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SUMMER

"I can cope": Young men's strengths and barriers to seeking help

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Part 2. Researching the origin and nature of sexual preference: Does gender of soul or gender of body's sex determine sexual preference?

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Editorial By Philip Armstrong



We are now entering the holiday period which for many Australians means Mother Nature is about to challenge us with natural disasters (some with the help of man) such as bush fires and cyclones. I am sure I can confidently say we do not want to start the New Year in the same

fashion as February this year in Victoria. As a counsellor I have always wondered why so many people are caught unprepared for these events when they are not only predictable but part of our life style. You would think most Australians who live in the bush or in tropical zones would be more than aware of the dangers and be well prepared.

I can answer my own question to a degree as I remember back to my childhood where I was brought up in country Victoria. I still vividly remember the bushfires in 1968 that burnt large tracts of the Dandenong's including 69 homes and buildings and the 1969 fires in central Victoria where 22 people died and 230 homes and 21 schools were lost. The death tolls would have been much higher if the population density was anything like it is now in these areas. I remember the Country Fire Authority (CFA) coming around and burning off every year, it was always exciting as it was not unusual for the wind to change and control of the burn off was soon lost and we all scampered around doing our best to help getting in the way and silently praying the fire would turn in the direction of the school. Fortunately none of the fires caused any great damage and we bush children were quickly conditioned to bush fires or in many cases grass fires as many years were spent in drought. We were, without having any awareness, very fortunate because if the CFA had not conducted the burn offs we would no doubtedly have experienced some significant losses. Even as country people I cannot remember us taking any real preparations against fires or storms, everyone just relied on the CFA. I think in truth it was more a case of it will not happen to us. We had little fear of bushfires however we also never saw a home burn or a life lost to balance out our lack of fear. The reality was we were just lucky.

Later in life as a young soldier based in Woodside in the Adelaide Hills I fought several blazes that rampaged around the Adelaide hills in the early 80's. Again even though we were trained in fire fighting and helping in civil disasters we never prepared ourselves for a fire around the Army base. I do remember taking part in some burning off one year which was the extent of our preparedness. One particular incident stays with me when on one occasion I realised the fire truck had gone to fill up with water exactly at that same time my backpack ran out of water. Quite a hot ten minutes I can tell you trying to stay just beyond the fire line and keeping the wind on my back. The worst bushfire I can remember seeing as a soldier was the Sydney fires in 1994 when 4 people lost their lives and hundreds of homes were lost. Again much of the devastated area was in bushland in outer Sydney. Although as in the case of Melbourne many of these fires were lit by fire bugs there was still little preparation by those who lived in fire prone areas.

Cyclones are another disaster that people seldom prepare for or simply make token efforts. Having spent several years based in Townsville I remember being sent home on several occasions as cyclones bore down on Townsville. In most cases this was a signal for most of us to go down to North Ward and find a beer garden near the beach and wait in anticipation of the great event. I took part in the clean up after Cyclone Winifred in 1986, one of Queensland worst cyclones, a category 3 cyclone that swept through Innisfail killing 3 people and injuring 20 others and caused \$325 million in damages to homes and crops. I actually remember driving through the tail end of the cyclone through driving rain struggling to keep my vehicle on the road totally oblivious to the real dangers just enjoying the excitement. During the two decades I was involved in civil disasters I heard many people blame the CFA, SES, weather bureau, god, government and anything else that was in the firing line as being responsible. I can say from my own experience that much of the damage including that to life and limb that I witnessed was significantly compounded through a lack of preparedness, something most folk would not admit to.

I will put up my own hand in this area, even living through cyclones and bush fires I think the most I ever did was tape the windows and make sure the garden hose was working. Is this an Australian trait I wonder, however looking at the bushfires in California and other disaster zones I don't think so. Well all is now clear, sort of, I have just finished reading "Anxiety a major obstacle to preparation for bushfires and other disasters" in November's edition of Health Reader, (Vol. 15 #9) written by Dr Bob Montgomery FAPS. In this article it discusses how people who live in places at risk seem to be reluctant to prepare for possible disaster. Interestingly the article acknowledges that education programs also seem to have little impact. Not exactly news for most informed counsellors however I wouldn't want to be responsible for the government not being able to kid the tax payer that these dollars are well spent.

It would seem that scaring people with the potential consequences of their actions does not work. That may possibly explain why adds on drink driving do not work, just imagine if the government were forced to admit this and put the money into services on the ground, well dream on. Anyway, most of us choose to not consider the risk which in turn reduces our anxiety and helps life to be more liveable. There is a challenge here for counsellors and the Government in relation to costing the impact of disasters against funding counsellors to develop strategies within their local communities to deliver programs that come from a prevention basis. Counsellors are well placed to develop anti-anxiety programs that will also challenge communities to acknowledge potential disasters and implement preparation strategies that are aimed at reducing or even preventing the loss of property and lives in disasters. Is anyone in Government out there listening!

To all our readers I thank you for your support and wish you a happy holiday period and for all those who celebrate Christmas a wonderful time and to you all have a safe and positive New Year.

Even as country people I cannot remember us taking any real preparations against fires or storms, everyone just relied on the CFA.

Peer Reviewed Article

“I can cope”: Young men’s strengths and barriers to seeking help

By Karin du Plessis, Lauren Hoiles, Tim Corney, Melanie Naphthine.

“I CAN COPE”: YOUNG MEN’S STRENGTHS AND BARRIERS TO SEEKING HELP

Abstract

In order to successfully implement health and well-being programs, it is important to understand the help-seeking attitudes and behaviour of the end-users. Traditionally, men are more reluctant than women to seek help for physical and psychological problems. Young apprentices are potentially a vulnerable group as they experience a number of stressors (e.g., low wages) and are in an important transitional phase as new workers. The purpose of this qualitative project was to explore help-seeking attitudes and behaviours in a sample of young male apprentices (N = 62). Findings from 10 focus groups identify a number of key themes around young males’ strengths and barriers to seeking help. Notably, whilst young men are able to identify a number of sources of help, there is, in many instances, a reluctance to ask for help. This appears to be influenced by ideas around masculinity and the notion of self-reliance (“I can cope”). Additionally, there appears to be a predominance of female oriented helping services. Recommendations, including the future development of awareness programs focused on young workers in the building and construction industry, are discussed within the context of the study’s findings and the literature on help-seeking.

Introduction

Help-seeking is generally defined as the process of actively seeking help from other people, and the literature distinguishes between informal sources (e.g., family and friends), formal sources (e.g., mental health professionals, clergy, teachers etc.) and, more recently, indirect sources (e.g., World Wide Web) (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Many factors influence an individual’s help-seeking behaviour, including the severity of the health/mental health problem, distrust of health professionals and the perception of stigma (Addis & Mahalik, 2003). However, the research also consistently identifies gender as a determining factor, with men generally being less willing than women to seek help (White, Fawkner, & Holmes, 2006). Suchman’s (1966) help-seeking framework is frequently used in the social sciences as it distinguishes (a) symptom evaluation, (b) determining the cause of the symptom, (c) making a decision to seek treatment, and (d) choosing a specific treatment.

Men might find it difficult to access this help-seeking framework, particularly if they find it difficult in the first instance to acknowledge a problem, or if there is a lack of emotional competence, or they feel too embarrassed to seek help (Rickwood *et al.*, 2005). Help-seeking is often difficult for men to align with their masculine gender role. For example, Smith, Braunack-Mayer and Wittert (2006) argue that stoicism and suppression of emotion, are qualities often associated with patriarchal gender role socialisation, and that observance of such masculine characteristics as superiority, independence, and self-

reliance may operate as a barrier to men accessing and using health services. Men’s help-seeking might further be hindered by a lack of men’s specific health services, health services which are often female oriented and designed for women and children, and, furthermore, in many instances dominated by female staff (Misan & Sergeant, 2009; Wilkins, 2005).

Young male apprentices are in an important developmental phase of the lifespan as they transition from adolescence to young adulthood, and encounter a number of challenges in all developmental domains (social, emotional, physical and cognitive) which may affect health and well-being outcomes in adulthood (Erikson, 1968). For example, adolescence is a period where young people develop an independent identity, separate from their parents, make vocational decisions, begin employment, and form intimate relationships (Rickwood *et al.*, 2005). However, the peak incidence of most major mental disorders (i.e., depression, substance abuse, anxiety and psychosis) also occurs during the ages of 16 to 24 (Australian Institute of Health and Welfare [AIHW], 2009). If normal developmental challenges are adversely affected by mental health problems, it could severely impact on identity formation and the development of normal adult roles (Kessler, Foster, Saunders, & Stand, 1995). However, research indicates that most young people do not seek help for these problems (Rickwood *et al.*, 2005; Skogstad, Deane, & Spicer, 2006), and young men, in particular, have less positive attitudes to seeking help than older men (Berger, Levant, McMillan, Kelleher, & Sellers, 2005). In addition, young people generally have low mental health literacy (Jorm *et al.*, 1997) and many apprentices’ low educational levels may also be associated with a decreased chance that they will seek help for mental health problems (Park & Nelson, 2006).

When young people do seek help for mental health problems, they tend to prefer informal sources of help, rather than professional help providers (Sawyer *et al.*, 2000). Thus, friends, female partners and family members are often the preferred sources of help for young men (Boldero & Fallon, 1995; Lane & Addis, 2005). Negative attitudes toward professional sources of help, for example beliefs that professional help is not useful, fear of stigma, embarrassment, beliefs that an individual should deal with their own problems, or that family and friends should be the first port of call when experiencing emotional problems, have all been identified as barriers toward seeking help from professional sources in adolescents (Rickwood *et al.*, 2005). These barriers are compounded by services that are geared towards women in environments that are not ‘male-friendly’. This is particularly a problem for young indigenous men who often feel uncomfortable accessing female dominated health services (Misan & Sergeant, 2009).

The severity of the problem may also affect young people’s tendency to seek help, with many young people expressing that they have the intention to seek help if they reach a crisis point (Sears, 2004). However, many young people will negate utilising available help when it is needed (Rudd, Joiner, &

The research consistently identifies gender as a determining factor, with men generally being less willing than women to seek help.

Peer Reviewed Article

“I can cope”: Young men’s strengths and barriers to seeking help (Continued)

Rajab, 1995). In particular, many young people who experience increased suicidal ideation, will also experience an increased ‘help-negation effect’, thus decreasing the likelihood that they will seek help from informal or formal sources (Rickwood *et al.*, 2005). The occurrence of the help-negation effect might explain the high suicide rate among men (Oliver, Pearson, Coe, & Gunnell, 2005).

Proposed Themes

Given the literature on help-seeking in men, the purpose of this project was to develop a greater understanding of young, male apprentices’ help-seeking attitudes and behaviours. Based on the literature, the researchers expected the following themes to be identified.

Stressors. Male apprentices are expected to identify a number of stressors relevant to their particular developmental phase, including work-related issues associated with being a new apprentice, the development of new work/personal relationships, and management of finances as new employees.

Sources of help. Apprentices are expected to identify their friends, family members and romantic partners as preferred sources of help.

Barriers to help-seeking. Apprentices are expected to believe that individuals should deal with problems themselves (self-reliance). Their ideas around masculinity, as well as the predominance of female oriented health services, are expected to be barriers to help-seeking. Finally, it is expected to emerge that apprentices will only seek help if a serious problem/disorder develops.

RESEARCH DESIGN

Research Approach

The discussion-based interviews used in the focus groups (Millward, 1995) was employed to not only determine the barriers to help-seeking in this population, as there is already some literature noted on this topic, but also to systematically explore young males’ help-seeking strengths and buffers towards stress.

Research Methods

Participants. 10 focus groups were conducted by an experienced male consultant psychologist with apprentices (N = 62) at TAFE and NMIT Colleges around Victoria (metropolitan and rural). Apprentices were recruited through advertisements in class by their TAFE and NMIT teachers, and participation was voluntary. Apprentices were aged 18 to 35, with the majority (79%) aged between 18 and 21. Focus groups averaged 30 minutes in duration with a mean group size of 8 participants.

Focus group questions. Focus group questions were developed from the literature by the researchers and based on a qualitative questionnaire designed to elicit information on help-seeking behaviours. The questionnaire was developed by Dr. Liz Short and Lauren Hoiles from Victoria University as part of a larger research investigation into health awareness amongst young men. The Questions were focused around participants’ help-seeking behaviour including typical stressors, responses to stress, buffers to maintain well-being, sources of help (and preferred

characteristics and of helpers), as well as barriers to help-seeking. Additional questions and prompts were used, in part, to elicit additional information.

What are some of things that can cause young guys/workers to feel stress/distress?

When things didn’t go ok/went wrong or someone was doing it tough, how did you/they handle it? What did you/they do?

When you’re keeping on top of things, what are some of the things to do to keep them like that?

What kinds of things have you heard about men seeking help/getting support?

When things weren’t going so well for you, or someone you know, was it helpful to talk to someone about it? Who was the most helpful to talk to? Who would you talk to now?

Would you consider a psychologist or social worker a good form of help?

Analysis. Focus group interviews were audio recorded and transcribed prior to analysis. Thematic analysis was utilised to tease out core themes underlying apprentices’ help-seeking behaviour. Similar to Braun and Clarke (2006) we viewed thematic analysis as an “essentialist or realist method, which reports experiences, meanings and the reality of participants”. A theme was construed as a pattern found in the qualitative information that describes and organises the information (Boyatzis, 1998). The coding process followed a three-step progression and involved (a) developing concepts and categories to organise data into a framework of ideas, (b) comparing data instances, cases and categories for similarities and differences, and (c) unifying key themes (Boyatzis, 1998).

FINDINGS AND DISCUSSIONS

The following topics were identified from apprentices’ discussions: Stressors; positive and negative responses to stress; buffers to stress; awareness of help sources and helpers’ preferred characteristics; and barriers to help-seeking. A number of key themes emerged and these are exemplified with participant quotes. A summary of the findings is presented in Table 1.

KEY THEMES

Stressors

Apprentices noted a number of stressors that were occurring in their lives. One of the key themes included communication problems (particularly negative feedback and lack of communication) between apprentices and their supervisors/employers. Furthermore, apprentices’ employment status sometimes meant that they faced differential treatment. For example:

“Being an apprentice you get treated differently. They put you in situations you don’t want to be in, but you’ve got no choice sometimes to do that”

“The boss is putting pressure on everyone and if he’s angry he’ll put it on to you, because most bosses can’t keep their own anger to themselves”

Apprentices’ low wages and high living expenses were generally contributing stressors. For example, some participants noted:

Their ideas around masculinity, as well as the predominance of female oriented health services, are expected to be barriers to help-seeking.

"My mates get paid just as much on Centrelink, and I work!"

"I guess in my experience being a mature age apprentice, the income that you get as a normal apprentice, not living at home or anything, having normal sort of adult responsibilities, you've got to juggle a little bit"

In addition, relationship problems and difficulties in striking a good work-life balance were also noted as problematic:

"Sometimes they [partners] just stress you out because they want you to do some stuff and you're too busy working, and you get home and you can't be bothered, and they want you to do all this stuff, you get into fights"

Positive and negative responses to stress

When young men were experiencing stress they responded in a number of positive and negative ways. With regards to negative responses to stress, some apprentices expressed that they get depressed, withdraw or 'bottle it up', whilst others experienced uncontrolled anger, acts of violence or risk-taking behaviour:

"Lash out at a person, that's a big one, that's a real big one"

"Smash someone"

"You just shut your mouth and just don't say nothing, and just deal with it"

With regards to positive responses to stress, some apprentices expressed that they are able to distract themselves when they are feeling stressed:

"You do something else, footy training, do something different, just change what you are doing"

Many apprentices also discussed the appropriateness of talking to someone (albeit difficult) if they are feeling stressed. For example,

"I guess everyone, if you've had a hard day time at work you want to come home and maybe vent your frustration or something, to talk to your girlfriend or wife or somebody. So everybody needs a person to come home to, to say 'Oh, this happened today'."

Buffers to stress

Apprentices were aware of a range of strategies to maintain a strong resistance to stress. These included maintaining a positive attitude, setting goals and rewarding themselves:

"You've got to be positive, having something to look forward to, a little bit of fishing relaxes my mind"

Spending time with significant others and having supportive work relationships (including good

With regards to positive responses to stress, some apprentices expressed that they are able to distract themselves when they are feeling stressed.

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“I can cope”: Young men’s strengths and barriers to seeking help (Continued)

relationships with supervisors) also increased apprentices’ ability to handle stress:
 “Just taking time off with a mate to go fishing, or play Playstation with”

“If you’ve got good people at your work, it’s good”

“When your boss tells you you’ve done a good job and gives you cash and extra stuff, that’s good”

Maintaining a healthy lifestyle and the feeling of belonging to a community were also identified as apprentices’ buffers to stress.

This theme notes the importance of maintaining a good work-life balance. For example,

“You’ve got to keep yourself in line, eat well, try and keep a balanced lifestyle. So got to the gym, go for a run, then the next night watch a movie or something”

“Being part of a team – like we’ve got rules for footy that you can’t sort of drink after Wednesday and stuff like that and that sort of helps you not to only withstand yourself, but like, you know, you’ve got responsibility to other people. So if you go out and have a big night the night before footy it’s not helping your mates out”

Awareness of help sources and helpers’ preferred characteristics

Apprentices were aware of a number of sources from which they could get help. The majority rated people they had close relationships with (e.g., family members, girlfriends, partners, and friends) as someone they would turn to for help. These informal sources of help are in line with the literature on young men’s help-seeking preferences (Boldero & Fallon, 1995; Lane & Addis, 2005). However, research indicates that young people’s choice of help might be determined by the type of problem they are experiencing (Rickwood *et al.*, 2005). People that apprentices admired/respected (e.g., teachers, supervisors, religious leaders) were also noted as sources of help. In addition, counsellors and “helplines” (e.g., beyondblue – www.beyondblue.org.au) were identified as sources of help.

“For me it’s usually my Dad, because he’s been through it, he’s been an apprentice, he’s copped it all, so yeah”

“A lot of people in my year when I went to school, went to the school chaplain and had a yarn, and came out better”

“When I was unemployed for a while [I] went and spoke to my priest. So he actually had a fair bit of decent advice to give. I suppose its from dealing with people in the same sort of situations. Obviously it only worked for me because I’ve got spiritual beliefs”

It was important to apprentices that the sources of help had certain characteristics. Prime was the importance of being an active listener and taking an active interest in the apprentice. Empathy and understanding were also key, as was

information remaining confidential and people being knowledgeable enough to give advice or suggest a different perspective.

“Listening is pretty important. The person you’re talking to has to be willing to listen, give a bit of feedback to you”

“Sometimes people can tell you what you’re being like, even if you don’t realise it”

“It’s a bit more confidential. It’s only between you and them [counsellor]. They’re never going to see you so you can open up a bit more because you’re not going to see them or hear from them again”

Barriers to seeking help

Many apprentices believed that it is not masculine for men to seek help, and that men generally do not seek help, even if they need it. This is in line with the literature on men’s help-seeking beliefs and behaviours (Smith, Braunack-Mayer, & Wittert, 2006). Some apprentices touted male pride as being an obstacle in seeking professional help. There is also a sentiment that men ‘know everything’ and therefore seeking help would be an admittance of weakness.

“Because they’re blokes. We don’t... We don’t tell our troubles”

“They are just not manly enough to deal with the situation themselves”

“They sort of want to know it all. They don’t want to have to be told”

Sometimes people can tell you what you’re being like, even if you don’t realise it



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“A lot of men don’t like to do it. It might be sort of price issues or whatever. It might be a sort of pride thing”

Their identity as ‘men’ was also very strongly tied up with being able to rely on themselves. For some there was a sense of pride in being able to be self-reliant and able to cope with everything. Some participants noted that they would be reluctant to seek help unless it was noted as a more serious issue, such as depression. However, help-negation (“not using available help when it is needed”, p. 14) is particularly problematic for young males who are experiencing suicidal thoughts and feeling hopeless, as they are more likely to withdraw from their usual social supports and become less likely to seek professional help (Rickwood *et al.*, 2007). Some participant quotes illustrate these points:

“I cope by myself”

“Suck it up” or “Bottle it up”

“I’d only talk to someone if I had a problem like depression”

Although apprentices were able to identify sources of help, there was a general lack of knowledge and some misinformation about the role of professional sources of help, as well as the costs and rebates available for seeking professional help. This speaks to the mental health literacy (Jorm *et al.*, 1997) of the sample:

“Psychologists are actually told at uni how to sit there and look like they’re listening to what you’re saying, while they are completely zoned out”

“But you don’t know if they’re [psychologists/social workers] saying it because it’s what they have to say, like they’re trying to say the right thing”

“Didn’t know about the rebates [for psychologists]”

“I wouldn’t know off the top of my head who to go to see”

Finally, young male workers identified that in some instances they might be more comfortable speaking to a male help provider. This theme relates to the female oriented provision of services and the general lack of

men’s specific health services (Misan & Sergeant, 2009):

“A man could relate a little bit more than a woman, I think. Our problems are different to their problems. Some feelings might be the same. Other feelings could be completely different”

See Table 1

Conclusion and recommendations:

In order to understand the help-seeking attitudes and behaviour of young men, a qualitative project utilising focus groups with apprentices was conducted. Young, male apprentices’ stressors were similar to that noted in the literature (e.g., finances, differential treatment of apprentices, employee-employer work-relationships and personal relationships). It was encouraging to note that young men seek help from those close to them when facing stressors. These close relationships are crucial social network supports during their transitional phase into the workforce, and beyond. The social encouragement that these networks provide, if young men need help, will contribute to the likelihood that young men will seek professional help (Rickwood *et al.*, 2005).

In addition to these close relationships acting as a buffer towards stress, young men also identified awareness of healthy lifestyles, the importance of belonging to a community, and the importance of relaxation as buffers towards stress. These concepts underscore the importance of maintaining a healthy work-life balance. Furthermore, these buffers are primary prevention strategies that are likely to contribute to these young men’s health and well-being in the future (Bishop, 1994).

However, it is worrying to note young workers’ negative responses to stress, including aggressive and violent behaviour or reports of withdrawal and depressed mood. These responses are less likely to elicit future offers of help and could very quickly spiral into additional, more complex problems. Many young men also expressed low levels of mental health literacy, particularly around the roles of professional providers (i.e., what psychologists/counsellors actually

Their identity as ‘men’ was also very strongly tied up with being able to rely on themselves.

Table 1

Summary: Young men’s responses, strengths and barriers in relation to help-seeking (N = 62)

Stressors, negative responses and barriers	Buffers, positive responses and help sources
Stressors Work-related criticism Financial pressures Close relationships	Buffers Supportive work relationships Maintain positive and focussed attitude Time with significant others and friends Healthy lifestyle Feeling of belonging and community
Negative responses to stress Anger, violence Depression, withdrawal	Positive responses to stress Distraction Talking to someone (help-seeking)
Barriers to help-seeking Belief that it is not masculine to seek help Self-reliance and help-negation Lack of knowledge and misinformation Female oriented help services	Awareness of sources of help Family and friends Role-models (e.g., teachers) Counsellors/Experts Helplines

Peer Reviewed Article

“I can cope”: Young men’s strengths and barriers to seeking help (Continued)

do), where to source professional help, and what one might seek help for. This, together with young men’s self-reliance, their ideas of what it means to be a man and ask for help, as well as female oriented service provision, are significant barriers which young men face when they are in, potentially, dire circumstances.

A number of suggestions can be made to improve on the current situation for young men.

Firstly, greater awareness of the issues that young men face, and their strengths and weakness around help-seeking (as identified by this study) will assist professional providers to prepare effective programs/interventions. Importantly, a key area for development, as noted by this study, is young men’s mental health literacy. This could be rectified through an awareness/education campaign which focuses on greater awareness of mental health issues that young apprentices face, and importantly, where and how to seek help. Wilson, Deane and Ciarrochi (2005) advise that mental health promotion programs should communicate messages which encourage responsible adults to seek appropriate help when in need. It should be noted that there are a number of organisations, including online services, already working in this area which might appeal particularly to young men (e.g., www.reachout.com).

Interventions focused on young men should take into account a number of factors. Glicklen (2005) suggests a strengths-based approach which acknowledges men’s achievements and aims to work collaboratively with them. Programs which are evidence-based, proactive and focus on men’s strengths in problem solving (e.g., the “Real Men, Real Depression” campaign) (Rochlen & Hoyer, 2005) and which take into account the specific needs of men (e.g., specialist men’s clinics, peer support networks, men-friendly environments, e.g., men’s sheds) (Misan & Sergeant, 2009; White, Fawcner, & Holmes, 2006; Wilkins, 2005) will be more successful. Treatment approaches which focus on thinking, rather than emotions, might also be more suitable for men who have been socialised to value rationality over emotionality (Berger, Leant, McMillan, Kelleher, & Sellers, 2005).

Many men have a preference for clear goals and structure, and for them workshops and seminars might be more appropriate than counselling (Türküm, 2005). Along similar lines, counselling services which are framed as coaching, education or consultation sessions, might be more appropriate for men. Health services, in general, need to make their services more accessible by providing more male-friendly environments (e.g., décor, magazines, and posters relating to men’s health and mental health), and increasing male staff (Wilkins, 2005). Additional provision of services specifically focused on men (or men-only service days in general health services), and a greater understanding from health providers that men’s health and mental health issues are different to women’s, could assist young men to proactively seek out services when in need. Further research which develop practitioners’ knowledge and understanding of men’s help-seeking attitudes and behaviour, and which focus on evaluating programs, could assist in producing a stronger evidence-base for the development of future programs which specifically target young men.

Results from the current study are generalisable to young male workers and apprentices in the building and construction industry in Victoria. This industry is male dominated, and as such some of the more stereotypical ideas around masculinity and help-seeking might be more predominant. However, this does not imply that all men in the building and construction industry fit these results. As such it is anticipated that a range of help-seeking behaviours and attitudes do exist in the industry, and whilst future programs can build on these strengths, future research can explore these help-seeking behaviours and attitudes in more detail for men in different age cohorts.

In conclusion, although young men are able to identify a number of buffers to stress and informal sources of help (e.g., family, friends), many have poor mental health literacy, negative help-seeking attitudes dominated by self-reliance, and negative associations between help-seeking and masculinity. It is suggested that greater awareness around young men’s help-seeking attitudes and behaviour, whilst taking into account services that will be most appealing to young working men, will assist in facilitating programs focused on increasing mental health literacy and increasing contact with professional sources of help.

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Australia's **only** National Counselling Education Specialist

ACA Professional Colleges

Note: For the ease of writing this document the term *counsellor* is interchangeable with the term *psychotherapist*.

Preamble:

Currently membership to ACA is dependent on meeting the minimum requirements of our training standards document with an annual requirement of supervision hours and post training experience. Although membership categories are tiered the educational entry level requirement is a general one. It is does not separate specialist training from general training.

Members with specialised training are not able to be identified as specialists under the current membership categories. Therefore members of public, employers or indeed other members are not able to identify member's specialty areas. There is a requirement for members who wish to be registered to nominate any specialties and show the appropriate training to deliver specialty services however this system does not set standards or require pre-requisite training at any particular level. There are four inherent weaknesses with this system.

1. There is no minimum requirement of training qualifications for specialties. Therefore a member who has attended a four day workshop is as eligible to apply for referrals as a specialist as some-one who has completed a 12 month specialist course.
2. Members of the public who are looking for specialists are not informed as to what the minimum training and registration requirements are for specialists.
3. There is no continuity as what training and standards should be required of counsellors calling themselves specialists.
4. Many counsellors have more than one specialty area which means if they wish to join a small association of specialists they are restricted to that label or require multiple memberships to different associations. This can be expensive and generally has few benefits as small associations have few resources particularly in comparison to ACA.

None of the above is in the interest of counsellors or the general public. It makes far more sense for all these issues to be addressed by your peak body so as counsellors do not need to work within different structures and rules. There are also issues in regard to delivery of professional services by appropriately qualified specialists. ACA has a responsibility to the consumer if we allow members to nominate specialties on our referral data base. Particularly when the consumer is encouraged to use this service to ensure they use services that meet quality assurance and accountability requirements. With ACA's continued growth and influence within the industry it is now time that a system was put in place whereas members wishing to register as a specialist are required to meet further minimum standards.

How are ACA Professional Colleges Formed?

ACA has spent the last 18 months consulting with leaders in their field who have formed committees to

look at the development and implementation of the first two Professional Colleges. These committees have spent considerable time investigating Australian and overseas training standards and qualifications. Consultations have involved the private sector, training providers, academics, professional bodies and public sector. Committees are ongoing with several other Colleges being formed at this moment. Colleges are run by their installed committee that remains relatively independent of ACA. Colleges will advise ACA what appropriate standards are required by the College. The College committee will be elected at annual general meetings by members of the College. The Chair of the College will be responsible for liaising with the ACA board and CEO.

What is a specialist?

1. A specialist is a counsellor who is considered an expert within a certain branch of counselling such as relationships that would require specialist training over and above a generalist qualification.
2. A specialist would need to support a claim of being a specialist through documentary evidence of having attended specialised training within the subject area they wish to practice in.
3. Training would be beyond an introductory level and be completed over an appropriate time at an appropriate level. The level of training and experience required to make a claim of being a specialist would be determined by the relevant College.

Standards:

Standards would be defined by the College and based on information gathered from appropriate areas. The College Chair would advise ACA of the standards recommended by the Committee. Other issues such as insurance, professional development and supervision would also be addressed through the introduction of a common standard and any annual requirements.

It will be important that any minimum standard set by a College is reasonable in relation to access and equity of training.

Membership to Colleges

Membership to Colleges will only be made available to fully registered financial members of ACA. Those wishing to join a College will be required to fill in a separate application form to join a College. Each application will require documentary evidence to accompany it to demonstrate the applicant's eligibility to join the College.

Application forms will be administered by the ACA membership officer who will process them and then forward them to the College for formal approval. Colleges will have a separate fund that is administered by ACA.

Each College will be responsible for funding its own activities. Successful applications will be forwarded to the College membership officer for entry into the College membership register.

Registration of Specialists

Each College will hold a National register that will notate all current, past and deregistered specialists. The register will be administered by the ACA

ACA has a responsibility to the consumer if we allow members to nominate specialties on our referral data base.

Administrator. The register will be accessible to the public through the ACA web site. All members of the College will be able to reflect their current membership to colleges through an agreed upon post nominal. All registered specialists will be accountable to the ACA Code of Conduct and ACA disciplinary committee.

Colleges that believe that the ACA Code of Conduct does not reflect their specialty adequately may apply to have amendments added that will only be specific to that college and its members. All specialists will be required to maintain their initial registration including meeting any annual requirements with ACA before renewing their annual membership to the College. OPD and Supervision required by Colleges will count towards annual renewal requirements to ACA.

Formation of Colleges

Colleges will be made up of a minimum of a 3 person executive committee made up of a Chair, secretary and treasurer. Colleges will be expected to expand their committees as they grow and evolve. Committees will be charged with the primary responsibility of setting their own standards.

The Chair of the College will report to the ACA CEO or another person nominated by the ACA board. Colleges will not operate independently or separately from ACA however they will free to set their own standards and membership requirements. As colleges

grow and evolve responsibilities and formations may change.

The ACA College of Counselling Hypnotherapists chaired by Lyndall Briggs will be the first College to be raised by ACA and will be operational as of 1 January 2010. Dr Jason Dixon and George Thompson are in the process of setting up the ACA College of Addiction Counsellors which will be complete early next year. We are also developing the ACA College of Clinical Supervisors with several other Colleges to follow.

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

By Dr. Travis Gee

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 Tauruses 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 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

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.

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 85 115 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.

Part III, the last in the series will appear in the Volume 10 Number 1, Autumn 2010 edition.

Dr Travis Gee is a board member of ACA and lecturer at the Psychology faculty of University of Southern Queensland, Springfield campus.

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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.

Peer Reviewed Article

Part 2. Researching the origin and nature of sexual preference: Does gender of soul or gender of body's sex determine sexual preference?

By Dr Kevin Franklin

Abstract

Does sexual identity with its external frame of reference (bio-sociological) or does gender identity with its internal frame of reference (psycho-social) explain sexual preference? This paper describes experimental research demonstrating a two-way cause and effect relationship between psychological gender and sexual preference. Also a test was devised to correctly name that subjective male or female gender in men and women. It shows a person's gender identity is subjective precursor, that sexual preference is its operant and objective expression. This research answers the nature-nurture question *what makes a man or woman straight or gay?*

Introduction

Sex and gender research is confounded and confused: it has not explained sexual preference. Literature specific to this research project is now summarised.

1. Sex Literature

Sex researchers measure sexual identity in anatomical males or females. Male and female sex role scales have been developed for instance Bem's Sex Role Inventory (1974) and the Personal Attributes Questionnaire (Spence *et al*, 1975). I used an Australian scale (Antill *et al*, 1981).

Project results are congruent with prior research (Heilbrun and Thompson, 1977; Bernard and Epstein, 1978; Hooberman, 1979; Carlson and Baxter, 1984; Boyden *et al*, 1984). Typically, whether gay or straight, men score high in male identity and masculinity whereas women score high in female identity and femininity. To Deaux (1985) masculine persons are *dominant* and *self-assertive*; feminine persons are *nurturant* and *interpersonally warm*. To Bakan (1966) these are *agency* and *communion*. These terms name with positive-spin the

A test was devised to correctly name that subjective male or female gender in men and women.

Peer Reviewed Article

Part 2. Researching the origin and nature of sexual preference: Does gender of soul or gender of body's sex determine sexual preference? (Continued)

stereotypes of masculine-feminine segregation (ie, mania). What is the effect on boys & men when women are believed to monopolise nurturance? On girls & women?

Sexual identity is generally understood to include or predict sexual preference. Research evidence shows this presumption lacks credibility.

2. Gender Literature

Does psychological gender of person determine sexual preference? There was some prior correlation evidence for this gender-identity hypothesis of innate psychological cause (Bell *et al*, 1981; Harry, 1983; Hooberman, 1979; Whitam, 1980).

In this research project with participating gay and straight men I used the pen and paper objective test of gender identity for males developed by Freund *et al* (1977). With participant straight women I used a parallel scale (Blanchard and Freund, 1983). The gender identities of the three participant groups could then be identified, compared and tested for causal relationship with sexual preference.

This research design could show whether sexual identity or gender identity predicts sexual preference and vice versa in a two-way (causal) relationship. Freund *et al* name gender identity in gay men as female, this following Ulrichs that gay men are somehow female.

Research Design

Three participant groups of gay men, straight men and straight women were compared using the following variables.

- Measures for each research participant:
 - Independent variables of anatomical sex and sexual preference.
 - Dependent variables of gender identity and sexual identity.
- Showing for each research group that gender correlates with sexual preference and sexual identity does not.
- Replicating those results.
- Showing reversal in a two-way statistical relationship. Cross validation showed gender identity also predicts sexual preference in the research groups; analogously, showing a causal relationship between smoking and lung cancer.
- Devising a test identifying the male or female nature of gender identity in gay men. This test is now described.

A Test of Subjective Gender

Male and female sexual identity is referenced in physique, genitalia and other objective expressions or *handles* generally allowing perceptual recognition of men and women. This research sought to do two main things: (a) showing that gender- and not sexual-identity causes sexual preference; and (b), identifying that male- or female-gender nature which appears to have no other objective expression. How to identify male or female gender?

Gender identity has an internal frame of reference in subjectivity. Predictions from Theory of Person are shown in Table 1. Natural Law uses an external frame of reference, sexual identity for instance. Predictions from Natural Law are shown in Table 2. These archaic and ancient theories, respectively real and virtual theories of reality, invoke contrary subject-object orders. Confusion? disorder of reality? becomes apparent and is measurable. Psychological disorder can be objectively measured by psychological distress questionnaires (eg, SCL-90-R, Derogatis, 1983).

Table 1.

Sexual Preference According to Theory of Person.

	Gender Identity	Sexual Partner	Nature of Relationship	
Straight men	female	female	same	double
Straight women	male	male	same	double
Gay men	male	male	same	double

Table 1 shows the nature of sexual relationship and the implicit gender identity of each research group. It shows a unified theory of sexual preference based on relationship of sameness (positive identity). This theory predicts that gays and straights should *per se* show similar levels of psychological disorder.

Table 2.

Sexual Preference According to Theory of Natural Law.

	Sexual Identity:		Nature of Relationship	
	Own	Partner		
Straight men	male	female	opposite	normal
Straight women	female	male	opposite	normal
Gay men	male	male	same	deviant

Table 2 shows the nature of relationship according to Natural Law. Sexual identities are identified. This bio-sociological theory defines same-sex relationship as deviant (eg, nonheterosexuality). This should be measurable in gay men as higher psychological distress.

Which theory correctly predicts disorder in participants? Theories of Person and of Natural Law are contrary. That theory identifying reality will also identify, when tested, the correct male- or female-gender of participants.

Step one is a between-groups comparison of the three participant groups on measures of psychological disorder. Natural Law predicts gay deviancy. If the participant groups are instead comparable that is *prima facie* evidence supporting the Theory of Person. A more compelling test is required.

Step two is a within-group comparison. Gay participants with more and less gay identity for maturation were compared for their level of psychological disorder. This *out-ness* was measured by the Cass (1984) scale of Homosexual Identity Formation (HIF). Natural Law presumes gay men are disordered; closeted-in should be ordered and more-out disordered. Is that Natural Law assumption-of-order

This research design could show whether sexual identity or gender identity predicts sexual preference and vice versa in a two-way (causal) relationship.

true? Or does Theory of Person predict order and therefore gender? This discerning test of order predicting gender was used in Study 3.

Method

Description of Studies

Study 1 Adult participants, gay men (35), straight men (41) and straight women (37) were assessed using 22 scales. One scale measured gender identity and 21 measured sexual identity. Groups were compared statistically.

Study 2 Gay men (124), straight men (34) and straight women (33) were assessed using 28 scales. Some scales from Study 1 including gender identity were repeated to replicate results. Additional scales challenged the robustness of this finding.

Forty-two scales were used overall, one measuring gender identity and 41 of sexual identity. These 41 included sex-differences, sexual attitudes and behaviours, social attitudes, and various measures of psychological disorder.

Additionally, a statistical cross-validation technique was used to test for a two-way gender and preference relationship. The purpose of this test was to show that preference is an operant of gender identity and *is not* an operant of sexual identity.

Study 3 The purpose of Study 3 was to discern the male or female gender-nature of the gay-men participants. First was a between-groups comparison of these three groups on psychological disorder. The SCL-90-R (Derogatis, 1983) was used to measure disorder. Homophobia was measured by the Index of Homophobia (Hudson & Ricketts, 1980).

Second was a within-group comparison of the gay-men. They were assorted into high, medium and low HIF (Cass, 1984). HIF here measures freedom of relationship in self (spontaneity) between gender (subject) and preference (object). In other words HIF operationalises spontaneity in these groups. These were statistically compared for level of psychological disorder.

Results

Study 1 Analysis showed that gay & straight men are similar in sexual identity and different in gender identity. Gay men & straight women are similar in gender identity and different in sexual identity. This result is consistent with the research literature.

Study 2 The results of Study 1 were replicated by Study 2. Sexual identity and sexual preference do not correlate: sexual preference is not an operant of sexual identity.

Gender identity and sexual preference correlate. Cross-validation also showed this statistical correlation to be two-way: each predicts the other. Statistically, the contrary gender identities of gay and straight men predict contrary homosexual and heterosexual preferences and vice versa. Similarly, contrary gender identities of straight men and women predict their different preferences. Sexual preference is an operant of gender identity and not of sexual identity.

Study 3 Gay men were not disordered compared with straight men or women. The straight-groups were more homophobic. This result does not support the theory of Natural Law that gays are deviant

(disordered). It does support Theory of Person where all three groups are similarly fallen into disorder. In other words being gay is *per se* not fallen. This is *prima facie* evidence supporting Theory of Person.

Compelling results of within-group comparisons of gays are shown in Table 3. Visually there is a strong pattern of out-ness (spontaneity) associated with less disorder measured as psychological distress. Statistical analyses showed that lack of HIF (ie absence of spontaneity) is statistically and significantly associated with anxiety, depression and psychosis. Absence of freewill (eg, of spontaneity) predicts disorder.

Table 3.

Homosexual Identity Formation and Psychological Distress.

Variable	Level of HIF/spontaneity		
	Low (n = 20)	Middle (n = 65)	High (n = 39)
Raw Scores of Psychological Distress			
	M	M	M
Global Severity Index (SCL-90-R)	83	57	41
Somatization	65	43	38
Obsessive-Compulsive	85	82	59
Interpersonal Sensitivity	106	7	53
Depression	109	73	58
Anxiety	83	50	30
Hostility	53	41	30
Phobic Anxiety	52	17	7
Paranoid Ideation	80	66	50
Psychoticism ^A	78	41	21
Homophobia (IHP)	59	45	42

Difference between the three gay-groups is marked, as predicted by Theory of Person. Lesser development of gay identity is generally predictive of psychological disorder in gay men. Statistically, it is especially predictive of anxiety, depression and psychoticism. People, gay and straight, are equally fallen into disorder. Not because of sexual preference but because of personal disorder induced by society's wrong order: culture's usage of Natural Law and its philosophy-in-use of Stoicism.

Results shown in Table 3 are predicted by Theory of Person, not by Natural Law. This outcome identifies gay men and straight women as gender-male whilst straight men are gender-female.

Conclusions

This research demonstrated that gender identity, and not sexual identity, causes sexual preference. There is prior evidence in the literature, albeit confused, supporting this conclusion. Outcomes are noteworthy for additional reasons:

1. It identified and tested two implicit theories and paradigms confounded in culture and the research literature.
2. It demonstrates a cause & effect relationship: sexual preference is an operant of gender identity. Where there is rejection instead of freedom of sexual preference there also is disorder. This means that disorder arises in that absence of spontaneity. In order, but not in disorder, (a) sexual preference is an operant of subjective-self and (b) freewill is its objective exemplar.

This research demonstrated that gender identity, and not sexual identity, causes sexual preference.

Peer Reviewed Article

Part 2. Researching the origin and nature of sexual preference: Does gender of soul or gender of body's sex determine sexual preference? (Continued)

3. A test of male or female gender identity was devised. The gay man is psychically male like the straight woman; both have the same sexual preference. Gay and straight men are the same except for their gender identity and sexual preference. In other words Ulrichs was incorrect; rather, the straight man is externally male & internally female.

This research compared theories of reality: the internal paradigm identified with subjectivity & religion was compared with the external paradigm identified with objectification & science. One theory predicts order, the other contrary-order. The question of *which theory is real and which virtual* has an answer.

Person is an expression of order and a unified field in psychology. Natural Law, and its stoic point of view exemplified in Newton's mechanical universe, gave a pragmatic but not-practical view of reality. This research shows it is that ancient theory of Natural Law itself, its physic-paradigm and its implicit rejection of spontaneity that causes confounding, confusion and disorder. In spontaneous expression of innate soul, indeed – *in life itself* – gay sexual preference expresses innate order. While Albert Einstein *et al* ushered in an age of uncertainty the new order identified here speaks to an absolute. Being gay is existentially lawful a *priori*^B to secular law denying this human-humane right. In other words being gay is indeed ethical. Sexual diversity is congruent with a just and fair society espoused by unified religion & science.

Endnotes

Note^A **psychoticism** (SCL-90-R analogue dimensional definitions)

... a continuum going from a mildly alien life style at one extreme to floridly psychotic status at the other. Indications of a schizoid, unusual, alienated style of life will score a person at one end of the continuum, while dramatic symptoms of psychosis – hallucinations, delusions, etc – will place him at the other.

Note^B **a priori** (Oxford Dictionary)

1 (of reasoning) deductive; proceeding from causes to effects (opp. a posteriori).

2 (of concepts, knowledge, etc.) logically independent of experience; not derived from experience (opp. empirical).

3 not submitted to critical investigation (an a priori conjecture).

[Latin, = from what is before]

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ACA

Natural Law, and its stoic point of view exemplified in Newton's mechanical universe, gave a pragmatic but not-practical view of reality.

Report from ACA Representative to The Australian National Eating Disorders Workshop

By Dr. Travis Gee, University of Southern Qld., Australian Counselling Association

The Australian Government, through the Dept. of Health and Ageing (DHA), has funded the National Eating Disorders Collaboration (NEDC), a coalition of Australian experts, interested organizations, as well as consumers and carers. Initially driven by the Eating Disorders Australian National Network (EDANN) and the organization that gave EDANN the key impetus, the Butterfly Foundation, this coalition has been mandated to review currently available information that is available to the public that relates to preventing eating disorders (EDs) such as Anorexia Nervosa (AN) and Bulimia Nervosa (BN).

While there is a strong focus on AN and BN, the coalition recognises obesity as a problem at the other end of the spectrum, as well. At a meeting in Canberra on 24 Oct., 2009, well over a hundred members of this coalition met for the first time to exchange ideas and workshop approaches to meet key deliverables that the DHA has requested. These include sharing and distributing information relating to prevention and treatment strategies, public health initiatives, education, and research.

There was a strong focus at the workshop on sharing ideas around evidence-based practice in terms of sending messages to the public (young women in particular), health promotion, and early identification and intervention. This sharing is in the interest of constructing an overarching National Framework for establishing guidelines for specific sectors, including

researchers, mental health care practitioners, carers, sufferers, and government policy-makers. Through such a framework, it is envisioned that organizations and the community can work with government agencies to create social changes that will reduce the incidence of eating disorders.

The National Framework that the coalition is working on aims to develop a consistent set of principles, standards and objectives across all States and Territories. By developing a consensus across sectors, each sector can work collaboratively with others using a well-understood, evidence-based rationale to develop actions aimed at reducing the incidence of ED's, and enhancing treatment where they occur.

Fundamentally, the vision for the National Framework is that ED's are a serious mental health problem in contemporary Australia, worthy of the same attention as other similar problems. Sufferers and their carers deserve access to coordinated, continuous care that reflects the severity of the problem. Further more, it is in the interest of public health that society acts to prevent them. It is assumed that a collaborative, evidence-based approach to prevention and treatment will affect the incidence, and disease burden, of ED's.

On the one hand, health psychologists, epidemiologists and other professional groups are somewhat more likely than counselors to be involved at the health promotion and prevention end of the spectrum. However, the counselling industry, falling into the treatment end of the industry sector, will certainly benefit from the growth of the NEDC as its expected development will start to produce an integrated knowledge base that can inform the work of counselors who work with sufferers and families of those suffering from ED's. As the coalition grows, it will continue to be informed by the ACA as to how best to promote counselling interventions in particular as part of the treatment strategies. ACA will also continue to collaborate with the NEDC on questions of treatment standards and strategies.

Related Websites

<http://www.edann.org/>

<http://www.health.gov.au/internet/main/Publishing.nsf/Content/mental-nedc>

<http://www.health.gov.au/internet/main/Publishing.nsf/Content/mental-nedc>

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Social Networking: About People, not Technology

By Dr Angela Lewis

Abstract

This article gives an overview of social media, including Facebook and Twitter and examines how these tools can be successfully used for business. Keywords: sharing, adding value, engaging, communicating, word of mouth advertising.



Social Networking - Why?

Social networking is people using the Internet to share opinions, insights, comments as well as links to articles websites. They do this by using social networking media such as Facebook or Twitter, which have been specifically designed to allow people to connect with others who share their interests or activities, with no cost to the user. While 'social media' is the term used for these types of shared media, it is also common for people to refer to them as social networking tools or simply social networking. While the original intent of social media was to facilitate individuals making connections with other individuals, businesses globally are now embracing the concept of social networking to engage and communicate with clients and customers and therefore market their brand or products. According to marketing consultant Clare Lancaster (Nett Magazine 2009), 'the old fashioned brochure-ware approach to websites' is no longer appropriate for people's expectations of today's Internet. At its most powerful, social networking can be a way of marketing a product or service in ways that money cannot buy. KFC has a staggering 86,127 fans on its Facebook page (26/10/09)—which means this many people have voluntarily chosen to receive information and engage with KFC. A recent 2009 study by media research firm Nielsen reported that two-thirds of the global internet population visit social networks—Facebook alone has a user base of around 80 million people, so when done right, there is enormous opportunity for viral or word of mouth advertising.

Organisations and individuals use social networking media to showcase their expertise, share knowledge, market your products and connect with customers, colleagues and prospects. Social media experts say an organisation thinking of doing this needs has to rethink communication with customers in terms of dialogue instead of monologue. This means looking at your existing communications through a social lens instead of viewing them from a corporate perspective, and investigating ways that the organisation can take an existing outbound communication, and create a cycle that brings customers back to talk to it. Having begun its social media push last year, Dell Computer now has a dedicated team of around 40 people that interacts with consumers through its blogs, community forums and third-party sites. According to a Reuters report, Dell recently used Twitter to sell \$500,000 worth of refurbished PCs. Dell has a number of Facebook pages, including one set up just to advise fans on how to work with social media and this page alone has 34,429 fans as at 25/10/09 – and

remember this is voluntary and deliberate on behalf of fans.

Over 70% of Australian Internet users visited a social networking site in June 2009 (Nett Magazine Oct 2009). Why should your business care? Because the web is a two way conversation. The social web is not about the tools themselves (Twitter, Facebook etc), it is about customer engagement. Once you have determined how you want your brand to engage with an audience and what personality you should present then you work out what tools are right for you. The latest Nielsen report says that much like friendship, marketing on social network requires continual investment—in terms of time and effort as opposed to money—to be of benefit to both parties. And at the end of the day, people want to buy from people, so the more personal contact the better.

What does it cost?

To date these services nothing. The investment is in creating new and fresh input and providing the resources to continually update and maintain whatever social networking tool you have chosen. So for example, if it is Twitter, who writes the copy for Twitter, who posts it, who replies to customers and who monitors it on a daily basis.

What do these tools have in common?

When used for business they facilitate an organisation communicating, sharing and engaging with the people that interact with their business. They cannot be used just as another way of advertising or marketing, as people who use social media value engagement and do not like too much obvious advertising.

Drawbacks

There's been a realization over the last several years that your customers are going to talk about you online and you have a choice to join that conversation (spokeswoman Caroline Dietz Dell Computer).

People (i.e. customers) are free to create content in the form of comments and posts and therefore in the process of communicating with you and with each other will make recommendations or pass comment on service or products—which may also be negative. However even if a business does not actively participate in social networking, the rest of Australia does, and will use it to pass comment, judgement and make recommendations about various brands, businesses and services. If a business is actively involved in social media it more likely to be in a position to instigate damage control directly with anyone making negative comments as well as being constantly aware of the current online climate in relation to its business and industry.

THE TOOLS IN DETAIL

Blogs

Blogs are a bit like the keynote speech, where the speaker (blogger) is in control of the discussion, but allows questions and comments from the audience. Blogs are journals generally authored by one

Once you have determined how you want your brand to engage with an audience and what personality you should present then you work out what tools are right for you.

individual, but sometimes by teams. In the context of business communication, these are often used to talk to the marketplace as well as joining and contributing to existing conversations that are going in your industry. Many businesses run a page marked 'blog' as a website tab. Comments posted by visitors can be moderated by the blog owner, so that nothing is published prior to the organisation reviewing it. Blog posts should occur between 3- 4 times a week and should be informative and add some type of value to the readership.

Wikis

A wiki is like an online version of a reference book, like your dictionary or encyclopaedia. Since it is in web form you use a search box rather than a table of contents and from any single article, you might be able to jump to several new subjects. So, instead of flipping back and forth in a book to get the whole story, you can just follow the links. What differentiates a wiki from a blog is the fact that multiple people can—and usually do—work on a single piece of content. This means that a single article could have as few as a single author or as many as tens or even hundreds of authors. This might be used in a large organisations in specific departments to collate, write and share information.

Social Book Marking

Social bookmarking refers to Internet users bookmarking their favourite websites with a bookmarking service. The concept is the same as saving a website to 'favourites' in Internet explorer, but the links are available for the Internet community at large to also use. People sign up with a service such as Delicious or Stumbledon and then they can store as many links as they want and access them from any computer. Many websites now have a 'share this' or 'book mark this' link on their webpages so that interested users can simply click a button and add the page to their list. Millions of people around the world use these sites to share their bookmarks. If a website is tagged or bookmarked by many people and if people leave comments or vote on it because the content is good, then this can result in more traffic to the site.

A link like below is provided on the website, visitors click it and choose where to bookmark your website. These type of link buttons allow the visitor to share the website with a range of social bookmarking sites (there are many of these services, a popular one is del.icio.us), as well as Twitter or with Facebook. These link buttons are easy addition to any website.



YouTube

Owned by Google, YouTube is a very popular video hosting and sharing service, which lets users view and upload video files. Basically anyone with a webcam and Internet connection can create a YouTube video and upload it at no cost. One of the reasons YouTube has become so popular is because it fosters a sense of community, as people are not only able to view

videos, but they can also discuss, rate and comment on them. Experts say that by producing videos that are engaging and interesting, business has the opportunity to not only build rapport with its market by offering valuable information, but is able to drive traffic to its website. Tracking the effectiveness of the videos can be done with the YouTube Insights tool (YouTube's reporting function which helps users understand views, viewer demographics, popularity, and community.).

Most major businesses can be found on YouTube, using it as a way of marketing new advertisements or products. Clinique's channel for example (as the YouTube sites are known), has had 97,807 views and has 1587 subscribers, which means each time there is a new video it appears on these people's pages (known as channels). Microsoft has 134 videos on its channel and there have been 2,509,753 views at time of writing.

Forums

An Internet forum, or message board, is an online discussion site on company's website where users can interact through a series of written posts with the organisation and other visitors. Organisations that use them generally require the users to sign up in some way with the website before contributing. They can then start new discussions or comment on previous posts. It is considered 'social' as people participating may develop relationships or bonds as a result of the interaction.

Facebook Page for Business

Social network sites such as Facebook give people the ability to maintain a page online for keeping in touch with their network of friends, family or customers and sharing information, video and photos. Facebook is the dominant social networking tool in Australia and the second most visited website in the world. Facebook's statistics page quotes more than 300 million users, with the fastest growing demographic the 35-plus group. There are also slightly more female than male users. Facebook was originally created for American college students to keep in touch with each other, and while most Facebook users maintain personal pages, businesses are now staking claim to Facebook as a less formal way of keeping in touch with clients and customers. Facebook is based on connecting not entertainment or selling, so business must be careful to take those aspects into account and not use the Facebook page as just another page of advertising.

The Facebook page has what is known as a wall. This is the space where people can write comments or messages and where your own communications appear. Your Facebook page needs to be active and engaging and provide something of value to those who visit it. This could be posting newsletters, hosting discussions providing links to articles, videos and websites or writing tips relevant to your industry or business. Ideally, your page will work on the principle of a two-way conversation between yourself and your fans or followers and must be based on interaction and not just pushing out your message. As well, the

If a website is tagged or bookmarked by many people and if people leave comments or vote on it because the content is good, then this can result in more traffic to the site.

Social Networking: About People, not Technology (Continued)

Facebook page must be regularly updated. If you only add news or updates sporadically, there's nothing to keep readers engaged—and worse, it makes it look like you are not that invested or interested in your business or product.

The Facebook page looks like this:



People who follow or join a profile page are known as friends, while those who follow a business page are known as fans. People voluntarily click a button on the Facebook page to make themselves a fan. Once this has been done, the content from that business page is automatically fed to the individual's own Facebook page.

Without fans the search engines such as Google will not rank your page very highly and neither will Facebook's business page directory. You can only invite existing friends of a profile page to become fans, so in order to attract more fans to your Facebook page you need to think of other ways to promote it; such as using the free Facebook badge link, which you can include on your website or in your emails.

Small businesses without a web presence may consider setting up a Facebook profile or page as a no-cost way of connecting and advertising online. A personal profile page should be set up prior to a business page, as, the search engines won't rank the business page unless you have a personal profile set up first. If you want to use your own or your business name, register it under the user name link in Facebook before someone else beats you to it. Consult the settings and help files in Facebook for more information.

Facebook for Groups

The Facebook Groups page might be what is used for the staff of an organisation to bond and communicate. What happens in a group doesn't link to anywhere, so group member's pages are not updated when information appears on a business page. In a group you can write to all the members and people upload pictures, videos, links etc, whereas they are unable to do this on a business page.

Facebook the nuts and bolts:

- 1) Got to www.facebook.com and apply to set up a profile then link a page to it.
- 2) Set up a username (e.g. AngelaLewisConsulting)

- 3) Brand it and start posting information about your business on a regular basis
- 4) Publicise the page (e.g. on your website) because you need fans – the fan box shows all your supporters (provided they are on Facebook)
- 5) Go and look at how other businesses are running their pages (e.g. Harvey Norman, KFC, Coke).

Interesting fact: The show 'Hey Hey its Saturday' stated in the second episode that they had a dedicated Facebooker to thank for gathering nearly 3000 fans to the 'Lets get Hey Hey Back' Facebook page, which they took to Darryl Summers who was able to leverage of that to get the show back off the ground.

Twitter

Twitter is social networking program that works on the premise of posting a statement of up to 140 characters to the question:



Feeds from people you follow appear here

If people find what you are writing interesting enough they will follow your Twitter account, which means a feed of your statements appears on their Twitter page.

Twitter is what is known as a Microblogging tool. Twitter's annual growth-rate in Australia in the past 12 months is said to have been 3,200%, with 60% of users 35-plus. It is regarded as an excellent source of word-of-mouth advertising, but the flip-side is that it can also generate negative press. It is referred as a viral way of advertising, as the message is passed from one to another with no real control.

If you are consistent, useful and interesting you should eventually build followers; however, it can take between 6–12 months for this occur. Professionals say that a person needs to tweet 4–5 times daily over this period as any less than this will fail to foster engagement with other Twitter users.

Panasonic currently has 1,555 followers, Amazon has 9,700 followers McDonalds USA 3,504 and KFC USA 6,936 followers, while Harvey Norman has 396 followers. While some of these numbers may not sound high, people voluntarily follow these retailers and are in effect putting up their hand for marketing material.

Strategies for Using Social Media Tools for Business:

The best strategy for gathering and keeping followers in Twitter, and fans or friends on Facebook is to have fresh and creative output. This can include discussion or proactive tips on issues related to your industry, statements and information on what your business is doing, links to other useful and relevant websites and

blogs in your industry and links to articles. The key words to keep in mind are 'sharing' and 'adding value'.

Search for, and check up on, what people are saying about your business, brand, industry or issues (e.g. health care, counselling). Use Lexicon, a free tool provided by Facebook that allows you to follow language trends and usage of words and phrases on its profiles and pages. In Twitter use the provided search tool, otherwise set-up Google Alerts, and monitor blog reactions on Technorati and BlogPulse.

Have a clear reason for using Facebook or Twitter—your primary motive selling, engaging customers or raising awareness?

Do some research, thinking and planning to establish what people will find valuable. Become a Facebook fan of some of the larger, well established Facebook pages and a Twitter follower of some of the popular Twitter members to see how it works and what breeds success.

Prominently link to your social media platform from your website with a badges or links that encourage people to use these networks – just setting up these your social media site won't be enough, you will need to actively promote it. Below is an example of the way some websites use the follow the linking/forwarding concept:

Some Things to Think About:



Are you prepared to spend the time to maintain a Facebook page or tweet daily?

Are you ready to dialogue with customers/clients on a regular basis?

Do you have the resources to make a commitment to your chosen social media? Doing these things takes time and once you begin you need to keep updating, posting or tweeting—and it must be regular. It is not something you undertake for a brief marketing campaign.

How will you engage with people? On Facebook, you will always need to respond to comments. As well you can host discussions around your customer interests, give out guides and useful links and content, make exclusive offers or set up contests. On Twitter, respond to comments and engage in conversations and exchanges of information with other Twitter users who are interested in the same issues.

However you look at it, maintaining a social networking presence takes time. While you may enjoy using Facebook to catch up with friends and swap gossip, it is completely different to the time, effort and thought needed to maintain a professional social network. With that in mind, it is important to choose a tool that that you are likely to enjoy using. You may also not have the resources to participate in all of them, so pick what you feel works best for you. I've chosen to use my blog in a certain way and my Facebook page in a certain way—and while I have set up a Twitter account, I don't tweet at the moment because I don't have the resources to use Twitter the way it should be used.

I can be found at www.angelalewis.com.au, I blog at: <http://angelalewis.wordpress.com> and my Facebook page can be viewed by typing Angela Lewis Consulting into the Facebook Pages search box.

Resources for Further Reading

Angelalewis.com.au – see the counselling page for further free social networking resources, including a list of organisations currently using Twitter and easy to follow handouts on how to set up Delicious social bookmarking and how to set up a Facebook page.

5 elements of a Successful Facebook Page

<http://mashable.com/2009/03/30/successful-facebook-fan-page/>

Lancaster (2009) Is your website ready for social media? <http://nett.com.au/blogs/is-your-website-ready-for-social-media/98.html>

Master list of social media marketing examples

<http://wiki.beingpeterkim.com/>.

Nielsen Research (2009) 'Global Faces and Networked Places: A Nielsen Report on Social Networking's New Global Footprint'

http://blog.nielsen.com/nielsenwire/wp-content/uploads/2009/03/nielsen_globalfaces_mar09.pdf.

Pew Internet Report (2009) : Adults and Social Networking Sites

http://pewinternet.org/~media/Files/Reports/2009/PIP_Adult_social_networking_data_memo_FINAL.pdf

Reuters (2008) Tech Firms Turn to Social Media to Reach Consumers

<http://www.reuters.com/article/internetNews/idUSTRE4AH8G820081118?pageNumber=1&virtualBrandChannel=0>

Word Of Mouth Marketing Resources:

www.womma/prg

WOMMA's Case Study Library is a how-to resource intended to help you gain a better understanding of the different types of word of mouth marketing that exist, as well as how to put them to work for you.

On Facebook, you will always need to respond to comments.

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Peer Reviewed Article

The Brain and the Therapist By Richard Hill

Introduction:

Since George Bush invoked the Decade of the Brain and in 1990, there has been an outpouring of information and ideas about this extraordinarily complex neuronal structure. Some long held perceptions have been proved true and others revealed to be totally misleading. More importantly, a number of exciting new discoveries have enabled us to look at the brain as a vibrant, expansive and ever-changing part of our human biology. The ways in which the brain responds to stimulus from within and without; the way the brain responds to others; and the way the brain is hardwired to be socially engaged are just some of the new understandings that have emerged during the last 20 years of study and research. This becomes relevant to the counsellor and psychotherapist because most of the things we treat – behaviours, affect, beliefs, self-activation – all have roots in the activity of the brain. Interruptions and disturbances to the congruent flow of healthy activity in the brain can now be seen in their relationship to emotional disturbances and maladaptive life practices. Many believe that an understanding of what is happening in the brain in addition to our usual phenomenological enquiry can enhance the therapeutic process for both the practitioner and the client. It does seem odd to this author that we are one of the very few health professions where it is not mandatorily required to be educated about the organ we treat. This article will seek to open a door to the most fascinating collection of cells in living organisms – the brain.

A Community of Cells:

Rather than a block of matter, we are actually much more like a community of cells that co-operate, integrate and, in doing so, generate an independent, living experience. Healthy cells differentiate in response to a number of generating factors which include DNA and the chemical and electrical messages emitted by other cells in the body (Kullander & Larsson, 1994). Cells in the brain, at various stages, migrate into co-operative aggregations that begin to specialise their activity. In short, neurons form groups that do a specialised task that contributes to the process of mental function (Nobuaki, 2001). We are born with the brain in various stages of development which continues to develop after birth well into the teens and even the early twenties (Cameron, 2002). We are born with fully developed fear and emotion centres of the limbic system, but with a largely undeveloped cortex, especially the pre-frontal cortex which is heavily involved in regulation of emotional responses and the integration of the many differentiated areas of the brain (Siegel, 1999). This means that babies have very little regulatory capacity to deal with and rationalise emotional stimulus. They will giggle almost uncontrollably and also be frightened over the whole body. In these very early years the calming and controlling and sense making activities of the pre-frontal cortex and especially the medial pre-frontal cortex are provided by parents and caregivers, most significantly, the mother. We are seeing more neurological insights into attachment theory and the importance of healthy care-giving in the early years (Baddenoach, 2008). Lou Cozolino (2006) puts it

elegantly when he describes caregivers as the surrogate pre-frontal cortex for the young child.

There is no doubt that learning about the many different areas of the brain, where they are, what they do, how they interact and what happens when they don't work properly is a lifetime study. From the growing wealth of knowledge about the brain, there is a plethora of excellent reading and reference material. In addition to this, there is also a growing resource of audio-visual material on the web. The soon to be online learning portal, The Mental Health Academy that has grown out of The Counselling Academy, is an excellent Australian resource as well as excellent resources that are only a web-search away. Another extraordinary audio-visual resource is the TED.com website, where original thinkers abound.

An understanding of psychoneurobiological functions and processes is a beneficial complement to the necessary empathetic appreciation of the therapist and phenomenological reporting of the client. Everything to do with the therapeutic experience is underpinned by neurobiological processes. Whether neurobiological knowledge should be a compulsory element of therapist training is still a subject open to much discussion. In my own practice I don't talk about what is going on in the brain in every instance. Just as is done with the wide variety of therapeutic techniques that are learnt in training and ongoing study, the therapist utilises the most effective tool for the immediate client needs.

What has surprised and pleased me, as well as other brain-wise therapists (see Baddenoach, 2008), is the degree of comfort and assurance that most clients experience when a neurobiological explanation is included. There are a number of emotional disorders that are now known to be related to neurobiological issues and not just maladapted cognitive states. A neurobiologically founded emotional disturbance can require more than just general cognitive techniques to improve thoughts and beliefs. Understanding maladapted structural neural developments helps these clients to realise that they have a unique brain that processes life's experiences in a unique way. There are 2 examples that cause certain issues: Alexithymia and early life trauma imprinting.

Alexithymia

My first encounter with this condition was a female client who, despite all efforts and positive intention, felt emotionally flat regardless of the intensity of the external stimuli. She struggled to 'feel' her emotions and struggled to look 'within' and self-examine her emotional experience. She had sought help from numerous professionals from psychiatrists to psychologists to intuitive healers. She recounted the time she attended an Anthony Robbins motivational seminar and, even though everyone around her was jumping about with excitement, she just couldn't *feel* it. Even when taken away for individual counselling she found it difficult to articulate what was going on inside her emotions. This condition of emotional flatness had far reaching effects on her life. Difficulty in forming meaningful relationships was one of the most disheartening.

Our sessions allowed the story of her difficult childhood to emerge. In short, her parents were

Whether neurobiological knowledge should be a compulsory element of therapist training is still a subject open to much discussion.

highly inconsistent with their emotional behaviour. This was amplified by alcohol. She found that they were sometimes verbally violent, but also sometimes unrealistically caring and passionate. She coped by becoming quiet, insular and engrossed in pragmatic tasks like schoolwork. She was able to block out her parent's inconsistency. This is a classic case of avoidant attachment (Cassidy & Shaver, 1999), but it seemed to be something more. I was reading Lou Cozolino's first book, *The Neuroscience of Psychotherapy* (2002), and discovered a possible answer – alexithymia.

Andre Aleman from the University of Groningen (2005) assessed fMRI imaging studies of alexithymic patients (see Mantani et al, 2005) where possible neural correlates were discovered. Although this may seem quite clinical, I will endeavour to follow with a humanistic paraphrasing.

... brain regions in which reduced activation ... in people with alexithymia... the frontocingulate cortex, insula bilaterally, and the PCC (posterior cingulate cortex). These regions have been implicated in different aspects of emotional processing. There is ample evidence for the involvement of the anterior cingulate and its frontal connections in affect perception and regulation of emotional experience. The insula, on the other hand, has been shown to support representations of internal bodily responses accessible to awareness, providing a substrate for states of subjective feeling. (p. 554)

The message here for the therapist is that not only does the client have residual trauma from childhood experiences and issues of avoidant attachment, but also the brain has not developed the usual connections and activation responses between areas of the brain that respond to emotional stimulus and areas that integrate that stimulus. In short, there is a restricted degree of communication between areas of the brain. Knowing this allows the therapist to utilise techniques in a particular manner. An alexithymic has more than just a cognitive block, they also have a neural connective insufficiency. Work needs to be done on cognitive perceptions and brain plasticity to try and develop new neuronal connections.

Imprinting

Another issue with early childhood difficulties and trauma is the problem of imprinted fears and self-esteem issues. Emotionally disturbing events can be stored in several ways in the brain. After about the age of 3-5 when the brain is more developed and we have developed the capacity for autobiographical memory (This is just a way of saying that you are able to distinguish and remember your own story as different from those around you [Thompson et al, 1996]. This is also related to the neurological development, Theory of Mind [Whiten, 1991]) we tend to record experiences in the outer cortex. If these memories can be retrieved then it is possible for the brain to reframe the memory into a new context which is then restored in the cortex. If the reframing is done in a positive manner and perhaps in the safe environment of a therapist's room, then the trauma of the memory can be changed and even extinguished (Rossi, 2007). This is the general cognitive path of treatment.

Early childhood experiences, however, are remembered directly by the amygdala (Richter-Levin, 2004). The normal processes of cognitive reframing or extinguishing of amygdala based memories can have very little effect. Controlling the fearful effect of these memories is done by dampening the neuronal firing in the amygdala. This is achieved by growing GABAergic neurons down from the medial prefrontal cortex to interrupt the neuronal firing of the fearful memory (see Baddenoche, 2008 p.109). This is one of the ways that the frontal lobes of the cortex modulate and regulate emotional areas of the brain. This process of neuroplasticity can be generated by the normal utilisation of therapeutic techniques and can be successful without having knowledge of the neurobiological process, but there is, at least for this author, an encouraging strength that comes with knowing what is happening inside the head. Although there have not been any studies that I know of, I have observed a benefit for my clients, too. Therapy is implicitly enabling and generating neuronal connections between the medial pre-frontal region and the limbic regions which allows for more effective self-regulation.

Changes in the brain like this take time and certainly call for patience from the therapist and the patient. In a good environment, developing and consolidating a new neuronal pathway can take between 8-12 weeks. This explains why cognitive therapies are deter mined at 8-12 sessions. If there are distractions or set-backs then the process can be delayed. The most important message from the neurobiological perspective is to persevere and have confidence that the brain is able to reshape itself (Doige, 2007; Schwartz & Begley, 2002).

Social Engagement

So much of what we do in therapy is to help people get along with themselves and in doing so help them function better in their relationships, families and communities. We are a very social species. This, too, is strongly represented in the wiring of our brains. We have a number of systems that directly drive social engagement and help us understand why we can become emotionally disturbed when we are socially disengaged for any length of time.

The most obvious evidence of our social brain is the use of language. Language is purely for the purpose of connecting with other people. We have special areas of the brain that have specialised for the complex communication that distinguishes human beings from other species. There are 2 principle areas: one for language comprehension, Wernicke's area, and one for language production, Brocca's area (Bear et al, 2006). Humans have also developed several neural complexes that wire us for social engagement. Stephen Porges, now at the University of Illinois at Chicago, developed the Polyvagal Theory (2001) which describes a neural system that activates a complex set of social engagement processes. Most importantly, this complex, the Ventral Vagus Complex, is designed to operate as the preferential mind/body state unless there is a strong enough fearful threat.

The Vagus nerve is one of the longest nerves in the body and is integral in the activity of the autonomic nervous system. Activity of the Ventral Vagus affects

The most obvious evidence of our social brain is the use of language. Language is purely for the purpose of connecting with other people.

Peer Reviewed Article

The Brain and the Therapist (Continued)

the muscles of the face, allowing for a wide variety of facial expression; the eyes, to open, relax and look at the other's face; the ears, to attenuate sound to the pitch of human speech; the vocal chords, to enable prosodic speech; the neck and shoulders, to enable head movement and shoulder gesture; the heart, controlling rises and falls in heart rate; lungs, controlling breathing patterns; and the gut, enabling healthy digestive processing. When threats or fears (real or imagined) reach a certain intensity, the ventral vagus is overridden by the sympathetic nervous system (fight or flight). When the threat becomes totally unmanageable the Dorsal Vagus comes into play and the body goes into collapse.

This knowledge helps us understand why a depressed patient presents with little facial expression, monotone vocal patterns, little head movement, lowered eyes, poor listening level, shallow breathing and upset stomach. During the course of a session, as the patient begins to feel safe and more positive, the socially engaging capacities of the ventral vagus return. It is in this socially engaged state that therapeutic processes are more effective.

Mirror Neurons

The discovery of mirror neurons (Gallese et al, 1996) in the mid 1990's has been one of the most exciting discoveries in brain function. Authors like V.S. Ramachandran and Ernest Rossi describe it as possibly as important as the discovery of the double helix of DNA (Ramachandran, 2000; Rossi, 2007). Mirror neurons establish the connection and engagement between humans. The serendipitous discovery occurred during experiments to discover the specific motor neurons in a macaque monkey when reaching for food. During a brief pause in the experiment, while the monkey was still wired up, one of the researchers reached out for the food in front of the monkey. Surprisingly, the neuron fired in the monkey's brain – as if the monkey was physically making the movement that it was observing. This is an absolutely extraordinary discovery. It is not that we are empathetic or sympathetic to the actions of others, these movements fire in our brains as if we are actually making the movement ourselves. Mirror neurons enable us to literally be 'in the other person's shoes'! Marco Iacoboni from UCLA has continued research into the human aspects of mirror neurons establishing that human beings were not only 'mirror' sensitive to the movement, but also to the intention of the action. Different mirror neurons would fire depending on the scenario (Iacoboni et al, 2005; Iacoboni, 2008).

We still have a lot to learn about mirror neurons and how they function in the brain. At this time there is an understanding that the process begins in the pre-motor areas of the parietal lobe and follows a pathway to the insula. It is then speculated that the information is filtered through the interpretive functions of the individual to create a personal, individualised response. What this means for the therapist will be a growing discussion as research continues. One important thing is to realise that it is impossible to not share someone else's experience to some degree. Our actions as a therapist are being monitored by the patient's mirror neurons. There is a non-conscious awareness of each other, the subtlety of which we still

don't know. Sometimes a therapist will have a reaction to the patient as they speak about their troubles that is to do with the therapist's own story and unresolved issues. We must be keenly aware of what we do and especially our involuntary reactions. Rather than understanding that we are human, too, patients may feel criticised or even just non-consciously uncomfortable. This new knowledge re-opens the discussion about the necessary degree of a therapist's personal disclosure. It certainly increases the therapist's need to be sensitive to what is happening within themselves while with a patient.

Conclusion

To conclude at this point may seem untimely. There are probably many questions that are still unanswered and the story is clearly unfinished. This paper can only be an introduction and overview of some of the workings of the brain and how this can inform therapists. The intention is to spark an interest that leads to further investigation. The reference list is a good place to start and will keep the most avid enthusiast busy for some time. The main neurobiological aspects covered here illuminate and amplify our intuitive perception that human beings are connected, that they are best served in a positive socially engaged state and that we can benefit each other by communication and interaction.

The therapist seeks to create a safe and positively engaged environment in which patients can take the time to recover, resolve and renew their personal experience. It may well be possible to achieve all these things without an explicit knowledge of the brain and the mind. It may be that our intrinsic knowledge is suitably reflected in the many therapeutic practices and techniques that we use. If, however, this paper triggered a single insight or opened a door of understanding then that may be evidence that it is time to bring the brain into our field of study. When I suggested to my alexithymic patient what her difficulty could be she was, initially, uncomfortable with having a 'condition'. As we investigated alexithymia and she connected to various websites and help groups she found comfort in the knowledge and, for the first time, something that she could work on to improve. She was not broken, she was a whole person. Her search was over and her focus on creating a better life began. Even from this single inspiration (and there have been many more), this author will continue to delve into the wonders and mysteries of the brain without pause and without end.

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We still have a lot to learn about mirror neurons and how they function in the brain

ACA

Internet and Computer Resources

Compiled by Dr Angela Lewis



Hi everyone,
This issue we cover teen slang online, Microsoft's new search engine and check out some Taskbar Tips—and don't forget to take a peek on my feature article which gives a rundown on social media such as Facebook and how you can make good use of them professionally and personally.

Teen Favoured Acronyms

WU, PLOX and PAW – do these mean anything to you? If you have teenagers then they probably should; because teenagers love instant messaging, text and Myspacing and it is common for them to use slang and acronyms—whether they're trying to disguise their actions or just trying to save a few keystrokes—leaving many parents firmly ITD (in the dark).

The easiest way to stay ITK (in the know) about what your kids are doing online is to learn their language. Reading your child's instant messenger logs or checking their MySpace or Facebook posts won't be very helpful if you can't understand what they're talking about.

Here is a quick list of common teen-favoured acronyms:

ASN - age sex location
Wu - What's up
Plox - please
PAW - parents are watching
POS - parents over shoulder
PIR- parents in room
MOS - mom over shoulder
GNOC - get naked on cam
LMIRL lets meet in real life
NMU not much, you?
K ok
PRON porn
S2R send to receive (pictures).

For online slang dictionaries visit www.noslang.com or www.teenchatdecoder.com

Google Has Competition



Google has long ruled supreme in the world of internet search and has become so much a part of our daily lives that we no longer 'search' for things, we 'Google' for them. However there is a new kid block. In June this year, Microsoft released their new search engine known as Bing. It is a different interface in terms of presentation: where Google is the straight-forward predominantly white and plain window, Bing (www.bing.com) provides a different picture daily, cycling through beautifully photographed and extremely vivid shots of natural scenes. In addition to the eye-catching colours, you can also mouse over points in picture to get facts based on the photo itself. But it isn't about who looks prettier, it is about who provides the better search result. There are many articles on comparison and if you would like to read about some of the differences from a more technical point of view try doing an Internet search for Google versus Bing, or try this article as a startpoint.

<http://www.betanews.com/article/Bing-vs-Google-rematch-Whos-getting-better-quicker/1250282414>

My personal choice is to stay with Google, as I feel Microsoft has enough of a monopoly on what we all do online.

Taskbar Tips

Need to shut down two or three open programs quickly, but leave the rest running? Then use your taskbar (the bar across the bottom of your screen which lists all open programs). Hold down the **CTRL** key as you click their buttons on the taskbar. Then, **right-click** (still holding down the CTRL key) one of those depressed buttons and select **Close Group** from the pop-out menu and they are easily closed.



Note: If it is just one program you want to close, **minimize, maximize or restore, simply right click on it, without holding down the Ctrl key.**



Websites

Survivors In Action is a non-profit national advocacy group that supports victims and the families of victims of any crime, including domestic violence, identity theft, elder abuse, cyber-stalking, child abuse, rape and sexual assault. Find them at www.SurvivorsInAction.com.

Shyness & Social Anxiety Treatment Australia provides information about: social anxiety, the treatment options, psychologists around Australia who treat social anxiety, group therapy & workshops, support groups, articles, resources and links to other sites. <http://www.socialanxietyassist.com.au/>

America Online (AOL) hosts an entire page devoted to the latest news on depression, loads of links and articles here at: <http://www.aolhealth.com/condition-center/depression/latest-updates>

Association of America (ADAA) is a national nonprofit organization dedicated to informing the public, health care professionals, and media on anxiety disorders. This link takes you to an article on anxiety and sleep disorders:

<http://www.adaa.org/GettingHelp/FocusOn/Sleep.aspx>

I have loads more information, tips and hints on my blog—so don't forget to check it out at <http://angelalewis.wordpress.com>.

Please note that all Internet addresses were correct at the time of submission to the ACA and that neither Angela Lewis nor the ACA gain any financial benefit from the publication of these site addresses. Readers are advised that websites addresses in this newsletter are provided for information and learning purposes, and to ensure our member base is kept aware of current issues related to technology.

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The easiest way to stay ITK (in the know) about what your kids are doing online is to learn their language.

Opening speech made by Dr Peter Baume at the joint ACA/PACFA conference on 2nd of October 2009 at the Hyatt Hotel Canberra

Let us consider Australia for a Moment.
Australia now.

And Australia into the future.

Quite apart from our concerns about the economy, about the government, about the opposition, about the world financial meltdown, about climate change, about double dissolutions, about society as a whole we as a group are concerned about medical paramedical things too.

Australia does not meet all the needs of people now. Far from it.

We have a relatively poor public hospital system as any of you who have had to go to a busy emergency department recently will know.

They do technical things well enough in those departments, but the ambience and the care of people is terrible.

It is not the kind of public system that is good enough for a first world country.

It is not the kind of public system that is likely to be good enough for people you love and value.

And if what is provided is not good enough for you or your family, then it is not good enough for the populace as a whole.

Is it not that the people in emergency departments are uncaring.

My own experience is that they are not.

But we need better facilities, better equipment, less pressure and more people.

Luckily the work so many of you do does not depend on a glossy state of the art hospital system.

It depends on people like you who bring to their encounters in private offices with people in need what you have learned about people over time.

Can you imagine an Australia of the future that has come to terms with its history of oppression and dispossession of indigenous people, that has come to terms with its history of isolation, that has come to terms with its history of being a penal settlement, that has come to terms with the history of sodomy that resulted from the previous piece of history, that has decided to concentrate of the needs of people and on relationships between people.

That is what Australia could be.

They are noble aspirations.

They are worth pursuing.

By the way they are about people and not about diseases or places or structures.

And look at the theme of this conference.

It is about the same things.

Australia dreaming is a challenge.

It can be read two ways.

It could challenge us to dream.

It could challenge us to look at ourselves and at Aboriginal Australia.

And just for the record.

We recognise and do not like the very poor health outcomes of our Aboriginal population.

You might be interested to learn that a psychiatrist in my school found a lot of psychiatric distress and trouble in Arnhem Land among traditional Aboriginal people, trouble that was not generally recognized.

The second theme is coming together. More of that later.

It is people like you who can help Australia be a place where people come together and where new ideas are sought and examined and welcomed.

We want people who will be what we need for this century.

We want fearless educated and prepared people.

We will only get those people by superior education and lifelong learning.

We do not want people who do a course of study and then do more learning for sixty years.

So we want people like you who are well trained and who are determined to become even more skilled year by year.

Continual improvement is everywhere and it affects you just as it affects any professional person wanting to take themselves forward into this exciting century.

You are special people. You are achieving people too.

You come from different backgrounds, sure, but there is one thing that unites you all.

You are concerned with troubled people who find it difficult to deal with life, and stress, and relationships as they meet them.

People who need help. Your help.

Your subgroups here use slightly different approaches, one from another, but the underlying activity is concern for people who are suffering and unhappy.

Governments have long realised that while you are divided they can rule you more easily.

Governments made arcane rules, and excluded most of you from the benefits and recognition that flowed from those rules.

It is almost as if accounting needs trumped the needs of people in distress.

But you are giving service to many people in need service they otherwise would not get.

And you are giving it locally often, where the people are, and that is noteworthy.

And you have achieved something very special.

Let me remind you of it.

The commonwealth government liked it when you were disparate and divided.

You were easier to control and to manage.

But you have united.

No one thought it could be done.

You have not concentrated on differences.

You have emphasised what is common to the work of all of you.

Can you imagine an Australia of the future that has come to terms with its history of oppression and dispossession of indigenous people.

You have identified core competencies that you demand your people have.

You have created a national register where no register existed before.

You have obtained agreement to a brave course from a lot of different areas of practice.

You have achieved where people thought you could not.

You have created a register when disbelievers thought that was impossible to do.

You have created a single body against the expectations of those who thought it could not be done.

You are a force to be reckoned with now.

You can so much now.

Goodness only knows what the future holds.

Goodness only knows what you will achieve next.

Let governments tremble.

You are special achieving innovative imaginative people and it is a pleasure to come here today to tell you just how proud other Australians are about what you have done and are doing.

This is just the first joint ACA/PACFA conference.

May there be many more.

Good luck to you all.

It is a pleasure to wish you luck and good fortune and to declare the conference open.

ACA

Book Reviews

Risking being alive – the wisdom of now

By Key T., Oldham J. & Starak Y. (2003)

Maroochydoore: Joshua Books

First published: Bundoora, Vic.

Pit Publishing in association with P.I.T. School of Social Work, 1978.

Price: \$24.95

When a psychotherapy book has been around for over 25 years and had several reprints and editions you get a pretty good idea that it probably has something of value to offer, and in this case it certainly does.

Risking being alive is required reading for anyone who is interested in the concepts and techniques of Gestalt Therapy, and it is in fact a text book used by Gestalt institutes here in Australia. Anyone interested in personal development, not just counsellors and psychotherapists will also gain much from the book.

With such a large volume of subject matter on psychotherapy and counselling coming from the U.K. and the U.S.A. it's great to see something locally offered that offers the Australian perspective, with allowance for the different hue that exists here. It is perhaps this 'Aussieness' that helps bring together the ideas and language of Gestalt Therapy in a highly communicative format, whereas many Gestalt Therapy books I personally have come across, can quickly lose me in their hippy or antiquarian like language.

It is small (170 pages) and very easy to read book, that you could sit down with over a coffee or two and finish in a few hours, or alternatively be engrossed for a year...or to really gain the most out of the valuable tools held within, you will probably find your self returning again and again. That's because the main readings are very concise and simple, yet still fully



explaining the ideologies of Gestalt Therapy, with its sometimes unique language. Added to the main body of reading, as we stroll through the various subject headings, such as *Awareness, Contact, Unfinished business and Conflict etc*, various experiments, which Gestalt Therapy is perhaps most famously known for, are introduced. This gives the reader the opportunity to try out a new way to experience and become aware around the various blockages discussed relating to the specific subjects.

As the writers say 'The Gestalt approach aims at systematically undoing our blocks to awareness, so that we have options in our behaviour and chance to express all parts of ourselves. This eventually leads to our being able to communicate with a much wider range of people and at a far deeper level. It gives us a chance to be more creative in our lives.'

I personally read through the main text, mostly glossing over the various experiments (and there are quite a few!), occasionally stopping at certain ones that particularly grabbed my interest, but I certainly will return many times to fine tune the various experimental techniques both for my self and for usage in my practice. The beauty of many of the techniques is that they can be integrated into any counselling practice, no matter what modality is preferred.

One area that will interest many therapists is the approach that Gestalt Therapists take when working with dreams. This area is handled once again concisely and simply in two chapters. Rather than being interpreted by the therapist, the client is guided in ways of becoming aware firstly of the dreams and recognising through the dreams lost, rejected, untouched parts of themselves, this leads to ownership and integration.

So why the title *Risking being alive – the wisdom of now*? Very simple – to be fully alive requires us to take risks. It can be risky becoming aware of our

Risking being alive – the wisdom of now
By Key T., Oldham J. & Starak Y.

behaviours. It can be risky making contact with people – we could be rejected. It can be risky listening to the wisdom of being in the now - we might have to let go of the fantasies build up from past experience and experience new things. There are many risks in being fully present in the moment and being fully alive, but there can also be many benefits, but we have options, we have choices, and being aware of our choices can allow for growth.

You have the option to not read the book, or the option to read it. You have the option to take on board some of the ideas or not. That's the joy of life, and fully being alive. It is fully your choice, and whatever your choice I support you for making it. I would however fully recommend to you to take a risk grab the book, and see if it fits for you...or not.

Multicultural Couple Therapy

Editors: Mudita Rastogi and Volker Thomas

Sage Publications, 2009. Price: \$40.45

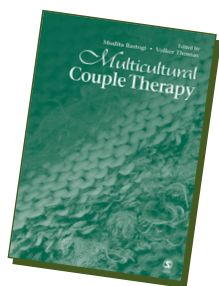
426 pages

This book is an extensive volume divided into seven sections with a total of 19 chapters. As noted in the foreword and by the editors in their introduction, there is limited work on multiculturalism in couple therapy, and this book makes a substantive contribution to a little known area. The sections are as follows: Interracial couples, Religious Minority Couples, Evidence Based Models of Couple Therapy with Minorities, African American and Black Couples, Asian American Couples, Latino and Hispanic Couples and Native and First Nation Couples. Although the book is American based, much of the writings on, for example, assessment, therapy styles and attention to culture are helpful to anyone working in a western country with culturally and linguistically diverse communities.

As the editors note (page 7) the book is for researchers and clinicians, beginning and experienced counsellors/therapists, and readers interested in multicultural and couple therapy. I would also add that it is of interest to anyone working with multicultural communities, such as in a research, policy or health promotion role. I particularly enjoyed one of the early chapters on white therapists working with minority couples as I have seen many thoughtful clinicians struggle with such issues.

To enable readers to get the most out of the book, as the editors state (page 7/8) each chapter is largely structured in the same way, with an introduction, summary of the research, discussion of approach, a case example or similar, tips, suggestions for training, supervision and professional development, discussion of reflective practice, list of resources and a reference list. I found this structure useful, as it allowed me to skip parts of chapters that I was more knowledgeable about. The case examples provided colour and context, and I commend the editors and authors on a colourful and engaging text.

Reviewed by: Dr Desiree Boughtwood, BA (Hons), MA., PhD., Dip. Counselling, Cert. TESOL **119**



Treating Stress and Anxiety: A Practitioner's Guide to Evidence-Based Approaches

Lillian Nejad PhD & Katerina Colny BSc

Publisher: Crown House Publishing

Price: \$49.95

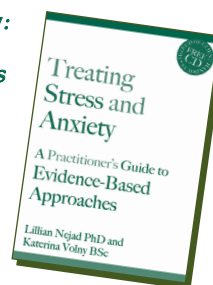
This book is succinct, and essential for use by a range of practitioner types. It is extremely easy to read and its indexation is well structured. It is suitable for new as well as more experienced practitioners. The language used is extremely well phrased – particularly in the handouts for clients where they have used normalising statements over more clinical language. As well, it provides an excellent self-help book for practitioners themselves, reminding them of techniques to use for self-support.

The authors are making a gift of their research and the tools and resources gained via this research. This research information is clearly enunciated, giving the practitioner (as well as clients) using them reassurance that the treatment methods are reliable. It is a guide to assessment, procedures to be followed and monitoring activities. There are a number of handouts and tools to be provided to clients that are explanatory as well as providing activities for the client to do at home. The use of these home activities, I believe, would be empowering to clients in their treatment, making it more of a team effort, which may lead to a more robust commitment from the client to their own treatment. I was particularly impressed with the attention paid to the maintenance of outcomes as well as preventing relapse and therefore stabilising of outcomes over time. Not only does the book provide exactly what the title suggests, there are many more techniques that can be more broadly used across a wide range of problem areas.

Of particular interest is an entire chapter devoted to working with groups, with detailed guidelines and a full range of practical strategies for group work including dealing with client fears about joining a group. It gives structural suggestions about how an 8-week program of group sessions might be developed, agreements for participants, and an evaluation for clients to complete.

This is a book that will often be referred to when treating people presenting with stress and anxiety.

There is a CD ROM which accompanies the volume that holds the handouts referred to in the book, making them available to print out to be given to clients.



Multicultural Couple Therapy
Editors: Mudita Rastogi and Volker Thomas

Treating Stress and Anxiety: A Practitioner's Guide to Evidence-Based Approaches
Lillian Nejad PhD & Katerina Colny BSc

Nothing changes if nothing changes
By Dawn Spinks

Nothing changes if nothing changes

By Dawn Spinks

Publisher: Spinks & Associates Pty Ltd, Brisbane

Price: \$28.45

The first thing I notice about this book is the compact size and easy to read format that the



Book Reviews (Continued)

author has adopted throughout the book. The book is written in layman terms without professional jargons which make it easier for anyone that wants to consider counseling to read without having to look up a dictionary. I particularly like the way that each chapter flows well into the next as a step by step guide which is easy to follow.

The beginning chapter gives a good introduction of the differences of the roles of each allied health profession including counseling without going into lengthy details. Then smoothly followed by practical steps of finding the right counselor and what to expect from counseling. The use of metaphors such as "counseling is like removing a wart" and "laying foundation of a house" (chapter 3) being synonymous to building rapport and relationship explains and illustrates well regarding the complexity of counseling. I also find the example of the counseling contract (chapter 3) a helpful inclusion for readers as it gives them some idea of knowing what they can expect in terms of confidentiality and their expectations in counseling although the second part of the contract could be simplified a little with less writing. The sections in chapter 3 regarding making changes, choices and support expected from counseling are also helpful information for readers giving them a preview of what they could expect from their counselor. The author writes about client's commitment in chapter 4 that gives readers a balanced view between expectations and client's responsibilities which I think is an essential component in a counseling guide for potential clients to be aware of that they are the ones that need to be responsible for their change not the counselor.

In further chapters, the author writes about making changes and explains the different dimensions of changes (i.e. physical/social/emotional environment, spiritual changes, cognitive changes, language changes) that could occur in counseling. The way that the author explains about the different changes is well written and easy to understand again without need to use professional jargons. I particularly like the chapter on language changes which emphasizes on positive self talk and the power of affirmations that deserves a more detailed mention which the author has done in this book.

The use of case studies, the concise summary at the end of each chapter and the short sentences highlighted in bold throughout the book really illustrates and lends clarity to the author's guiding viewpoints. The sensitive mention regarding the subjects of abuse and cultural influence (chapter 5) shows that the author is respectful to diversity and intolerance to abuse. For readers who are from different cultures or who experience abuse, this book gives an affirming view on counseling. The ending of the book of the last 2 chapters regarding monitoring progress and when to stop counseling concludes well by giving the readers a sense of follow on and moving on rather than an abrupt ending which in itself is hope inspiring. The picture illustrations of the goldfish in a bowl and outside the bowl on the front cover are excellent metaphors.

Overall, I enjoyed reading the book very much. The book is obviously targeted towards readers who do not know much about counseling and I think the author

has done a very good job at illustrating that. As a counselor, I also found the book affirming to read as it gives us counselors a sense of validation and that we definitely have much to contribute. Well done!

Reviewer: Irene Watkins (qualified ACA member) on 18/11/09

The Parent's Book About Bullying: Changing the Course of Your Child's life – For Parents on Either Side of the Bullying Fence

By William Voors

Publisher: 2000 William Voors

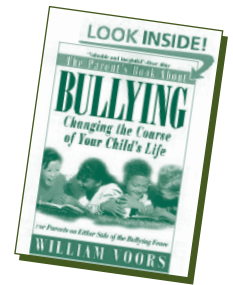
Price: \$27.95

As the drawn out title suggests, this book is aimed at informing parents about how bullying impacts on their children whether they are parents of a child who are being targeted or of a child displaying bullying behaviour. It is clearly written using language that is accessible to parents.

It is nicely interspersed with anecdotal stories based on the author's clinical experience, which helps illustrate the points being made. In the introduction the author makes a significant statement about language; that labelling children as a 'bully' or a 'victim' infers their behaviour as being permanent, instead he suggests using the terms 'children who bully' or to the children who are bullied as 'targets'. This is consistently adhered to throughout the book.

The rest of the book is divided into three sections. In the first section the author succinctly gives a well accepted definition of bullying, describes the main classification of types of bullying, debunks the various myths about bullying and finally shows the impact of bullying not just on targets but on the instigators. This drives home to parents that bullying is not a matter to be taken lightly. The second section is a practical useful guide on how to recognise if their child is being bullied, to useful techniques on how to initiate conversation and support their children being bullied. This is followed with a very good summary of assertiveness training. The author then provides a guide on what to do for persistent bullying, suggesting when and how to contact the school and when if necessary to see a therapist. The final section is written for parents of children who bully. It gives insight on how societal attitudes and parenting style may encourage the bullying behaviour in their children and then challenges the parent to change their behaviour if they want their child to change theirs. This is followed with a useful chapter of basic skills on how to manage anger in themselves and how to teach their children skills on how to handle anger more effectively.

The book is written for an American audience and therefore some of the contexts given are either irrelevant or alien in an Australian perspective. The presentation of the book is dull making it unattractive to its targeted audience. I am of the opinion that flow charts and lined images would have helped a parent connect with the book better. The biggest criticism I have is that the book is outdated. It was published in



**The Parent's Book
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By William Voors**

2000; its research base is from studies of the nineties. Consequently it does not address the most recent parental concerns of cyber-bullying nor take into account recent evidence based practice in communication. The book can be a useful tool for parents interested in wanting to develop their communication skills with their child, but due to its dated and American centric nature I think there are more relevant and up to date books in the market.

Reviewed by John Samanna, B.Sc. Dip.Ed. B.Theol, Grad Dip Adolescent Health and Welfare, McounsHs, QMACA (School Counsellor, St. Bernard's College, Essendon)

Cognitive Therapy Techniques for Children and Adolescents – Tools for enhancing practice."

Authors: Robert D. Friedberg, Jessica M. McClure, & Jolene Hillwig Garcia

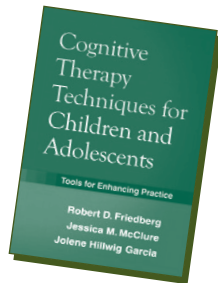
Publisher: Guilford Pubs Inc

Price: \$67.00

This is a great reference book for the novice and experienced clinician alike, whether directly involved with young people as a School Counsellor or Chaplain, a clinician in private practice or in the public sector. A plethora of cognitive behaviour therapy techniques awaits the therapist seeking fresh and creative practical ways for dealing with issues associated with children and adolescents. The book takes a modular approach incorporating six modules covering psycho education, assessment and behavioural interventions, self-monitoring, cognitive restructuring, rational analysis, and exposure/experiential methods. It is well articulated and presented with a simplicity that provides the reader with valuable practical tools that can be taken into the therapy room. The ideas outlined are well researched and backed up by a credible list of reference sources. There is a good balance between theoretical concepts and practical application.

It is easy to imagine that children and adolescents would respond positively to the approaches outlined in this book. The techniques incorporate materials that kids will adopt more readily. Novel approaches, such as social networking concepts underpinning practical techniques for kids; are outlined. One example provided is an Instant Message role play technique approach. The techniques provided in this book give the clinician confidence that he or she can have their young client engaged in the therapy session in a way that will maximise benefit to both client and clinician, and provide a positive child-therapist relationship. Where ever you turn in this book, you will find a useful practical tool for treating young people in therapy.

I would recommend that this book become an essential part of any clinicians' library, especially those who deal with or specialise in children and adolescents. I have been looking for a good practical guide to cognitive behaviour therapy techniques for young people for some time. This book has met my needs in seeking to enrich my understanding of this topic in a practical way immensely.



Reviewed by John Bradd BSc.(Hons) PhD. DipEd. Adv. Dip Counselling and Family Therapy. MACA (Qual) (Principal, ECOSALT Counselling & Family Therapy)

Buddhist Snippets

Author Po T G Jeffrey

The visual appearance of the book was inviting to look at, this could be good for any counsellor that has clients with this belief factor in their back ground, but as the title does say it's only snippets of the area to know more you have to do further research on the subject. The way each chapter was setup was good they were clear and easy to locate were different subject were in the book.

Which can help the counsellors under stand their client that happen to be Buddhist having it in essay will help the reader of the subject get a better understanding of the subject which in turn will help the counsellor have a better understanding of their clients if they had a belief factor in this area..

The illustrations were good as they help me understand were the possible client environments may have been like.

This is a book I feel needs to be in every counsellors it is good reference book that the counsellor can use not only with their client that have a Buddhist back ground it can be used with all their other clients that are not.

This book can also be use for the actual counsellor to use in their time of reflection time after their sessions with their clients so enabling them to disconnect from the other clients and a better understanding of them selves.

The way the author has made certain parts in the book bold helps the reader under stand their own interpretation of the subject they are reading. Those parts were there are conversations with other factor in this area so we are not just getting the authors view of the subject.

There are lots of articles that if the counsellor was to have this in the library it can be useful in other parts of their practice and with their other clients.

There lots of explanation that can be used to explain the issues that their client may have giving them a better view, even if they don't have a Buddhist background.

The section on death I found very well this part can be used if you are seeing a client on grief and loss.

It can be used in conjunction with theoretical article as well the breaking down of each area makes it easy to use in this area.

On reviewing this book I would agree with the author than Buddhism is helping tool in counselling.

Also I feel that every counsellor should have this book in their library fir reference to for their session with the clients they may see, and It would be handy book to put on a further reading list for any of the courses the ace may be do in the future

Reviewed by Mr John Furphy



Cognitive Therapy Techniques for Children and Adolescents – Tools for enhancing practice."

Authors: Robert D. Friedberg, Jessica M. McClure, & Jolene Hillwig Garcia

Buddhist Snippets
Author Po T G Jeffrey

Book Reviews (Continued)

Happy Parents Happy Kids

By: Terrence L McClendon,
(2007)

Publication: McClendon,
Terrence

Price: \$30.00

The book is essentially, about how to use the NLP model of human communication to improve our relationships with our children in ways that are beneficial to both the children and the parents.

I was fortunate enough to be selected to do the book review for the ACA and you avid readers. With only a little over 100 pages to read through, the book contains sixteen captivating chapters each in large print and easy to understand language, it includes stories, examples and techniques to help you along the way.

What though is NLP? NLP, is a human performance technology that provides tools for improving human performance in the areas of communication, management, education, sales, counselling and sports performance. It looks at patterns of behaviour both good and bad behaviours, then uses this information about the behaviour patterns to guide individuals or groups toward mutually desirable goals, or to change unproductive behaviour.

Now on with the review:

I believe the book was written from the premise that "Parents want the best for their kids and want to be proud of their achievements." (pg i)

The book then is about improving the communication skills of parents and children through the use of specific techniques and strategies, which lead to happy parents as they see their child/ren grow and develop in a positive healthy way. It leads also to happy children as they are guided and nurtured by positive happy parent/s.

As previously stated the book is divided into sixteen chapters, however these are then divided into basically two sections. The first section being: chapters 1 & 2 which provide an overview on many aspects of and influences on, child development. While the second section chapters 3 to 16 focus on practical day to day situations and provide some guidance and suggestions to parents as well as two specific applications using the exercises, skills and techniques covered throughout the book to help parents in their communication with their child.

Parents are encouraged to use the guidelines to enhance their child's capacity to learn, both formally, in a school setting and more informally, through improved communication with the parent and others at home as well as in their various social settings.

Happy parents Happy kids, may be worth having on your shelf but at times a little difficult for parents to follow on their own.

Reviewed by: Kevin Luttrell (Counsellor)



The secret language of your body: the essential guide to healing

Author: Inna Segal

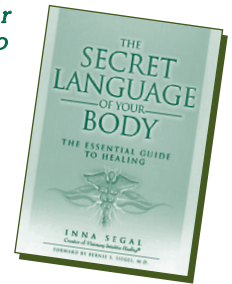
Published: Blue Angel Gallery,
Australia

www.blueangelonline.com

February 2008

224 Pages

Price: \$34.95



Inna Segal describes *The Secret Language of Your Body* as 'a reference guide which can assist you to understand how your feelings, experiences and thoughts influence your physical, mental and emotional health'. As part of the self-help genre this book resembles those of New Age connoisseurs Louise Hay and Carolyn Myss, providing various relaxation, visualisation and affirmation tools, aimed at facilitating the reader's health journey. Not all practitioners will want to consult it, but it may appeal to those interested in techniques of this genre.

The book begins with Segal's own recovery story from chronic illness, which she attributes to 'a shift in consciousness' that led to an experience of 'deep spiritual love' and awareness about her capacity to self-heal. It is then divided into five chapters, beginning with 'Ten basic principles for healing' based on a commitment to health; attention to emotions; breathing; eating healthily and consciously; body movement; body awareness; creativity; attunement to colour; gratitude, and laughter. Chapter Two is a guide of 211 physical ailments. Each has information about 'emotional, mental and energetic blocks', and remedies that draw on prayer invoking the 'Divine healing intelligence'. Chapters Three to Five discuss the impact of emotions, colour and bodily systems on health.

In promoting the capacity to self-heal, Segal refers to psychoneuroimmunology (PNI) research. Robert Ader and his colleagues of the Department of Psychiatry at the University of Rochester, New York, founded psychoneuroimmunology in the 1970s. This expanding discipline investigates the link between the immune and nervous systems, behaviour and health. (See the Psychoneuroimmunology Research Society at: <https://www.pnirs.org/index.cfm>). In *The Secret Language of Your Body*, Segal draws on this research in support of her ideas and tools, which she has intuitively developed.

As a counsellor and researcher of body-oriented techniques in talk therapy, I welcome the premise of this book. However, like similar books of this genre, health and healing, deemed influenced by and treatable through the mindbody relationship, are constructed as individually controllable experiences. A concern I have is that by situating responsibility for health in the individual, socio-cultural and other determinants of health such as gender are minimised. Furthermore, the onus of responsibility for one's health, placed solely on the individual, has the potential to swing both ways. What might the impact be on the reader if the tools outlined do not facilitate change in health? Certainly, it is a delicate balance between discourses of empowerment and blaming, and while I would say that Segal manages to avoid

Happy Parents
Happy Kids
By: Terrence L
McClendon

The secret
language of your
body: the essential
guide to healing
Author: Inna Segal

blaming the individual for her or his health outcomes, I would advocate for additional support beyond the book.

The success of *The Secret Language of Your Body* lies in its readability; many will find their own experiences reflected back in its descriptions of health issues. Further, though it is aimed at a lay readership, practitioners whose clients are interested in or who already use these techniques, may find some of the tools useful adjuncts to their work. Overall, I suggest that the text is a valuable addition to its field.

Reviewed by Karolyne Quinn
BA (Hons) MSocSci (Counselling) PhD candidate
Centre for Women's Studies and Gender Research,
Monash University

Skilled Helping Around the World: Addressing Diversity and Multiculturalism

By Gerard Egan

Published: January 2006,
Thomson Brooks/Cole

Price: \$54.54

Gerard Egan's book "Skilled Helping Around the World: Addressing Diversity and Multiculturalism" (Thomson Brooks/Cole, 2006), is a very interesting guide and tool to be used by any professional counsellor, especially by those working within the framework of multicultural societies, as Australia is defined too.

In my view, the main value of the text and the greatest benefit of reading it, consists in the deep and extended author's understanding of the theoretical aspects of cultural and multicultural conditioning of the individuals involved in the counselling / helping process and in the vivid presentation of the emergence of cultural issues within the counselling practice itself, through its stages and, respectively, tasks. From this perspective, the book is not just a dry theoretical presentation of ideas and arguments – it begins as a general theoretical definitions of terms and notions and follows a clear-cut path through terms at work in the common practice of counselling – but the text is illuminate from within by concrete examples drawn out from the vast author's personal professional experience.

The author's definition of culture as "the way we do things here", his insightful understanding of "personal culture" as the individual way of re-shaping beliefs, values, norms regulating behaviour and the subtle difference between culturally conditioned issues and personality issues allows him to notice how cultural problems intervene in the texture of the counselling process itself and in the communicative exchange implied here. Technical and professional terms are seen in the light of the idea that problem management and opportunity development are at the heart of the helping process and are human universals.

The balanced vision about commonality and diversity in multicultural counselling and the instructional / didactic value of the book make it an excellent introductory reading to the complex and delicate world of present day counselling theory and practice,

a necessary enlightening re-freshening tool for any practitioner, whatever his or her academic or experience level.

The "hands on" value is reinforced by the final "Personalizing Exercises" chapter. Gerard Egan's vast academic and professional knowledge once more help counselling practitioners to enhance their own cultural self awareness, to re-consider terms, notions, ideas related to cultural diversity, 'making-sense-of-the world', social justice, bias-free treatment, personal culture, individual identity, cross-cultural competencies, learning from cultural differences, challenge and confrontation, communication and dialogue.

The Appendix (p.52), "The Tilford Group, Working Model for Further Research on Multicultural Competencies", as well as the extended bibliography provide a very resourceful guide for further study and research.

Reviewed by Radu Satcau, QMACA, teacher.



**Skilled Helping
Around the World:
Addressing
Diversity and
Multiculturalism
By Gerard Egan**

Register of ACA Approved Supervisors

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
NEW SOUTH WALES					
Cate Clark	Albury	02 6041 1913 or 0428 411 906	Grad Dip, Mental Health, Supervisor	\$75	Face to Face, Phone, Group
Martin Hunter-Jones	Avalon Beach	02 9973 4997	MA, A d. Ed Ba Psych, Philos	\$100	Face to Face, Phone, Group
Jennifer Cieslak	Bathurst	02 6332 4767	Mast. Couns., Grad Dip Couns, Supervisor Trng	\$77	Face to Face, Phone, Group
Patricia Newton	Dee Why/ Mona Vale	02 9982 9988 or 0411 659 982	RN, Rmid, Grad Dip Couns, Cert CISMFA Trainer, Cert Supervision	\$100	Face to Face & Group
Carol Stuart	Bondi Junction	02 9387 7355	Dip. Prof. Counselling, Supervisor Trng, Workplace Trainer	\$88, \$70 (conc.)	Face to Face, Phone
Heide McConkey	Bondi Junction	02 9386 5656	Dip Prof. Couns. Prof. Sup (ACCS)	\$99 ind, \$33 Grp	Face to Face, Phone, Group
Gary Green	Brighton Le-Sands	02 8005 7707	MA Couns. (Psych.UWS), Grad Dip Couns.(Spo.Perf. Psych.ACAP) Dip T.A(ATAA), Cert IV Assess. Work. Train.(ISA), Cert IV Ret. Man. (ISA)	\$150	Group and Phone by Nego
Thomas Kempley	Central Coast	0402 265 535	MA Counselling, Supervisor Training	\$75 ind, \$55 Grp	Face to Face, Phone, Group
Lyndall Briggs	Kingsgrove	02 9554 3350	Dip. Clin. Hypno., Clin Supervisor, Master Practitioner of NLP, Dip. Nutrition, Cert. IV Workplace Training & Assessment	\$66	Face to Face, Phone, Group Skype(Web)
Erica Pitman	Bathurst	02 6332 9498	Supervisor Training (ACAP) Adv Dip App Soc Sci (Counselling) Reg. Mem, PACFA, Clinical Mem. CAPA, Cert IV Workplace Training	\$90	Face to Face & Phone
Robert Scherf	Tamworth	02 6762 1783 or 0403 602 094	Registered Psychologist	\$120	Face to Face, Group
Samantha Jones	Lindfield	02 9416 6277	Clinical Hypnotherapist, Supervisor Trng	\$90 Ind, \$40 Grp	Face to Face, Group (2hrs)
Lidy Seysener	Mona Vale	02 9997 8518	Cert Couns & Psychotherapy Prof Sup (ACCS), Masters NLP	\$150	Face to Face, Phone, Group
Gordon Young	Manly	02 9977 0779	Dip Hypnotherapy, Dip Couns, NLP Trainer, BA (Hons). Supervisor training	\$77	Face to Face, Phone, Group
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The Practice of Clinical Supervision

Edited by

Nadine Pelling

John Barletta

Philip Armstrong

Quality clinical supervision for counselling, psychotherapy and other mental health and related disciplines seldom occurs by accident. Rather it is the result of strategic planning by counsellors, administrators and supervisors working in partnership. The aim of such collaboration is to find a practical and appropriate process to support the counsellor in the workplace to achieve best practice in their everyday work. With attention to supervision, the emerging professional can be protected from the euphoria of a grand vocational adventure dissolving into the despair of a fading dream. This book is a state of the art summary of where supervision is today and what are some of the crucial themes we need to consider as supervisors, an invaluable update for the the experienced supervisor. Its scope and cross-professional application (counsellors, psychotherapists, psychologists, social workers, life and business coaches) ensures all who are interested in supervision can benefit from this book. It will also be attractive to trainee practitioners who are beginning supervision and to trainee supervisors who are taking their first steps as supervisors. To cater for this wide audience, the various chapters blend contemporary research with modern models and up to date frameworks and practical tools applied to various contexts.

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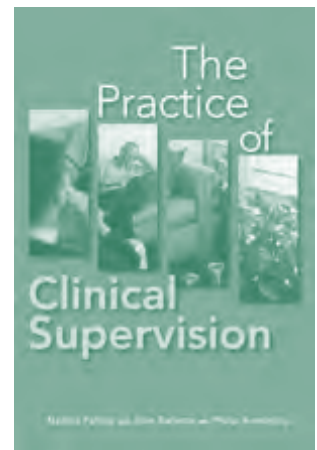
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Thursday 7th to Friday 8th July, 2011

To receive full consideration submissions must be submitted before **April 30th, 2010**. All proposals will be reviewed by the Conference Organizing Committee and individuals will be notified of their status by **July 1st, 2010**. All submissions must be in English. Submissions will be accepted for individual papers or workshops.

Papers that address theoretical, practical, and research aspects of counselling from cultural perspectives are particularly welcome. Other counselling topics will also be considered. The program will consist of individual papers, workshops and a keynote address. The papers should be scholarly and written in a style that is accessible for researchers, professional, clients and self-help readers.

Abstracts are to be typed and be **no more than 500** words and **no less than 100** words. Abstracts must be relevant to the counselling and psychotherapy fields and address the theme of the Conference. Abstracts are for 90 minute workshops and 30 minute papers.

Please include (international presenters are encouraged to submit)

- Title of your presentation/workshop
- Your qualifications and experience (no more than 100 words)
- Your audio visual requirements
- Your contact details, daytime phone, mobile, fax and email address)

Please submit abstracts to:

Dr Ann Moir-Bussy
Dept. of Counselling & Psychology
HK Shue Yan University
10 Wai Tsui Crescent, Braemar Hill
North Point, Hong Kong
Email to: annmb@hksyu.edu

For on line membership information and
details about . . .
the Association for Counsellors in Australia
please visit the
ACA Website
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