagrees that social maladjustments are mental illnesses to be treated by chemical stimulants. He believed that there are no crazy behaviours, simply people with unmet needs. His early theory explains the issue of having the need for love and self-worth as strong motivators in dictating the mental stability of the patient. Lennon reveals that Glasser's experiences allowed him to expand from these two needs to five needs; "to survive, to reproduce, to belong, to have power, freedom and fun." (Lennon, 2000; 4). In his early work Glasser expands his theory of reality and choice by demonstrating that people choose to be unhappy because:

- 1/ they have nothing to replace the feeling, which keeps them unhappy.
- 2/ by using our environment, we do not need to face the consequences of our actions.
- 3/ excuses are tools to describe who or what we are.
- 4/ the feeling we experience can be used to gain control over others. (Glasser, 1984; p.61-64).

In his more recent work Glasser explains his position as to the causes of unhappiness:

- "1. They have not been able to meet their needs for love and belonging... [they need] to also succeed in the things they want to do with their lives.;
2. They almost always blame their difficulties on other people... they spend a good deal of time trying to control these people or trying to escape from their efforts to control them;
3. they will try to avoid focusing on the real problem, which is to change their behaviour so it better satisfies their needs;
4. blame their unhappiness on things that happened in the past or may happen in the future;
5. avoid facing the fact that the only person's behaviour they can control is their own." (Glasser, 2001; 1);

Examination of the content of Glasser's work demonstrates why he chose the term "reality theory". In reality people can either dwell on the past or on their misery or they can ignore it and move on. And to better make himself understood with "choice theory", he empowers patients to face the reality that they can either chose their present state of mind and depress themselves or they can chose to realize and

In his early work Glasser expands his theory of reality and choice by demonstrating that people choose to be unhappy.



***** Conference Announcement *****

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Contact: **Heike Hamann on 03 57501450 or intensive2004@bigpond.com**

A Comparative Study Between Psychological Therapies and Buddhist Philosophy (Continued)

see that they have the power to act in a different manner which brings them more meaning in their life.

The term “reality” is problematic and brings to the forum of the counseling session unsolvable dilemmas pertaining to reality, the definitions of reality and acceptance of those definitions.

In contrast, a choice is a matter of self-perception. There is no right or wrong choice. It is the perception of that choice which creates the maladjustment. The individual might feel uncomfortable accepting that choice. Perception is based on independent evaluation and experience of the dynamic environment.

In summary “Choice Therapy” complements Monopoly (TM). Glasserian Therapy perceives the interaction of two or more players via a variety of influences. Each player must act immediately to keep the game moving to its ultimate end. Choice in Monopoly (TM) is influenced by fears of past and future experiences with the game and a variety of opponents. Choice in this game is also driven by the internal moral standards of a player. It is governed by rules and logical reasoning which the player chooses to use to win the game.

The theories of these pioneers do share some similarities and differences in their counseling goals and therapeutic process. In the first part, some similarities are compiled to demonstrate the emergence of eclectic theory. In the second part some differences are exposed to bring an understanding that eclectic theory is not yet the answer. The last part promotes Buddhist psychology as a potential path to provide rejuvenation in a field of study, which displays great accommodating style of discussion.

Goals of therapies and Therapeutic processes

After completing their studies in psychoanalytic tradition, several analysts besides Glasser became dissatisfied with its theory to the point of motivating them to search and develop new concepts for understanding and helping people who faced adjusting difficulties living within their society (Corey, 1991; Dryden and Ellis, 1987; Howatt, 2001; O’leary and Wilson, 1975; Patterson, 1983). They were Rogers the founder of Client-centered therapy, along with Eysenck (a vital leader in shaping Behaviour therapy) and Ellis, the establisher of Rationale-Emotive therapy, and Perls developer of Gestalt therapy.

Similarities

It is apparent from the disparate literatures developed by the preceding writers that the objectives of the theories preceding are subject to interpretation. The aim of each of their theories is to guide the patient towards being an “authentic self” as a “responsible” participant within society. That objective is flawed because it starts from the premise that the stated goals of therapies are correct and some behaviors are unacceptable. For example Ellis in a video recording (as quoted in Hughes 2002) admits that his sessions have a covert agenda. Therefore these theorists believe that it is not society, which must change, the individual must change to fit in the captivity of the societal system as quoted by Quinn;

“You’re captives of a civilizational system that more or less compels you to go on destroying the world in order to live.” (Quinn; 1992: 25).

To some extent these theories aim to provide tools to cope within a system that cannot be changed without ever accepting that there is an “authentic self” that these theories are attempting to release. In providing these coping strategies the therapeutic goals although arriving at the same end are in parts different. The patient must be more responsible than when in their state of maladjustment. The path between maladjustment and responsibility is agreed by those theories to lie in the inability of the patient to make a choice. They maintain that humans are able to choose either to confront or avoid the painful decision with which they are struggling. Although these theories disagree about the origin of the inability of a patient to make a responsible choice, most generally agree that therapy is an occasion where the patient can learn to improve him or herself (Corey, 1991; Ellis, n.d.; Glasser, 2000, 2001).

In Gestalt therapy the past is irrelevant. The best way to assist the patient to deal with their incongruities is by keeping the therapeutic sessions focused on the present, the here and now. The client is confronted to choose whether to continue the therapy towards becoming responsible or not attend the therapy and remain in a constant state of indecision (Corey, 1991; Starak, 2002). Other theories stated that dealing with the past may either digress the session or allow the patient to avoid coming to terms with the real purpose of choosing therapy (Haaga & Davison, 1993; Howatt, 2001). This is why Glasserian therapy can be beneficial, because it allows the patient to decide whether they prefer to stay in the past or to work in the present. This allows the individual to experience a real sense of responsibility for themselves by making that initial choice.

The goals of these therapies is to empower the patient to better react to their interpretation of needs from the outside world whilst at the same time being able to comfortably express themselves within the boundaries of socialization. These therapies reinforce the existence of the ego as in Freudian theory, or as an “irrational belief” as in Rationale Emotive Therapy. What this section unravels is that the “I” or ego reacts to internal or external experiences through the response of irrational deductive reasoning.

Hislop (1994) argues that Christianity and Judaism offer a vital point of reference in order to explain the foundation of western-focused therapy. Jesus Christ advertised the idea that one must give up earthly possessions in order to gain rewards in heaven. Some therapies do promote the Christ-like sacrifice and torment for the benefit of others. This foundation is regarded as an acceptable cause for the maladjustment that is apparent in a western society.

Differences

The most noticeable difference amongst these counseling pioneers is that at one extreme lies those theories that promote the individual obligation to fit into society and to participate for the greater good of humanity, for example RET, CBT and Reality Theory. At the other extreme lies those theories that, although

The best way to assist the patient to deal with their incongruities is by keeping the therapeutic sessions focused on the present, the here and now.

A Comparative Study Between Psychological Therapies and Buddhist Philosophy (Continued)

recognizing the concept of social conditioning and obligations, still attempt to release the inner-self of the client so that they may live a more meaningful life, for example Gestalt therapy, Sand Play or Multiple Intelligences (O'Brien, 2002).

Eclectism

Eclectic theory states that theoretically it is possible to mix and match the similarities of these counseling theories in order to better guide the patient and that the differences can be disregarded because behavior is relative to the perception of the patient. The Eclectic practical approach to counseling is to "take one theory and use it as much as a counselor can until the client needs a new approach" (Bean, 2002). However, this move towards Eclectism is based on American findings and an interpretation of the social welfare system of that country, the time constraints becoming more apparent for counselors and the influence of the monolithic instigator, financial gain (Bugental & Bracke, 1992; Lazarus et al., 1992). Based on the observation of this researcher, this author does not place as high a value on Eclectic theory as Glasser's theory.

Monopoly (TM) is only a game. And using this analogy of the game these therapies help the player to participate in a more comfortable manner. They do not really achieve their goal of releasing the authentic self. This is primarily due to the fact that therapy has a vested interest in maintaining the status quo of the player and the game.

This cynical observation leads to the search for an alternative philosophical approach. Buddhism offers a great deal more because it acknowledges that the game of Monopoly (TM) does not reflect the place of a human being in the natural environment.

Alternative therapy

In his book "Ishmael", Quinn (1995) tells the stories of the "takers" and the "leavers". In the first story, the takers exemplify the counseling community proceeding down the path described previously. It is a story where people are free to live and act as they wish as long as it fits in with the boundaries prescribed by social rules, which are generated by a governing body. The second story demonstrates a group of people who did not live according to regulations established by a governing body. Rather they live according to the rules governing nature and evolution.

Evidence shows that Sand Play therapy is modeled on a game played generations ago, similar to a "leaver" style society, prior to Freud's pronouncement (Pearson & Wilson, 2002). Sand Play is an innate activity. Revealing an unconscious narrative through the medium of symbols and sand structures the therapist deconstructs traumatic experiences. Introducing Sand Play into the realm of counseling is one way to unleash what society has killed. This is an activity that reflects the wisdom of ancient technologically unsophisticated societies used to release imprisoned pre-verbal experience (Quinn, 1995).

Accepted societal beliefs inform us that because human beings are the ultimate on the evolutionary scale there is nothing more to existence; hence the

emergence of existentialist angst (Quinn, 1995). This author believes that such imposed existential angst can be dealt with most successfully by employing the Buddhist psychology approach.

Philosophical underpinnings

Buddhism is a religion, which emerged in India 500 years before Christ (Williams and Tribe, 2000). The historical recollection of Buddha begins with his life as a prince whom filled with dissatisfaction leaves his royal heritage for a life of reflection. His search leads him to the four noble truths: 1) life is suffering, 2) to stop suffering one must stop desiring, 3) stopping desiring is achievable, 4) following the eightfold path leads to the cessation of suffering (Bachelor, 1997). The eightfold path demands of the practitioner to seek right understanding, thought, speech, action, livelihood, effort, mindfulness, and concentration. The purpose is not to be right, but to have gained the right way to behave according to the teachings. Prebish (2001) classifies those eight paths into three categories. The first two reflect wisdom, the next three refer to morality and the last three are guides for meditation.

From Buddha's teachings Buddhist thoughts evolved to explain that it is possible for anyone to become a Buddha. Buddhahood is the ability to reach enlightenment (Yeshe, 1987).

Lama Yeshe (1998) explains that Buddhist philosophy has a lot to offer to individuals wishing to heal themselves. His writings demonstrate how it is possible for Buddhist philosophy to be a viable psychological theory. This has been named Buddhist Psychology (Lama Yeshe, 1998)

Looking at the four noble truths, one can conceive that the therapeutic theories of Glasser and Perls maintain the truthfulness that life is suffering and that to stop suffering one must stop "mind fucking" (as quoted in Starak, 2002).

The other therapies previously examined enact the fourth noble truth by either targeting thoughts of morality or thoughts of action (Hughes 2002).

Buddhist philosophy and psychology go one-step further than any other therapeutic philosophy because it states that life is suffering. To stop this suffering not only is it necessary to stop desiring it is also necessary to stop lying to oneself.

Buddhist philosophy assumes that society is a figment of the irrational mind. The construct of society is the lie which society feeds to its citizens in order to keep the capitalistic foundations in place (Bachelor, 1997).

The writings of Lama Yeshe's (1998 & n.d.) set out how it is possible to incorporate Buddhist philosophy in a counseling setting.

Goal of therapy

Rationale Emotive Therapy terms the cause of suffering to be the possession of irrational beliefs. Glasser identifies the cause of suffering as an inability to meet a basic need. Buddhist philosophy pinpoints desiring as the cause of suffering. What allows Buddhist philosophy to enter the realm of counseling and psychology is due to the human need to answer the question "who am I?" Freud postulated the

From Buddha's teachings Buddhist thoughts evolved to explain that it is possible for anyone to become a Buddha.

existence of an ego; the self (Corey, 1996). For Buddhist philosophy there is no ego, there is no "I". There is a mind, which Lama Yeshe (n.d.) explains is a creative tool.

A person interested in Buddhism is neither a patient nor a client, the label used is "student". The student does not need to adhere or believe in Buddhism (Mokishi, 1987). The goal of the therapy is to take a journey in order to allow the mind to realize that all the causes of suffering emerge from the desire of the ego. It is insatiable. The ego's desires are never fulfilled. It is appropriate to consider Buddhist philosophy in counseling and psychology because it addresses human need. The aim is to accept that what western philosophy calls "mind" does not exist (Almaas, 1987).

Another goal of Buddhist therapy is to allow the mind to become the vacuum that it is. This attainment connects the spirit and mind to live in harmony whilst living in a state of impermanence (Flickstein, 1998; Sahn, 1976, Yeshe, 1998).

Buddhist psychology aims to enlighten the dreamer by saying the body is a mode of transport, the mind is a creative tool and the memory is for survival. It is important to understand that mankind is an evolving species just like any other form of life. Stop the lie, and a new experience will emerge Quinn (1995) informs his audience. Rather than trying to explain what human behavior is, Buddhist psychology accepts that like all other species, humans behave.

Therapeutic process

The process of Buddhist psychology resembles Sandplay therapy. Any modality available to allow a person to reach realization of the teachings is welcome. It was believed that Buddhism meant hours of sitting meditation. This misconception collapsed has more awareness emerged about Buddhist philosophy. Now one can meditate while walking or floating (Flickstein, 1998).

Similarly to Gestalt or Reality Therapy, the person seeking counsel through Buddhist psychology needs to deal with the here and now, and to do the work for themselves. The work involved to achieve realization revolves around understanding, accepting and owning the teachings of the Buddhist tradition. The teachings aim to explain the concepts of impermanence and attachment.

Prebish (2001) informs us that "impermanence", "suggest that everything is in a continual process of change" (p.47). That:

"(e)ven each moment can be subdivided into an origin..., duration..., and decay... and as such, there is really nothing substantial in the entire phenomenal world to be grasped ..." (Prebish, 2001; p.47).

The existence of impermanence leads to defining the cause of suffering as attachment. Part of the therapeutic process is to understand that the ego in order to satisfy its desires attaches itself to ideas and beliefs. Attachment means that the ego does not let go of these beliefs because of the fear of impermanence (Sahn, 1976).

Reality Therapy attempts to shift the ego from one attachment of the impermanent "I am irresponsible" to the other impermanent attachment "I am responsible". Analyzing and comparing Reality therapy with Buddhist philosophy leads this paper to agree with Quinn (1995) that human beings behave irrationally or irresponsibly because they cannot explain the meaning of life and they argue as to the origin of humanity. Glasser's therapy can treat behavioral patterns but it does not deal with the cause of suffering. People are dispensable.

Similar to Rogerian therapy, Buddhist psychology is a non-directive approach, which revolves around the teaching of Buddha's experiences. A student becomes aware of the four noble truths and the issues of impermanence and attachment. It is then up to the student to either accept or reject the teachings based on their own inner discoveries.

Buddhist psychology does not rely on any particular techniques to guide the student; rather it relies on activities and readings to gently deconstruct the frames of references developed through social conditioning.

Conclusion

Ellis concluded that in reality, the very nature of the mind is irrational and rationality is a perfectionist's ideal (Dryden & Ellis, 1987). Applying the analogy of a Monopoly (TM) game, it was revealed that irrational thinking is what allows the game to divide the participants between winners and losers. This paper argued that the psychology and counseling community have a vested interest which entices individuals to play Monopoly (TM) according to the theorist's perception of social expectations.

This paper presented Glasser's reality theory as a foundation from which to explore other therapies. It then expanded upon this foundation work by promoting and contrasting those therapies with Buddhist philosophy and psychology.

The inappropriateness of Eclecticism based on the observation that all therapies have a vested interest in maintaining society in a flux of unanswered chaos has been validated while the benefits that Buddhist philosophy has to offer as an alternative have been discussed. Buddhist philosophy may be a new approach to psychology because it recognizes that for all the amazing scientific discoveries made about the human body, the mind is egoless and human beings are no worthier than any other species on this planet.

This paper recognizes that further research is necessary in order to understand the applicability of Buddhist philosophy in the school context. Further research may provide specific case studies to document a patient's growth under the guidance of Buddhist training.

Nicolas Gromik is a full member of the ACA and graduated from the University of Southern Queensland (USQ) with a Masters in Education (Guidance and Counselling). He currently lectures at Tohoku University, Sendai, Japan as well as working as a volunteer counsellor for the Tohoku International School. This paper represents the focus for his Phd proposal.

Applying the analogy of a Monopoly (TM) game, it was revealed that irrational thinking is what allows the game to divide the participants between winners and losers.

A Comparative Study Between Psychological Therapies and Buddhist Philosophy (Continued)

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Bouncing Babies – Bowlby, Burdens and Brains

By Ian Hay — (Part 2)

Stress and Neurobiology

Recent research, with our capacity to look inside the living brain, provides neurobiological evidence that stressors have an impact on the brain itself. It is now known that stressors, such as abuse and neglect, have an influence on the size of brain structures involved with emotion, learning and memory.

Schore (2001,2002) and others have emphasised the effect of the stress response (particularly in terms of abuse and neglect) on the developing right brain during the first three years of life.

The right brain is referred to as the “emotional brain”. It seems that our future coping capacities are a function of the development of this side of the brain during these early years. Our ability today as adults to cope with stress may have been established so long ago.

Other researchers, such as Heim and Nemeroff (2001) and Nemeroff (1998) have claimed that their research shows how patterns of depression can be linked back to events that have occurred in these very early years. The research here refers to repeated stimulation of certain pathways within the brain - the stress hormone pathways. The idea is that the more these pathways are stimulated in these very early years the greater the probability of depression in later life.

The capacity to deal with the world in a thinking and controlled way is limited through impulsivity. It is now known that neurochemicals, such as the transmitters serotonin and noradrenaline, have a marked impact on emotions, such as anxiety, depression and anger. It is also known that exposure to early child abuse and neglect can have marked impacts on these transmitter systems leading to increased risk of a whole raft of maladaptive behaviour, including several different types of violence (Virkkunen et al 1995).

It seems that low noradrenaline levels are associated with cold blooded acts of violence, while high noradrenaline levels are more associated with violence associated with extreme anger.

By way of contrast, low serotonin levels are associated with explosive rage and impulsive aggression. High levels of serotonin are more associated with repressed aggression. These same high levels of serotonin are also linked to anxiety-based problems, such as obsessive compulsive disorder and shyness. Low serotonin is also associated with suicide and depression.

One of the most repeated findings across research studying this area, has been the low levels of one of the breakdown products of serotonin found in the spinal fluid of successful suicide victims (Alvarez et al. 1999; Lidberg et al, 2000)

The probability is that there are higher or lower levels of various brain transmitters, such as serotonin and noradrenaline, as a result of varying genetic patterns across populations. Given that this may be the case it still does not detract from the research showing that early childhood abuse and neglect can have marked effects on the development of these transmitter systems.

The question is no longer if neglect and abuse cause damage to these pathways. Rather, it is how much of the damage can be corrected through later effort.

Risk Factors

Some of these are obvious.

Inadequate parenting skills, particularly those involving insensitive and inconsistent care provision, are the most obvious. Insensitivity involves misreading or ignoring the babies signals for care, comfort, and protection.

When does the damage occur? The answer to this question does not surround the occasional misunderstanding or misreading of babies signals. Indeed some experts believe these little misattunements to be quite adaptive. In this sense baby learns that these temporary unhappinesses can be made right.

No, the answer lies in persistent insensitivities, abuses and neglect. In my mind, looking for specifics is like looking back to which cigarette or packet of cigarettes was responsible for causing someone’s lung cancer.

There are other factors that make insensitivity and inconsistency more probable. These are things like delayed biological maturity that interferes with the baby’s capacity to signal. Parents or caregivers who are themselves in an unstable relationship can be a factor. The more parents and caregivers need to focus on themselves the greater the distraction away from the baby’s needs onto their own.

Poor quality childcare is also an issue with more studies showing increased salivary cortisol (a measure of stress) in children exposed to poor care and even good quality extended care. Indeed the concept of “multiple mothering” has been associated with poor developmental outcomes since studies of orphanage children were conducted in post war Britain. It seems that individualised and personalised care that is continuously provided across time is an important protective factor.

It was mentioned earlier that securely attached children are better able to express needs. There have been a number of studies that have looked at the amount and quality of verbal interaction that mothers have with their babies in the first year of life. Significant differences have been found across socioeconomic groups. It is heartbreaking that some babies are really disadvantaged here.

Studies show that mothers in higher socio economic groups talk to their babies up to three times as much compared to mothers in lower socioeconomic groups (DiPietro, 2000). Absence of reciprocal conversation and play are significant risk factors.

Protective Factors

There are some factors that are associated with the best possible outcomes. Simply stated these are things like a nurturing, secure and affectionate relationship with at least one parent and a happy supportive relationship with one other adult. Involvement in pro-social peer groups, the development of a sense of personal positive achievements followed by positive and rewarding school environments.

What represents a “good outcome” is summarised well by Teicher:

We hypothesize that adequate nurturing and the absence of early intense stress permits our brains to develop in a manner that is less aggressive and

It seems that individualised and personalised care that is continuously provided across time is an important protective factor.

Bouncing Babies – Bowlby, Burdens and Brains (Continued)

more emotionally stable, social, empathic, and hemispherically integrated. We believe that this process enhances the ability of social animals to build more complex interpersonal structures and enables humans to better realise their creative potential.

(Teicher, *Scientific American*, 2002, p61)

Outcomes

Teicher's statement fairly represents the better outcome. Unfortunately many children do not develop those more complex interpersonal structures to enable them to better realise their creative potential. For these children the brain has had to develop in a different way.

From an evolutionary perspective it makes no sense that development should be inconsistent with the best outcome for survival. If the world has been found to be a threatening place then development must prepare the child for survival in this hostile place. For these children depression, anxiety, suspicion, aggression, anger and violence permit such survival.

It appears that the psychodynamic theorists were right. The first year of life up to the third year of life may be incredibly significant in terms of individual life courses. It is up to us in terms of what resources we are prepared to commit to making individual lives happy and assisting in the realisation of human potential.

The political message must be that we reap what we sow. Teicher (2002) warns that we need to realise that stress brought about through abuse and neglect may set off hormonal changes that permanently wire a child's brain to cope with a threatening and malevolent world. And it could be, just as Teicher suggested, that once the damage has occurred there is no "going back".

We need to undergo a change in thinking as a result of what we have learned about child development. A complete change in focus.

The required change involves a focus on social and emotional development and away from cognitive development in these precious first three years. Let's not be concerned about how smart baby is, let's be concerned about how emotionally secure baby is. Let's have mums complementing each other on markers in their children, signifying levels of positive social and emotional achievement.

This is going to take some time until the popular press picks up on newer research in child social and emotional development.

As well, marketing departments are already set up to exploit parental guilt if they do not purchase some product designed to increase their baby and child's cognitive development. There are not the same manipulative minds convincing parents to engage in activities that further their baby and child's social and emotional development.

We need to encourage parents of the lifelong benefit of focusing on their children's social and emotional health through sensitive and consistent parenting. At the end of the day it is the difference between great expectations (listening and responding to baby and infant needs) and limited expectations or even worse, no expectations.

Ian Hay will be presenting a series of free seminars about infant mental health in Maryborough, Rockhampton, Mackay, Townsville and Cairns in February 2003. The details of these seminars are included in this issue of *Balance* and also on the following websites: www.mentalhealth.org.au and www.qld.mentalhealth.org.au.

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We need to encourage parents of the lifelong benefit of focusing on their children's social and emotional health through sensitive and consistent parenting.

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supervision over the phone you are not restricted to your immediate geographical 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 request form to receive an application for registration. Please call 1300 784 333 for a registration form.

Internet and Computer Resources Compiled by Angela Lewis

Hello fellow members,

This issue we are going to spend some time getting to now SPAM.

While some of you remember this as the 'yummy' sliced 'ham' that our mothers served from a can, now days it is more usually associated with getting lots of junk emails.



A lot of us unwittingly send spam when we send the version of a chainletter that may be something like... "please pray for little Johnny...he only has 3 days to live - if you send this to 5 of your friends they too can pray and we can all extend little Johnny's life..." or

the one that promises "your wishes will be answered if you send this email onto 10 friends in the next 10 minutes".

Using definitions supplied on the CAUBE.org.au website, we can say that SPAM is any electronic mail message that is either transmitted to a large number of recipients or email sent to some or all recipients who have not explicitly and knowingly requested those messages. It does not matter what the content of the message is. It can be an advertisement for a commercial product, a solicitation for donations by a charity, or a religious pitch by somebody intent on saving your soul. If it meets the two criteria above, it is most definitely spam. The word "spam" can be used as a noun to describe the junk mail you receive as well as a verb to describe the act of sending spam. "Spammers" is used to describe the person who sends spam.

Why is it Bad?

You might not realise it, but when you receive spam it costs you money. Firstly, most ISPs in Australia charge by either the amount of time you connect or by the amount of data you download. Spam increases the time you have to spend downloading mail, as well as the amount of data you download. This makes a difference to your ISP bill at the end of the month.

Even if your ISP does not charge by time connected or data downloaded, they have to have sufficient equipment and personnel to handle all traffic. It is not possible for the ISP to distinguish between spam traffic and legitimate person to person messages. This means they have to accept and process all messages, including the spam.

Even if all you do is delete spam, it costs you time. - when more email arrives, it costs you more time and interrupts the flow of whatever else you are doing to go and check and find out you have just been sent some more rubbish! . Even to an individual, these are real costs and represent lost opportunities to do other things you would like to. This time has effectively been stolen from you.

SPAM uses up Internet bandwidth (space) and can slow up the delivery and operation of the Internet for everybody across the world.

Visit www.caube.org.au to get the full story on how businesses and individuals are affected and what we can do. There is also a comprehensive amount of information on Australian legislation and the opportunity to join the organisation, which I have done myself.

A small solution that I know some people employ is to go to their ISP provider's website, (e.g. Telstra.com if you are a Telstra customer or Optunet.com if you are an Optus customer) and access their email direct off the server, deleting the rubbish first before it downloads into their email box - but again - more work and effort for you!

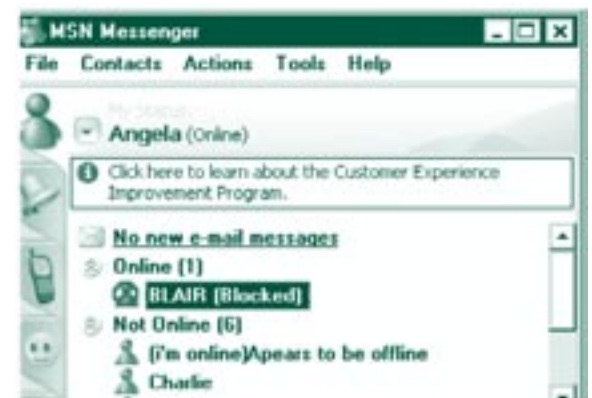
Terminology

UBE - "Unsolicited Bulk Email". It means the same thing as spam.

UCE - UCE is spam that advertises a commercial product, service, or company. With UCE, the sender is usually hoping to get you to spend money with them.

Acquaintance Spam - Acquaintance spam is spam that is sent to you by somebody you have dealt with previously. For example, if you order a product from a web based merchant, you might supply your email address so that the merchant can confirm the order, or notify you of problems. If the merchant then starts sending you advertising material, that is acquaintance spam

Voice Chatting



This is cheaper than a long distance phone call and anyone with a microphone can do it. If you have a slower Internet connection then it be a little stilted - but I think it is still worth it! You need a mike (about \$20) and an instant messaging service. I use MSN Messenger, so I am describing it. If you don't have MSN and don't know how to chat, look for my next email newsletter as I will go through it there - these instructions are for people who are already familiar with using MSN Messenger.

1. Make sure you have installed MSN Messenger. Note that the new version allows you have a picture of yourself up on the site as well.
2. Make sure you have plugged in the mike and turned up the sound.
3. Log into MSN Messenger and then right click on the person you wish to speak to - they must also be online.

SPAM is any electronic mail message that is either transmitted to a large number of recipients or email sent to some or all recipients who have not explicitly and knowingly requested those messages.

4. Select 'Start Audio Conversation'. If this is the first time you have done this, the program will take you through a quick setup wizard to configure your mike and speakers....then get chatting!

Please note that all 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.

Angela Lewis (doctoral candidate) MA.Ed, MACA (professional) practices as a corporate adult educator in Melbourne (computer training) Visit her at: www.AngelaLewis.com.au

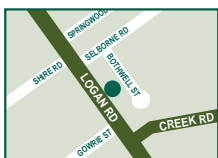
ACA

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The Australian Counselling Service (ACS) operates professional counselling clinics in Brisbane and Sydney, and provides counsellors and psychologists access to serviced facilities from which to operate their practice. Each ACS Clinics has either 4 or 5 soundproof counselling rooms (for individuals and couples), a group room, viewing room for professional supervision, and a reception/waiting area.

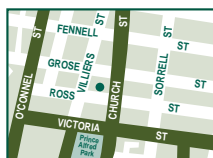
ACS offers casual room rental for only \$25.00 per hour. Discounted rates for blocked room rental and weekly/monthly rental packages are also available. There are no rental agreements – simply competitive hourly rates. ACS provides counsellors with a flexible and cost-effective option to deliver their services from professionally-fitted premises, without the cost or complication of a long term lease.

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Expression of Interest Form

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In the Year 2034AD

Dr Kevin Franklin

Dr Kevin Franklin is a Clinical Psychologist and Educator-trainer with the AIPC in Western Australia since 1997.

ABSTRACT:

Normality is a theory. Theories have embedded assumptions and limits of use. Challenging normality as theory with its assumptions and its one-size-fits-all application is overdue. Without an alternative theory this stance would be simplistic, even anarchic. Two worldviews are presented and the philosophies informing them. Empirical test results are presented of this bipolar dilemma in human experience and history. An alternate theory is proposed.

Dedication: For Françoise (1945-2003) who died suddenly and unexpectedly on 30th September: Twenty years of friendship.

INTRODUCTION:

In 1934 two authors each published books encompassing much of their life's work. George Herbert Mead's (1863-1931) *Mind, Self and Society* was published posthumously and Jacob Levy Moreno (1889-1974) published *Who Shall Survive?* In those troubled-times amid World Wars 1 & II these men addressed issues reflected in their book titles. Both men expressed universal philosophies, objective and subjective worldviews of a polarised social world. At this beginning of the 21st century our mad-world remains in conflict. What is this social ill, why? Can this madness be resolved?

Last century these opposing worldviews have seen two world wars, numerous regional and civil wars, and sundry wars on drugs, terrorism, AIDS, depression, etc. Can we learn this lesson of history or will we still be acting-out conflict in 2034? Will 2034 be a centenary celebration or a missed milestone of human development?

Mead addressed an ancient (old) way and Moreno an archaic (primary) way of being in the world. Two universals, similar and yet different *ways of being*, having roots in the beginnings of humanity. Objective and subjective philosophies customarily associated with science and religion can confuse us with duality, an unsettling constant as in ancient and archaic times. The Journal reader familiar with the ongoing nature-nurture debate is alert to this unresolve.

Mead and Moreno show us these two philosophies having both segregating and unifying effects. This unstable balance is a puzzle in human progress. In one view:

- *The old* is familiar, known, secure, avoidantly distrusting the new.
- *The new* is emerging with unknown consequences, uncertainty, requiring trust.

This emerging presence of reality invites us *how to think* developmentally whereas the customary past shows us *what to think* normatively. Good thinking is integrating and integrated. It requires a growing and sentient being, a person knowing and knowledgeable, learning and relearning the ability to trust in a trustworthy higher-order of being.

G. H. Mead's Mind, Self and Society

Early in the 20th century G. H. Mead took a newly emerging behaviourist philosophy and applied it socially. Professor Mead is a strong candidate for father of social behaviourism and its genitive influence on modern sociology and social psychology. His scientific methodology is comparative, taking the finished product as his guide.

Mead introduced into science the term *role* from theatre where role via rehearsal and performance has a finished quality. For example, a student attending lectures, reading, studying and copying experts creates a model for self: Like the theatre-actor taking the role from the script fixes their character. This *learning by heart* is a condition called rote learning (ie, memorising by repetitive association).

Mead (1934, p. xxi) saw Man as a *role-taking animal*, he described the role taker as *taking the attitude of other to self*. The role taker copies, fixing the gestures of the other and setting the role of other in self as in theatre. Readers are likely more familiar with *role modelling* as the modern name for this conditional process.

Mead's work uses role as his reference however his definition (above) identifies this type of role as the social role. Mead confuses the subcategory *social role* with *role* as the higher-order holistic construct. In the same way we might say *apples are fruit* whereas apples are a subset, *a category of fruit*.

Moreover, Mead does not identify a type of role with its reference in the psyche. Like the theatrically constructed view of the protagonist as persona (mask) personality becomes synonymous with (social) role. In Mead's work there is only the (social) role. There is no higher-order integrating and integrated psychosocial role (identity) with its psychological reference in creativity (psyche): Only role's social reference in enculturation.

For example, a boy will generally develop an identity including beliefs, attitudes and behaviours associated with being male that he and others typically see as masculine. His identity as a man will likely be based on this conditional male-sex role (ie, a type of social role). This skewing creates a social construction of reality, for example, distortion of male identity into a masculine set. The Journal reader is likely familiar with other stereotyped learning by individuals and society to ethnicity, religion, race and so on.

This philosophy is commonly used by parents as a guide and it also informs much of education's teaching theory and practice. In General Systems Theory (von Bertalanffy, 1968) this fixity creates a closed system (ie, closed mind). Instead of holistic male identity, skewed and consequently distorted expressions of masculinity inform related roles such as father, husband, manager and teacher. And, for example, attitudes of order including hierarchy (power) and authority (being).

A prime question in Mead's book is how do we become objective. Mead thought that through this conditional process the subjective *I* becomes the objective *me*. For him objectivity is achieved through role taking. Mead's philosophy says role taking means me creating my (social) role as a response to the demands of my (social) environment.

Objective and subjective philosophies customarily associated with science and religion can confuse us with duality, an unsettling constant as in ancient and archaic times.

In the Year 2034AD (Continued)

This objectivism is probably quite familiar to the reader. This philosophy informs much school and tertiary educational policy and practice where the teacher teaches and the student learns. Students learn about chemistry, not being a chemist; about counselling, not being a counsellor. Etcetera, knowledge rather than knowing.

Objectivism has widespread and ancient origins however it flourished in England following Newton. That form of objectivity became accepted practice in physics, chemistry and other physical sciences dominating that Modern era. The Modern scientist was seen to be external to the field of his inquiry, an *outsider* looking in. This objective view with its segregating outsider-assumption was applied socially by Mead in his role taking philosophy to mind, self and society. Mead's scientific view is normalcy-moral and his method comparative.

Objectivism implies a subject that is studied and a consequent subjection: A role taker. The alternative to this philosophy of detachment is the scientist *inside* the field of inquiry becoming and being objective. This *insider* role implies an attitude of attachment, an intimate who is directly involved in the social system.

J. L. Moreno's *Who Shall Survive?*

Early in the 20th century Dr J. L. Moreno took as his scientific model *the development* of genius and not genius (ie, the finished product) *per se*. Development, as a process, conflicts with socially set constructions of reality and is easily mistaken as shadowy and dark (eg, anarchic) with subsequent scare and avoidance. He is the father of group psychotherapy and the science of sociometry. He created psychodrama and role playing. His scientific view is philosophical-ethical, his method developmental.

For example, children play in water and learn to swim. They are imaginative; they have a vision of themselves swimming. Playing with this fantasy role they learn to swim as a work in progress motivating their ability and learning to float, tread water, dog paddle and to swim. This active learner is integrating the inner-world fantasy of swimming (ie, creativity) with the external reality-factors of environment such as deep-water and parental supervision.

Under some conditions these reality factors challenge and inspire human growth (ie, physical, psychological, social and spiritual) rather than reaction to expectation, frustration, demand, reward or punishment. Under these conditions, the active learner transforms personality from a moral system (parent-child) to an ethical system (adult). Dr Moreno's Spontaneity Theory of Learning in *Who Shall Survive?* is his philosopher's stone.

Role play and *role playing* came from the scientific to the popular vocabulary from Dr Moreno's Psychodrama which has a literal meaning of creative action. Educationally however these concepts have taken a more collective meaning (ie, role taking) than the individuating sense of creative play and spontaneity first defined by Dr Moreno philosophising Man as a *role player*. He defined role playing (1978, 3rd Ed., p.723):

Role playing is "playing" a role, by choice, in a chosen setting, for the purpose of exploring,

experimenting, developing, training of changing a role (sic). Playing a role can take the form of a test or is an episode in the course of a psychodrama or sociodrama.

Role playing in its original form prior to the conserving function of social expectation (eg, demand characteristics of group life) epitomises the living spirit whereas the role taker's fixedness epitomises the (social) conserve.

The (socially) conserved role does not permit the individual much variation. Moreno defines the role taker using old-English notions of *person* and *persona* as mask similar to how a person today might experience role(s) in a theatrical show. Dr Moreno (p.722) defined role taking:

Role taking is "being" in a role in life itself, within its relatively coercive and imperative contexts, for instance, being a mother, a father, a policeman, etc. These roles are social conserves, they have, or at least pretend to have, a finished form.

Shakespeare as playwright used theatre to reflect the audiences' experience. His actors act-out on stage the roles of Man. He used the theatre's stage (ie, the boards) as a mirror reflecting how we people act-in the world stage (ie, scene of action). His plays often stage (ie, arrange for dramatic effect) the conflict between a protagonist's volition and the demanding social forces in-and-on that protagonist. From the audience point of view Shakespearean protagonists typically struggle or suffer this dilemma with comic mirth or tragic anguish. Not surprisingly his comedies remain popular and his tragedies enduring.

I have briefly outlined two philosophies having objective and subjective worldviews and which posit Man differently, even as opposites. Is Man a role player or a role taker, attached or detached? How we answer, individually and collectively, is a fork in the path of spiritual growth and cultural development. Is human suffering inevitable? This nature-nurture question of Man's fundamental identity has a centenary in 2034AD.

These objective and subjective philosophies inform our knowledge and knowing. This duality is embedded in our social and cultural institutions:

- *Science* including politics, economics, physics, morality, health and biology that focus on the object rather than relations; and,
- *Spirituality* including arts, religions, education, healing and ethics that focus on relations rather than objects.

Using General Systems I scientifically researched the role player and role taker as related rather than unrelated objects. I developed a personality theory for my doctoral research that includes spontaneity as a dimension of personality (from Latin *sponte*; of free will) connecting these two ways of being. This virtual dimension located within the higher-order unity of identity is the spiritual journey. This journey can include Adult Learning (ie, learning to be adult by being reborn into an ethical nature).

Is Man a role player or a role taker, attached or detached? How we answer, individually and collectively, is a fork in the path of spiritual growth and cultural development. Is human suffering inevitable? This nature-nurture question of Man's fundamental identity has a centenary in 2034AD.

Why is this resurrection necessary? Is Man a role taker or role player? Asking and answering this question has scientific and spiritual significance if one stance is healing-healthy and the other deviant (ie, intimate versus dissociating). This question has been answered (Franklin, 1988).

Research

Table 1 shows different measures of mental health-&-disorder of adult role takers and role players (ie, low and high spontaneity). Variables are from the Symptom Check List (SCL-90-R; Derogatis, 1983) and the Index of Homophobia (Hudson & Ricketts, 1980).

Table 1.

Means of Variables Comparing Welfare of Role Takers and Role Players.

<u>Role Takers:</u> Low spontaneity (n = 20)	<u>Role Players:</u> High spontaneity (n = 39)		
		Mean	Mean
Variables (* Statistical significance)			
Somatization		65	38
Obsessive-Compulsive		85	59
Interpersonal Sensitivity		106	53
Depression		109	58
Anxiety		83	30
Hostility		53	30
Phobic Anxiety *		52	7
Paranoid Ideation		80	50
Psychoticism *		78	21
GSI (Global Severity Index)		83	41
Homophobia (IHP) *		59	42

Role players have low average scores (means) on all of these measures of distress whereas role takers have high scores. Results show the *debilitating effect of loss of spontaneity* predicted for role taking; role takers are stupefied.

In modern scientific theory this result is unexpected since normalcy and morality are not generally associated with deviancy and disorder. Like Mead's theory and philosophy that is a variant of social determinism much current scientific thinking still uses normalcy-morality as the aspired end product. This *objectivising-function of the role taker* (dissociation) is itself causal of disorder including mental illness. It is inherited via enculturation.

Dr Moreno's theory of spontaneity is axiomatic in the general systems theory he called Psychodrama. In his Spontaneity Theory of Learning he defines anxiety as the absence of spontaneity. This research shows this theorem to be correct: Loss of spontaneity predicts anguish in general and predicates the mental disorders associated with this dissociation including social phobia, anxiety, depression, obsession, compulsion, paranoia and psychosis.

Conclusions

Diverging philosophies were integrated in a unified theory of identity and scientifically tested. Parallel ancient and archaic universes in human personality commonly lead to confusion with subsequent loss of spontaneity and consequent personal-&-social disorder. Disorder is a fall, a stumble on the journey of spiritual growth (ie, identity formation). This is because identityæthe unity of our integrating and integrated higher-order of selfæis broken.

Analogously, differences between apples and oranges are striking when fruit as their higher-order connector is ignored or neglected. When identity's holistic universe of being is instead broken thought disorder, behaviour that is disordered (mental) and disorderly (criminal), and disturbing emotion result.

The philosophy that informs objectivism is itself broken. Its concept of human growth is mechanistic like a Tower of Babel physically constructed. If only the parts would join to form a whole! This literalist edifice tells in metaphor the story of outsider personality and his construing of reality. The outsider role can preclude organic spiritual growth: He instead suffers his futile attempts to create a better world from his outsider mentality. It is a thought disorder of objectivism to believe that we are unnatural born. Rather, we fall into original sinæobjectivism's loss of spontaneityæso early in life that our fall from grace into disorder appears normal. The emergence of the ethical adult is normally frustrated.

Objectivism and current applications of subjectivity assume humanity is fallen. Like other models of the person including Freud's this is a limit of use; they are flawed models of adult reality. Dr Moreno's role playing philosophy denotes a limit of use. However he also developed *role reversal*. Role reversal is a Psychodrama technique (1978, p.723) that informs the social paradigm

A theory of identity was briefly described, a theory that has been validated. It posits Man philosophically in role reversal: Adult Man as a truly social being.

Much of science and culture is underpinned by objectivism with its assumption of being as an outsider. This normally *fallen state* of humanity is confounding, a philosophical error (reification) underpinning the nature and origin of disorder. This stupefying philosophy informing social determinism remains poorly understood and is so widely practiced that it is normal. There is a lot to be done prior to 2034AD to turn current lament into celebration.

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Loss of spontaneity predicts anguish in general and predicates the mental disorders associated with this dissociation including social phobia, anxiety, depression, obsession, compulsion, paranoia and psychosis.

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Drought Counselling Project – Part 1

By Ingrid Johnson

BACKGROUND

In early 2003, Commonwealth funding was made available to various community organisations to provide free counselling to people throughout Australia who have been affected by the drought. Relationships Australia (RA) received funding for the following locations:

- 1 Canberra & Region – Cooma and Wagga Wagga
- 2 NSW – Bowral
- 3 Northern Territory – Darwin & Alice Springs
- 4 South Australia – Berri
- 5 Victoria – Shepparton and Ballarat
- 6 Western Australia – Merredin
- 7 Queensland – Cairns, Toowoomba, Townsville, Mackay, Rockhampton, Gympie, Sunshine Coast

The funding was received by the service providers in March 2003, for an initial period of 3 months.

THE PROJECT

This funding has provided a good opportunity to gather a variety of information. Firstly, from the rural community - information about the ways in which the drought has affected their lives, families and community relationships. Secondly, [data regarding] the experience of establishing this service [provides] -le-a-d-s- t-o- valuable lessons from an organisational perspective – what worked well, what was less successful, what were common difficulties, how can we best access rural communities? (RA decided to take this opportunity to develop a project as part of our internal research program.)

The project was developed in two parts:

- 1 a survey was written for the clients of the drought counselling (refer attached),
- 2 and the counsellors themselves were interviewed about their experiences.

Each State and Territory in receipt of funding participated in the project except Queensland, where a separate study was conducted.

SURVEY RESULTS

A total of 21 surveys were completed between 13th March 2003 and 1st July 2003. This number was far lower than anticipated, the reasons for which became clear during the counsellor interviews.

Sample

All RA clients in drought affected areas who attended counselling, mediation or education sessions were eligible for both the free service and to be part of the sample for this project. Surveys with stamped self addressed envelopes were provided to each relevant client, to be returned to the RA National Office.)

Surveys were received from the following states:

- 1 Canberra & Region – 4
- 2 South Australia – 9
- 3 Victoria – 7
- 4 Western Australia – 1

Demographics of respondents

The responses were almost evenly distributed between sexes (10 male, 11 female).

Just over half of respondents had a farming occupation (11 – farmers x3, farm hand x1, dairy farmer x3, grain farmer x1, grazier x1, horticulturalist x1), and 9 other occupations (nurse x2, teacher x2, administrator x1, carer x1, housewife x1, sales x2). One person stated that they were unemployed.

Drought situation

15 of the 21 respondents stated that the area they live in was drought declared at the time of completing the survey. This contrasts with the fact that 20 of the 21 said that the drought had not really broken for them yet. Therefore 5 families are living in what they determine to be current drought, but which the Government has not recognised.,

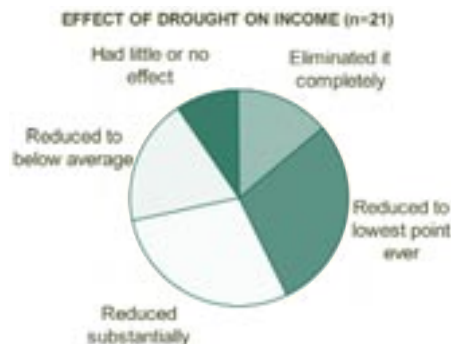
Eligibility for 'exceptional circumstances assistance' was confirmed by only 7 respondents, [although] -a-n-d- a total of 9 had tried to obtain this assistance.

Water availability

Only 2 respondents stated that they did not have a normally reliable source of water sufficient for the home, however another 5 were currently buying water. The costs for the 7 respondents currently buying water for the home and/or property ranged from \$10 to \$500 per week, with a median of \$85. This represents a significant financial burden.

Effect of drought on income

The chart below shows the responses to the question concerning the effect of the drought on the family income. For 9 of the 21 respondents, the drought had either reduced income to its lowest point ever (n=6), or eliminated it completely (n=3). Only 2 clients said that the drought had had little or no effect on family income. Neither of these respondents had a farming occupation.



Major drought[-]related decisions

Work and livelihood

Clients were asked about the biggest decision their family had had to make about work and livelihood because of the drought. The decisions which respondents made included:

- Cutting back on spending – avoiding having to ask the bank for an overdraft
- Trying to avoid having to retrench young staff
- Selling off stock by as much as $\frac{3}{4}$
- Drying valuable irrigated pasture
- Whether or not to sow 2003 crops at all
- Purchasing feed for stock

All RA clients in drought affected areas who attended counselling, mediation or education sessions were eligible for both the free service and to be part of the sample for this project.

Drought Counselling Project – Part 1 (Continued)

- Finding employment off the farm – including family becoming separated through one parent moving to the city in search of employment
- Selling the property

One client, who felt he was in danger of losing his property, bought a neighbour's farm. The decision to dramatically increase debt in an attempt to survive is not one with which many city dwellers would be familiar. Nor would the accompanying tension, anxiety and struggle for survival.

The complexity of these decisions was neatly summed up by one client who said, "everything is difficult".

Answers provided to the question, "What did you feel you stood to lose when this decision was made?" confirm that these were major and long term decisions for these families which affected clients and their families financially and emotionally. Responses included:

- The farm, my work, my livelihood, my home, my way of life, lifestyle
- Ability to take the farm over from my father
- Farm has dropped back a long way & will take many good years to get back to this stage
- Years of breeding, sheep blood line built up over many years
- Kids instability as I'm on shift work
- Areas of my life I enjoyed had to go and instead of easing up on work I'm doing more...our retirement funds are going down

The emotion involved in losing so much was tempered by some clear, rational thought. One client said, "The decision (if...a move may be necessary) was the only realistic, responsible one that could be made".

Family/relationships

When asked about the biggest decision made so far about family or relationships because of the drought, the importance of family for country Australians began to clearly come through. Decisions around work clearly -i-m-p-a-c-t-e-d- -u-p-o-n- affected the family [with respect to:]

- The future
- Financial issues - Cut back on all spending and go on shoestring budget for next 12 months; Limited to day-to-day survival, no extras at all
- Having to work, kids continually comment on me not being there. Wishing I didn't have to go off farm to work
- Coming to the decision of selling; loss of family property, break up of family unit
- Huge impact on me personally, but the decision I made was to try to keep things as normal as possible for the sake of the children - do not discuss financial problems in front of them
- Pay cut/loss of job=no family togetherness, holidays, luxuries, worries of meeting educational fees (primary + tertiary), wife needs to take on extra work to supplement income, father living separately in the city
- Married son would go at the end of June – he was in partnership with us
- Keeping my kids in the business, staying positive

The interconnectedness of family and work is implicit in a farmer's lifestyle, but possibly not well understood in urban areas where changing jobs is a relatively

simple and frequent occurrence for many people. For the families participating in this survey, changing jobs meant the end of a complete lifestyle, perhaps the end of generations of family history, and an often significant geographical move in search of brand new employment.

One client described the importance of family, "family is our main thing, even if we have to hand our keys and farm to the bank manager, we still have our family". With these underlying values and strong farming family history, decisions that necessitate the separation of family (through dissolved work partnerships or relocations to find employment) were experienced as being extremely difficult.

This is reflected in the level of concern shown in terms of what clients felt they had to lose when making family/relationship decisions:

- Stability, security
- Our lifestyle will drop and will spend most of our time on farm
- Kids having to look for work elsewhere
- Contact with family and community, especially for the children
- Lifestyle, togetherness brought about while living as a single unit, holidays, weekends away, personal growth in relationships, children's educational opportunities (particularly tertiary opportunities)
- I've felt a range of emotions re the drought – fear, anger, sadness, disappointment

In response to this question about what the client stood to lose, one simply said, 'marriage'.

Level of involvement in decision-making

There were varying levels of involvement in the decision[-] making process around these [the preceding] issues:

[ITEM]	[RESPONSE]	[FREQUENCY]
1	I made the decision alone	3
2	I took a lead in the discussion	5
3	I was partly involved	9
4	I was not involved	3

For 20 of the 21, this was the usual amount of involvement they would have in decision[-]making about work and livelihood issues. For one person, it was more than usual. It would appear then, that for decisions about work, the drought has had little effect on the decision[-]making processes within families.

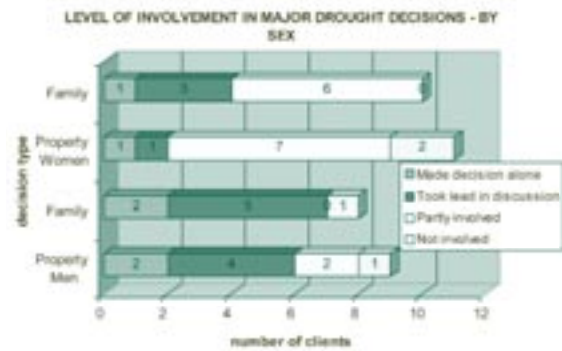
The levels of involvement in the decision[-]making process showed a similar pattern to decisions about work:

[ITEM]	[RESPONSE]	[FREQUENCY]
1	I made the decision alone	3
2	I took a lead in the discussion	8
3	I was partly involved	6
4	I was not involved	1

This was the usual contribution to family decisions for 17 of the 21 clients, with only 2 having more involvement than usual this time (2 answers missing). As for decisions about work and livelihood, the drought appears to have had little impact on decision[-]making processes within families about family or relationship issues.

One client described the importance of family, "family is our main thing, even if we have to hand our keys and farm to the bank manager, we still have our family".

There was a reasonably consistent trend across both decision types in the level of involvement of males versus females. This is illustrated in the graph below. It can be seen that men were more likely to take a lead in the discussion, with women being partly involved.



Thoughts about the future

Clients were asked several questions about their feelings and optimism for the future. For most people, even though there is significant suffering during this drought, there is optimism and hope for the future. Only 4 clients agreed with the statement – My family and I would have been better off if we had sold the property/business before the drought. 7 of the 21 respondents said that they did not wish for their children to continue in farming/rural business. However, only 2 of the clients who felt they would have been better off selling before the drought did not want their children to continue in a rural life. Clients were more likely to say that they did not want their children to continue farming/rural business if the drought had reduced the family income to its lowest point ever or eliminated it completely.

There was remarkable consistency between wishes and expectations regarding how long the respondent would stay on their property or in their rural business. 15 of the 21 respondents wanted and expected to remain indefinitely, until retirement or until the children have grown up. One client who wanted to remain until retirement, expected to remain ‘only until we can sell’. Curiously, one respondent said they wanted to stay ‘for a short time while we look for something else’, but expected to stay until retirement.

One person commented that “what we expect and what we know is going to happen are two entirely different things”. This was the difference the two questions were attempting to elicit, through the use of the terms ‘want’ and ‘expect’. The comment suggests that perhaps there may have been some misinterpretation of these questions.

Community Connectedness

For most clients, the drought had not *-i-m-p-a-c-t-e-d- -n-e-g-a-t-i-v-e-l-y-* [had significant negative effects upon their social and community connectedness. Only 3 clients felt that they were less connected with neighbours and their community. Indeed for 7, the connection was felt more strongly because of the drought. No one felt isolated from neighbours and community. One client commented, “we are all in the same boat”.

There were 3 clients who answered yes to ‘have you had any relationships with neighbours or your community breakdown because of the drought?’. Interestingly, these were not the same 3 clients who felt less community connection. This suggests that even when some relationships breakdown, the overall feeling is of the community coming together in difficult times.

Quality of Life and Health

The drought has *-i-m-p-a-c-t-e-d- -o-n-* [seriously affected] the quality of life and health of the clients seen by RA in a number of ways. In terms of quality of life, only a couple of people thought the drought had had little or no effect. Comments related to a range of areas:

- ‘Tighten our belts’ – no holidays, limited social life, hardly go out, stay at home so we don’t have to spend money, no extras, rarely go out for meals or excursions that have to be paid for (eg cinema), less money for food, entertainment and hobbies, don’t go out if it costs anything.
- Future – future outlook not positive, causing worries, negative outlook for future.
- Work – got harder – had to work more eg carting water, I am feeling much more stressed and find it hard to switch off after work, less income, more work and less enjoyment – tired.
- Dropped to rock bottom
- ‘Jobless, homeless, depressed – gone to shit’
- Stress – heaps more grey hair and a bit more testy with my wife and children, stress, arguments about money, I have been under a lot of stress which has impacted on everyone, very stressful because of financial problems.

Stress was frequently mentioned by respondents as an effect of the drought on both quality of life and health. When asked about personal stress levels, 18 of the 21 respondents said that they have felt stressed due to the drought often or most of the time.

When it came to health problems since the drought, a range of symptoms was found:

- More stress / tension
- Having trouble eating
- Having trouble sleeping
- Lost weight
- Depressed
- Emotionally drained
- Impatient & bitter
- Tiredness
- Prone to minor illnesses

Stress was frequently mentioned by respondents as an effect of the drought on both quality of life and health. When asked about personal stress levels, 18 of the 21 respondents said that they have felt stressed due to the drought often or most of the time. The clients also noticed similarly frequent stress in their families, with 16 saying that they had noticed other family members being stressed due to the drought often or most of the time. Interestingly, although only 3 people did not feel they experienced frequent stress, 6 claimed that the drought had not *-i-m-p-a-c-t-e-d- -u-p-o-n-* [affected] their health. Perhaps there is some lack of recognition of the connection between the two, or some are more resilient when it comes to stress of this nature.

Concern about drought related issues

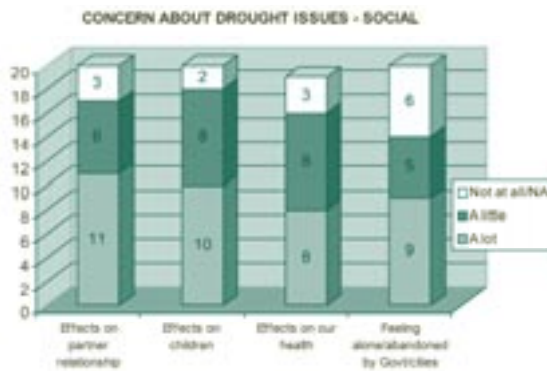
Clients were asked to indicate the extent to which certain issues related to the drought concerned or affected them. These issues may be divided into work and social issues. In keeping with the frequency of stress, most clients revealed a high level of concern about many issues relating to the drought.

Drought Counselling Project – Part 1 (Continued)

The graph below shows the responses to concern about work related drought issues. Most concern was indicated about the possibility of losing the property, business or employment, with over half of respondents answering 'a lot' to this question.



When it came to social and relationship issues, a higher overall level of concern was shown, as illustrated on the graph below.



'That the counselling was free and close by was truly a gift. For me it has made the difference. Thank you for making it available'.

Overall, a higher level of concern was shown about social and relationship issues than work and financial issues. This may be an artefact of the origin of the surveys – relationship counselling.

Changes to family relationships during the drought

In keeping with the clear importance of family for these respondents and the relative lack of community connectedness breakdown, the effect of the drought on family relationships was sometimes positive, as they pulled together to cope. [Responses included:]

- Our family was always very strong
- Become stronger as a unit, more open discussions
- Rely on each other more
- More discussion on finances – both positive and negative
- Heightened sense of absolute importance of family unit and desire to protect/nurture

Predictably[,] for clients of a relationship counselling service though not all the effects of the drought were positive for the families. [Respondents reported:]

- [the] [m]arriage relationship has been under stress, relationship with son under stress
- Arguments with partner, no social outings/activities
- Blaming each other

- Continual arguments, money and things we can't do
- Less stable, more difficult to make decisions in a harmonious way
- We used to use holidays, meals out as relationship/relaxation growth bases – these times are sorely missed by us and the children
- More 'explosions' generally.

Reason for attending counselling

When clients were asked 'what brings you to counselling today?', the extent of concern was clearly summed up. Many respondents nominated stress and relationship/marriage problems as their main motivation. The effect of the drought on pre-existing issues was identified – 'Personal and relationship issues that were once sorted. We wouldn't "blame" the drought for all these issues, however it certainly has exacerbated these issues to a point of breakdown in relationships and heightened depression, whereas we were "cruising" before'.

One male said he was 'troubled by thoughts I might let my family down as the provider'. The concerns of others were expressed more generally:

- Felt depressed, felt like giving up
- Feel I'm going to lose the plot
- Can't cope with the sense of struggle/loss
- Anger management
- Basically wasn't coping
- Feel I have to talk to someone

Benefits of counselling

A few respondents made comments following the completion of their counselling. These comments were positive both about the experiences within counselling and its availability:

- 1 Has helped us both and my husband in particular to be less stressed
- 2 Helped us to express how we feel, so it has been positive for our relationship

Is free drought counselling a good idea?

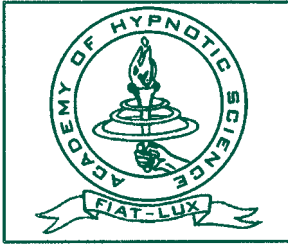
'That the counselling was free and close by was truly a gift. For me it has made the difference. Thank you for making it available'.

[This article will be continued in the next edition of CA, which will report on the counsellor results and clarify some of the issues raised above]

Ingrid Johnston
Research Officer
Relationships Australia - National Office
Ph 02 6285 1448

ACA

Copies of the Drought Survey questionnaire are available on request from ACA
Phone: 1300 784 333 or
Email nicky@theaca.net.au



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Book Reviews

Crisis Intervention Strategies (4th Ed)

Richard K James & Burl E. Gilliland, *Crisis Intervention Strategies (4th Ed)*

Brooks/Cole Australia 2001
ISBN 0-534-36641-4

Now in its fourth edition James and Gilliland's "Crisis Intervention Strategies" left me with a feeling of ambivalence.

The book is set out in four sections:

- i. Crisis Intervention – Theory And Application
- ii. Handling Specific Crises: Going Into The Trenches
- iii. Crisis In The Human Services Workplace
- iv. New Directions

Taken as a whole each of the sections is well handled and the references at the end of each chapter are certainly extensive. So extensive in fact that one wonders if they have just included their literature review search.

The theory component demonstrates a professional understanding of the material that is obviously the result of wide ranging investigation into the topic. This investigation the authors pass on in a way that is competent and fairly easy to read, though, being a visual person I would have preferred a few more tables, graphs and diagrams.

The more practically orientated parts of the book can be helpful though the "case dialogues" made me question what had gone before. I found that in general the counsellors presented were confrontational and that their comments at various stages would have put me – as a client – off side and probably out of their rooms for good problems unsolved! I must in all fairness however point out two things. Firstly, the confrontational style works for some – practitioners and clients alike – very well. Secondly a lot would depend on the context of the extracts – how long and how well they knew the client, what the counsel relationship was like etc... Another area of concern for me was the number of unsupported statements. For example in a section entitled "Myths of Child Suicide" the book states:

"Children under the age of six do not commit suicide" On the contrary, too frequently, children in the age range of 5 to 14 have completed suicide.

One cannot help but wonder; By whose research? How many were in the lower ages of this range? Where was the sample taken? How large was the sample? And other questions. Also in the larger question of whether or not suicide prevention programs in schools work, they quote only one study that "echoes our own experience". Come now! I can quote a few others that range from 'They don't work' to 'They actually have an adverse effect'!

All in all this is a book for the critical reader. If you know your subject you will get some use from some sections and take others with a grain of salt. If you don't, well let us just say buyer beware.

Adrian Hellwig
(M.Comm, B.Theol, Dip Counselling CMACA (CPC)
Vice President CCA)

ISBN: 0534366414 \$79.95

Book available from Thomson



Integrative Psychotherapy - The Art and Science of Relationship

By Janet P. Moursund and Richard G. Erskine

This book provides much theoretical material on relationship-focused integrative psychotherapy but also abounds with practical suggestions. The book is aimed at counsellors, psychotherapists, clinical social workers etc. Some time is spent elaborating on the difference between an eclectic approach and relationship-focused integrative psychotherapy, which is a "coherent and consistent merging of ideas from a variety of sources", with the emphasis on relationship. The book has a number of particularly useful chapters, such as the one on therapeutic interventions. This chapter is great for the new counsellor/ therapist as it is very practical in the "dos" and "don'ts" whilst emphasising the importance of the "in-between" created between therapist and client through a continual person-centred approach with the concomitant attention to process. Another very useful chapter is on termination, where there is guidance on ending therapy in a variety of situations. The final chapter is a transcript of a therapy session, which was conducted in the offices of the Institute for Integrative Psychotherapy (in the United States of America). It demonstrates many of the techniques of the approach and reflects the ethos of integrative psychotherapy.

I personally found the first couple of chapters a little challenging to penetrate but thereafter the book became very easy and interesting reading. Summaries are often disappointing but the summaries of the chapters in this book are incredibly succinct in capturing all the essential points covered and would be very useful as quick reference starting points or reminders. The mix of theory and practical suggestions is refreshing and I would recommend it as good reading to those interested in the integrative approach and to those new to the field.

Reviewed by Wendy Cumming B.Com., B.Acc., B.A (Hons) (Psych), CA (SA), QMACA
ISBN: 0534513557 \$64.95

Book available from Thomson



DANCING BACKWARDS IN HIGH HEELS How Women Master the Art of Resilience

By Patricia O'Gorman, Ph.D.

Who could resist the title of this book? It is taken from a quote by Texan Governor Anne Richards who said: "Ginger Rogers did everything that Fred Astaire did. She just did it backwards and in high heels." This pretty well sets the tone of the book which explores the ways in which women can focus on their own strengths in order to lead more satisfying and effective lives.

Using the definition of the word resilient – which is "to spring back, to rebound: the power of ready



One cannot help but wonder; By whose research? How many were in the lower ages of this range? Where was the sample taken? How large was the sample? And other questions.

recovery from sickness or depression” - the author examines the ability of women to rise above obstacles and make positive changes in their lives. In doing so, she identifies six different patterns of resilience that she names; “balanced, undeveloped, paradoxical, self-contained, overwhelmed, and stellar”. Using entertaining and genuine case studies, she provides clear examples of each pattern enabling the reader to identify her own. She explains the effects of childhood experiences on a woman’s sense of self and the consequences this may have on her own adult interactions and the choices she makes.

The author writes compellingly about women’s experiences of love, sexuality, parenting, work, and friendship and how each of these areas can provide opportunities to assess their independence, strength and ability to care for themselves. This book might be used as a self-help book as it has ongoing exercises for self-assessment and strategies for change, written in an easy to follow and entertaining way. I believe a therapist working with women may also find it helpful in shedding a slightly different light on a familiar subject and might usefully employ some of the exercises in the counselling process.

Reviewed by Val McCrae – Professional Member ACA. Counsellor and Life Coach in Private Practice Qualified Teacher and Adult Trainer

Living Solutions \$19.95 Phone 03 5977 6366
Book available from Thomson

Theory & Practice of Group Counselling/ Edition 6
(Gerald Corey)

Once again Gerald Corey has produced a wonderful book, informative and palatable.

As with “Corey” books the headings are true to the contents making the book an excellent tool for referencing, up-skilling or for the new learner.

The language is easy to read, the goals are specific and comprehensive.

Cory deals with the very real concerns that have an opportunity to sabotage a group, as in both the group members as well as the facilitator. These concerns are dealt with in an informative and digestible manner.

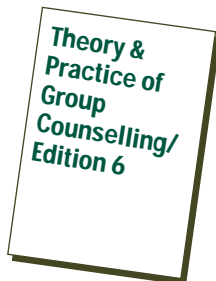
Cory outlines the essential attitudes and behaviours that could be a barrier to the progress of a group with many effective tools to insuring success.

He outlines groups from many therapeutic styles thus giving an eclectic opportunity to the reader. This also satisfies the counsellor who is partial to a particular style.

Cory gives the reader a good idea of the benefits of group work, making it quite clear what positive outcomes can be derived from using a group format.

The variety of populations who would benefit by group work is accompanied by goals that could be attained.

Cory’s information is gleaned from many sources giving the reader an opportunity to experience many patterns of thought.



The many stages of group work is well explained, easy to follow and once again comprehensive.

As always he has added further reading opportunities by sharing books he feels are relevant to the practise of group work, offering a student video and workbook to any interested person.

I enjoyed the read and would highly recommend you think seriously about adding it to your reference library.

Kaye Laemmle

Dip.Prof.Couns.(Grief & Loss,Relationships,Conflict Resolution),Dip.HH (ADP. Th.),Dip. HH(T. An.),Supervision.,MACA(Clinical),PFCQ,MAIPC,Qual Trainer & Assessor.

ISBN: 0534596975 \$94.95

Book available from Thomson

‘Why Men Don’t Listen and Women Can’t Read Maps’

Veronika Basa, BA., Dip. Ed., MA. Prelim. (Ling.), Dip. Prof. Counseling., MACA

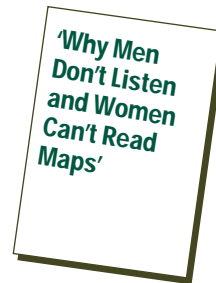
‘Why Men Don’t Listen and Women Can’t Read Maps’ is Barbara and Allan Pease’s international best seller; over 6 million copies sold. The book is presented in an entertaining and informative way with wit, accuracy and simplicity; it is a book full of factual information about the biological differences in which men’s and women’s brains are wired due to the different amounts of different hormones released on a six-week old fetus in the womb. As such, men’s and women’s emotions, thought patterns/attitudes and ultimately behaviors are so different as if they came from two different worlds but each is trying to live together in one. The only common thing between them is that that they are both from the same species.

To help the reader understand these differences, the Pease’s talk about the differences in perception, sensory capabilities, communication, sexual drive, academic abilities, etc., and explore these differences with examples, case studies and facts based on research through topics such as:

- Same Species, Different Worlds:
- Making Perfect Sense: It’s All In The Mind:
- Talking and Listening
- Spatial Ability: Maps, Targets And parallel Parking
- Thoughts, attitudes, Emotions And Other Disaster Areas
- Our Chemical Cocktail
- Boys Will Be Boys But Not always
- Men, Women And Sex
- Marriage, Love and Romance
- Towards A Different Future

It is an excellent book to read as their examples of human behavior will have you laugh while you are relating it to your own life. These facts can also be used to explain our inherited differences and how they affect our feelings, thoughts and behaviors to troubled clients and as such implement appropriate solutions

It is however important to remember that although we are so different from each other genetically, and that these genetic differences determine to a large extent



As such, men’s and women’s emotions, thought patterns/attitudes and ultimately behaviors are so different as if they came from two different worlds but each is trying to live together in one.

Book Reviews (Continued)

our feelings thoughts and behaviors this is no license to inappropriate behaviors but a challenge to find solutions in which changes are introduced and practiced and thus needs of both parties are fulfilled.

Counselling Children (6th edn)

By Thompson, Rudolph and Henderson

I was looking forward to reviewing this book, as I own the 4th edition, which I have found to be a very useful text. Some books on counselling children take a broad sweep exploring general issues, while others take a very specific, more narrow focus. After two chapters on introductory themes, this particular book explores counselling children via the lenses of the major theoretical counselling frameworks such as behavioural, psychodynamic, reality, play therapy and others. Each chapter provides a brief introduction to the model and then applies it to counselling children. This new edition explores the solution focused model as well as touching on Jungian thought and personality types.



Toward the end of *Counselling Children*, after the different models are explored, there is material that briefly touches on selected counselling topics.

Up to date references make a handy starting point for research into the models and themes in working with children, and this edition also contains useful websites for further study. The layout is easy to read, the content is without jargon and I found the brief counsellor/child dialogues useful in applying the concepts. Toward the end of *Counselling Children*, after the different models are explored, there is material that briefly touches on selected counselling topics. Obviously with a book that deals with several models of counselling, there is a limitation in the depth of exploration, and the reader would need to do further study for counselling children with specific problems and issues. However, as one who regularly sees children, I think every counsellor who works with children would benefit from this book. *Counselling Children* would be an invaluable resource for those starting out counselling children, as well as other more experienced counsellors who wish to broaden their repertoire of skills in working with young people.

Reviewed by David Ward, BSocWk, BA, Grad.Dip.(CpleThpy) MACA (Clin) MAASW.

ISBN: 053455685X \$89.95

Book available from Thomson

Evolution of a Group.

Corey, Corey and Haynes.

Wadsworth Publishing Company. 2000.

AS an educator, one appreciates the maximum stimulation gained by involving the maximum number of senses that a student uses during learning. In the absence of a teacher or trainer, the use of audio-visual packages is one reasonably effective method used to achieve this. What it is distinctive in this training package is in the



acuity of its accompanying workbook. So many times workbooks are based purely on Q&A that rely on replication of the video material – parroting. The strength of this package is that the accompanying workbook is used as an enhancing or extending cognitive tool. It demands that the student extends the video material to give value added responses to the video presentation. Rather than rely on a monkey see, monkey do attitude, Corey challenges the student to take the taped material and redefine or reinforce it through a series of exercises designed towards this end.

The title of this training package implies its material is solely about gaining an understanding of group dynamics. Although it does this well, its total delivery includes the full gamut of leader skills in the preparation, operation and conclusion of a counselling group. It involves the mechanics of setting up a group, including the necessity of preselection, the establishment of group and individual goals and rules for its effective operation. Included are issues of ethics and confidentiality. On display are the leaders methods to direct, stimulate, encourage and support the participants. These are practical displays of skills that are not usually obtained or observed during the more conventional learning stages of counsellor training.

Mechanically, Corey breaks down the group interacting structure into four stages, initial, transition, working and ending. For those that have studied group structure in a more traditional role this equates to the forming, storming, performing and mourning stages of group dynamics and has some similarities.

I had some reservations about the artificiality of the selection of the group participants and their performance when being filmed. Having taped my own counselling sessions for student training and being involved in role plays, diads, triads, vignettes and the like, the participants invariably adopt or become involved in a reality based response and such was the case in this video. In this group the participants are from university graduate backgrounds of varying degrees. Because of careful pre-selection and briefing this seemingly inauthentic combination does not affect their responses, which only further proves that all people are capable of having hurts no matter what their perceived socio-economic or educational standing.

As this package relies on a full integration for its effectiveness people using it as a quick learning aid will be not gain this. If a user of this package is looking for a quick fix learning parcel they will be disappointed. If the user is prepared to apply this package in the way it is designed then a significant amount of comprehensive learning will take place with a gain of competence and confidence to attempt group work.

John Dunn BA (Psych and Phil), Diploma of Technical Teaching, Certificate IV in Assessment and Training, Diploma of Applied Science (Counselling), a Clinical Member of ACA and the country representative of the Federation of Victorian Counsellors Inc.

ISBN 0534363245 \$59.95

Book available from Thomson

Video Review

Why are you so angry?

Presented by Gerald T. Rogers
Gerald T. Rogers Productions

This video appears to target the self-help market and most counsellors would find little in it which would be unfamiliar.

If you like the idea of managing your emotions rather than understanding and enjoying them, this video might be for you. It attempts to answer three specific questions:

Why do some people react stronger than others?

What are the consequences of anger?

How does one learn to manage anger?

Four scenarios illustrate how people handle anger differently. They include, the passive/aggressive, repressive, internalized or aggressive behaviors. It is an American style production with studio constructed scenes. An overuse of black backgrounds tends to promote an inauthentic feel to the dialogue.

The theory presented will sit well with behaviorists. The rigid presenter, whose qualifications are unknown, races through a list of technical causes of anger, and uses many non-familiar terms like *Neurotransmitters*, *Hypoglycemia*, *Mania*, *Impulsivity*, etc; without any attempt to explain these words or put them in context. There is little development of understanding of any of the concepts but perhaps that is expected in a video of 35 minutes duration.



Although largely on track, there is no introduction of ideas outside the tired traditional square. The presenter makes several comments that will ring alarm bells for some. For example: *“Possibly the greatest influences to anger and aggressive behavior may come from who we are...”* This statement is partly developed by an explanation that puts our tendency to experience anger onto our personality type. It’s hard to imagine telling a client anything more depressing than the fact that they may be born with traits or personality types that are inherently angry. And then.. *“regardless of the root cause, the bottom line is that individuals with problems with anger and aggression, have to deal with their behavior”* It would have been nice to hear that it’s also important to learn how to view life differently and not just “manage” our emotions.

While the presenter may have meant well, his questionable comments at times are rescued towards the end, by the actors revealing an aspect of learning and discovery about their own issues. Their comments are insightful and help viewers to realize that change is more than just “management”. This provides balance to the clinical jargon which is at times both misleading and meaningless.

How would I rate it? ★★★★★

Ray Slade, BERACAH Life Skills Coaching.

B.Ed, Grad. Dip Counselling, Grad Dip, Instructnl Desgn.
ACA (Clinical)

Much of the recovery process is based on the 12-step programme for addictions. For those not familiar with this programme, Melody Beattie describes the 12 steps and how to work the programme.

ACA

All readers please note the following ACA Counsellor Survey (postal)

There is an important survey inserted in this journal. There is also a reply paid envelope for you to return the survey in. This survey is an independent survey that has been designed and will be correlated by Dr Nadine Pelling of the University of South Australia. The results of this survey will enable ACA to have a better understanding of our members and their needs.

Non ACA members are welcome to fill in the survey as this will give us a broader view of the profession. It is very important that all ACA members fill in and return the survey, we have kept the survey to one A4 sheet so as you will not need to spend anymore than 10 minutes filling in the survey. Please take the time out to fill in and return the survey. If you do not find a survey in this journal contact us on 1300 784 333 or email aca@theaca.net.au for a copy.
Philip Armstrong (National Manager)

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PO BOX 33
Kedron QLD 4031
Suite 4/638 Lutwyche Road
Lutwyche Qld 4030

telephone: 1300 784 333
facsimile: 07 3857 1777
email: aca@theaca.net.au
web: www.theaca.net.au