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of culture-context:
multicultural counselling revisited

Guidelines for online counselling
and psychotherapy

On being a gender maverick:
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Editorial

I hope I find all our readers in good health and refreshed after the Christmas and Holiday season.

As always the Australian Summer has been challenging for many people, with further floods this year. Much of the flooding has been worse than the January 2011 floods, with many flood levels reaching new highs, particularly in regional and country areas of New South Wales and Queensland. It is easy to forget that only three years ago we were experiencing one of our worst droughts. There have been some significant concerns put forward by some well-respected mental health professionals that these and past floods will continue to present mental-health services with challenges, as people suffer mental-health issues as a direct consequence of experiencing floods.

ACA has now released its new Guidelines on Web-Based Counselling Services. We must thank the British Association of Counselling and Psychotherapy (BACP) for allowing us to adopt their well-researched policies. The ACA Board chose not to reinvent the wheel in regard to internet policies and guidelines after conducting research into issues in this regard. ACA has spent the last 12 months looking at policies of other similar associations and the need to adopt our own guidelines, particularly for insurance policies for our members. After much consideration it was determined that the BACP Guidelines were comprehensive and well researched to the point that trying to improve upon them would be a waste of resources with potentially little return. A copy of the Guidelines can be seen in this publication.

The new and improved ACA Website is now live and many members have taken advantage of the member profile facility. This facility allows members to make their own web page for consumer interest and also gives them their own unique URL, in effect giving each member their own web page at no cost. This means members can save money on host and design costs and this all comes as a member benefit with no added administration costs. Another new addition to the content of the



Philip Armstrong
CEO: Australian Counselling Association

web page is that we have combined the Code of Conduct, Ethics, and Complaints Procedures documents into one document. ACA has also added a new Suicide Guidelines section to the Code of Conduct.

Work is continuing on the development of the new public website, "Mind your Head". This site has been designed as a resource for educational purposes and also a resource for those suffering from a mental-health issue. This new portal will feed into the ACA website in relation to members of the public seeking out a counsellor. We will also be able to utilise the portal in our lobbying efforts. We hope to have the site completed in the next few months. All ACA members who have a profile on our member profile facility will come up on searches from the Mind your Head website. Again there are no added costs for members for this service.

ACA will not be holding a conference this year, however will be holding one at the Gold Coast in September 2013. Calls for papers will go out soon. This conference will be different from our past conferences in that it will be held at a resort. Members will be encouraged to use the conference as an opportunity to recharge and have some fun. We will be holding the conference on a Thursday and Friday so that members can stay over at the conference venue for the weekend. We will negotiate special accommodation costs for members to facilitate staying and have also ensured the venue will have a kids' club so that members can bring their children and attend the conference at the same time.

The conference will have an informal atmosphere and we will be encouraging participants and presenters to wear shorts, thongs and t-shirts as opposed to the usual more formal clothes. The conference will be themed around having fun whilst learning. What would be the point of having a conference at a resort if it was all stiff and formal? Further information about the conference will be released soon.

ACA, as part of the membership of the steering committee of the Counselling and Psychotherapy Association of Commonwealth Nations, will be seeking to develop close ties with counselling associations in Africa this year, focusing initially on Kenya and South Africa. Further information about how we will be approaching this strategy will be discussed in the next edition of CA.

Till next time. ✉

Philip Armstrong
Editor

Complaints Hearing Outcome
Martin Peake has been deregistered from ACA for breaching clause 2.5.4 "Not initiate, develop or pursue a relationship be it sexual or non-sexual with past or current clients within 2 years of the last counselling session" of the ACA Code of Conduct.



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Guidelines for online counselling and psychotherapy

The authors of this copied report are:

Stephen Goss: PhD, Research Development Officer, BACP and Hon. Research Fellow, University of Strathclyde, Scotland

Kate Anthony: Online Counselling Consultant; www.onlinecounsellors.co.uk

Alan Jamieson, Deputy Chief Executive, British Association for Counselling and Psychotherapy

Prof. Stephen Palmer, PhD (Chair), Director, Centre for Stress Management and City University, London

The purpose of these guidelines

This document provides the essential elements of the guidance issued by ACA for those involved in the provision of counselling and psychotherapy over the internet. While it is written primarily for practitioners, it will also be of use for providers of online therapy services, those considering using them, and those with an interest in the subject.

This guidance is supplementary to the more general statements on good and ethical practice of therapy produced by ACA to which the reader's attention is drawn (see Appendix 1). It is also subordinate to them and to general ethical considerations.

As well as all innovative or under-researched means of service delivery, practitioner's should proceed with appropriate caution. It remains the practitioner's responsibility to ensure that any additional benefits for clients from online therapy outweigh any limitations of the service provided and that any risks are minimised, kept to an acceptable level and appropriately managed. It remains the practitioner's responsibility to assess the best and most appropriate course of action at all times.

ACA recognises the growing importance of online provision for a wide range of psychological therapies and the potential for significant benefits, especially for those who have difficulty in accessing traditional face-to-face services or who prefer not to use them. However, as these Guidelines are published this is still a very new way of working and it is not yet possible to provide definitive answers to all practice issues. These Guidelines raise questions that should be considered carefully by practitioners and organisations engaging in online therapy, and should be addressed, where appropriate, in specialised training and supervision. At this early stage of development it is acknowledged that further research and development is required. Consequently, publication of these Guidelines should not be taken

as any endorsement of online therapy provision per se.

ACA emphasises that all practitioners in the psychological therapies, including all forms of counselling and psychotherapy, should be properly qualified and accountable for the work they undertake.

The guidance provided in this document applies to both counselling and psychotherapy provision. Not only do the terms overlap, but the functional distinction between them is increasingly seen as relating more to professional context than to differences in clinical practice. The terms have thus been used interchangeably or replaced with the overall term 'therapy' to indicate the full breadth of activities covered by either term. The term 'practitioner' has been used to refer to counsellors and psychotherapists of all kinds.

Primary focus

This document relates primarily to text-based communication over the internet. This has been taken to mean:

- Either email – in which messages are exchanged over the internet and may be read and replied to at any time
- Or internet relay chat (IRC) – in which both parties are online simultaneously and messages are received and responded to immediately; examples are AOL's Instant Messaging or ICQ ('i-seekyou').

Exclusions

This document does not directly apply to provision of therapy via the telephone or video links or through software used either with or without skilled assistance, although there may be some overlap between online therapy and these other forms of provision.

The potential for online therapy

It is not yet possible to say whether the necessary conditions for effective therapy can be created online. Anecdotal evidence

suggests that it is not only possible to create deep, emotional relationships online but that – with some differences – these can closely resemble relationships formed in face-to-face therapy. Reported examples of these differences include the possibility of a greater willingness to disclose personal information, greater possibilities for deception or impersonation, and sometimes strong emotional response to messages that are either insufficiently clear or deliberately antagonistic. These need to be researched further.

Who should offer online therapy?

Competence

It is only right and proper that practitioners should be prudent and conscientious in their consideration of the challenges of any new area of practice, including online therapy provision. Competence as a therapist in one medium does not necessarily translate into another medium.

Online therapists, like those working in any other way, are required to ensure that they are working within their professional capabilities and are properly trained and supervised for all services they offer.

Online provision is a specialist area, requiring a level of competence at least as high as that for face-to-face work. Very few practitioners will be able to engage in online therapy without additional skills, training and experience. Online therapy is NOT appropriate for novice or inexperienced practitioners.

Limitations of practice

Practitioners should consider both the limitations and complexities of offering their services online and the suitability of what they can offer in this way for particular clients or client groups. They should also consider the shift in skills and practices required for online work and the effect on the likely experience and outcomes for clients in relation to both their theoretical orientation and

personal skills. Some models of therapy will be less suited than others to being adapted to text-based communication.

Training and supervision

Specialist training in online provision of counselling or psychotherapy may be required before offering such services. Practitioners will need to consider their ability to deal competently with a number of issues beyond those involved in face-to-face therapy. Examples include:

- The shift from verbal and written communication skills;
- The importance, and difficulties, of building and maintaining an adequate therapeutic relationship online;
- The importance of greater clarification than in face-to-face work so that misunderstandings do not occur;
- Assessment issues and skills when working online, e.g. establishing the suitability of online counselling for the issues at hand and the individual concerned, and in terms of the physical and transactional limitations of online provision;
- Appreciation of appropriate administrative practices, e.g. legal obligations, data storage;
- Adequate knowledge of technical questions relating to security, privacy, etc; their online work. Specialist or additional supervision, over and above that required for face-to-face provision, may be required.

Verification of practitioner identity and credentials

Clients should be able to verify a practitioner's identity, and the accuracy and adequacy of their stated credentials, in an easily accessible way – for example, by referring to a reputable professional body (e.g. ACA). How the client might do this must be made clear in the pre-therapy information provided by the practitioner.

The worldwide web is the most accessible route for clients to verify their therapist's credentials, and ACA, in common with other professional bodies, has an online directory in which, to date, 20 per cent of its members have chosen to be included (see ACA website: www.aca.net.au)

Who is online therapy suitable for?

Client groups and issues

Clear, consistent trends from empirical research are lacking regarding the efficacy of online therapy. Consequently, the following statements are based on theoretical considerations. At the time

“ Online therapy offers the opportunity for clients and practitioners to contact each other in any part of the world.

of publication (June 2001) the lack of consensus on the suitability of any given issue, or client group, for online therapy means that it is premature to provide specific guidance on clinical indicators or contra-indicators. Much will depend on the competencies of individual practitioners. Practitioners should consider carefully which factors will enhance or inhibit their work with particular client groups when working online and these should be clearly identified in pre-therapy information.

It is especially important that therapists have in place robust procedures, such as appropriate pre-therapy assessment, to identify clients who are unlikely to benefit from their online services, who may be at additional risk or with whom they are not competent to work online (see case studies in Appendix 3).

Cultural Issues

Online therapy offers the opportunity for clients and practitioners to contact each other in any part of the world. It must be stressed that competence to practice in one cultural environment does not necessarily imply competence to work in another. Practitioners should consider carefully the impact of their practising style, and of professional and cultural assumptions, upon their client. This applies equally to transcultural online therapy within national boundaries.

Gender race and disability

Online therapy is likely to reduce the impact of a range of inequalities since, for example, a client's gender, race or disability will not be immediately apparent. Practical barriers – such as hearing impairments – and attitudinal barriers – such as racism – may be minimised. However, therapists may need to reflect carefully upon how this lack of familiar cues will affect their practice and upon the ability to be sensitive to important issues.

Paradoxically online therapy may deny other groups access. For example, it may not be accessible to some people with learning disabilities or those who are unable to read. Issues of equity in access to counselling will need to be addressed both by individual practitioners and by those commissioning and managing delivery of online counselling services.

Age

Special attention should be paid to ensure that online therapy provision is appropriate when offered to minors. Practitioners should note that the definition of 'minor', and the implications to working with those below that age at which legal consent can be given to participate in activities such as counselling or psychotherapy, vary markedly from country to country.

Informed consent

Practitioners must take all reasonable steps that ensure that clients give their properly

informed consent prior to engaging into online therapy. This is of particular concern when offering therapy services online because the medium can make it difficult to verify whether a client is too young to give consent or whether their ability to give informed consent is limited, for example due to learning difficulties. Reasonable steps should normally be taken to establish whether third party or parental consent is required for work with a particular client and that, where appropriate, it is properly obtained. E-mail further means of verifiable identification should normally be sought via, for example, telephone or signed letter.

Clarity of contracting

Different contexts will dictate different needs when contracting to undertake work with a client. For example, some clients may contact a service within a broader contract made on behalf by, for example, an employer, insurance company or trade union. Some clients may be making use of a service in an emergency or as a 'one-off' contract. In such circumstances it may not be necessary or appropriate to cover some issues, such as practitioner qualifications and confidentiality, in detail every time. In other circumstances a greater depth of information is appropriate to ensure that clients are properly informed. However, there must always be a direct therapeutic contract between practitioner and client and careful consideration should be given to identifying topics that must be covered in an initial exchange of messages, before therapy or counselling begins and the contact is formed.

“Regardless of the location of their client, practitioners should always consider themselves bound to maintain at least the standards of practice required by their own professional organisation as they would be applied if the client lived within that organisation’s normal jurisdiction.”

All essential information, especially pre-therapy information and contractual issues, should be communicated directly to prospective clients in the body of message, i.e. not in an attached file, which may not be readable by the client. Practitioners should not assume that their clients will have read information on their website in detail.

Practitioners should take into account the greater possibilities of misunderstanding when they are restricted to text-based communication. Thus, throughout contact with clients, practitioners will need to take care to ensure that the language used is unambiguous, clear and avoids giving offence. The terms of the contract especially (and the procedure for contract formation) should be clearly spelled out, communicated to and even where international or cross-cultural provision is not specifically intended. Practitioners will need to consider the boundaries and limitations of what they are able to offer. The limitations of online provision are likely to be different from those in face-to-face work and the relevant issues should be clearly communicated to clients prior to commencing therapy. Such issues may include:

- Time boundaries. This is especially important in e-mail services in view of the need to define, for example, when the practitioner will be available to read and respond to messages, and how long they will be able to spend doing so. It may not be possible, for example, to respond to all the issues raised in a lengthy message or rapid sequence of messages within the contracted time. Conversely, shorter messages

- may not warrant a therapist’s attention for the equivalent of an entire scheduled therapy session. Any charges made for services should be reasonable, agreed in advance and properly reflect the amount of therapist time required.
- Response time, i.e. how long it will take for messages to be responded to.
- Fees and fee structure, where applicable (e.g. per message, per hour spent in responding and usual length of time to respond etc.), how to pay, policy on international exchange procedures and so forth. Where charges are made, secure payment facilities should always be available.
- Applicable law and terms of contract, i.e. which nation’s laws should be taken as governing the contract see also opposite under the Complaints section.
- Applicable professional bodies, regulatory issues and complaints procedures;
- Procedures, processes and techniques that will or may be offered, their applicability in the online environment; when and/or for whom their use is contra-indicated; their likely outcomes and limitations.
- Client and practitioner responsibility for checking accuracy, especially for things such as outgoing e-mail address.
- Use of attached files, for example, some practitioners or clients may prefer not to open attachments because of the risk of viruses.
- Virus checking and disclaimer for unintentional virus infection.
- Alternative means of communication in the event of breakdown of either

- party’s hardware or software (see page 6).
- Confidentiality (including its limitations in online therapy, practices which help to maintain it, disclosure to third parties, etc.)
- Emergency procedures: steps that may be taken by either client or practitioner in an emergency, including alternative sources of help, release of information to third parties.
- Appropriate disclaimer and awareness of copyright implications, especially regarding attachments.
- A statement notifying the potential client of the present lack of research about online therapy.
- Any other relevant terms and conditions.

This list is not exhaustive and will depend on the extent and limitations of what is being offered, and what the client can reasonably expect to get from the service.

It is especially important in online provision for practitioners to have explicit arrangements for care of their clients in the event of their illness or death.

One of the advantages of providing therapy online is that it is possible to provide significantly greater quantities of information to clients regarding many aspects of a service through websites, attached files and so forth. Practitioners should ensure that all information on their own site(s) is accurate, is not misleading and is up to date. If recommendations are made to other sources of information or help, practitioners should be aware of the risk of being held jointly liable for any problems that occur as a result.



Complaints and jurisdiction of professional codes and laws

Regardless of the location of their client, practitioners should always consider themselves bound to maintain at least the standards of practice required by their own professional organisation as they would be applied if the client lived within that organisation’s normal jurisdiction. Information on these standards and codes of practice should be readily accessible to the client.

Where differences in professional standards exist (e.g. required qualifications, requirements for accreditation/licensure, and models of best practice) practitioners should generally assume that both sets of standards will apply.

Pre-therapy information should include details on how to bring a complaint to the practitioner’s professional organisation(s).

Prior to entering into the contract practitioners should state explicitly which is to be the applicable law/jurisdiction. It is in the interests of both parties to ensure that the intended terms of the contract and the procedure for contract formation are clearly set out and communicated to the clients so that both parties are clear about the terms of engagement. Practitioners should ensure that they comply with all requirements

of applicable law, such as (under English law) the Data Protection ACT 1998, the Consumer Protection (Distance Selling) Regulations 2000 and the Electronic Communication Act 2000.

Practitioners should also be aware that in addition to the expressed terms of a contract, other terms may be implied into, or otherwise regulate, its operation. Further, online services can potentially be accessed worldwide and different legal requirements may prevail in the country in which their client lives. The Rome Convention and Brussels Convention appear to support the choice of law and jurisdiction stated in a contract. The European Economic Area and the UK are party to the conventions but other countries are not. Therefore there may be additional or conflicting requirements regarding the law of choice, jurisdiction and the intended contract terms. In cases where there is any doubt, practitioners may wish to consider stating that it is the client’s responsibility to ensure that any applicable legal or other requirements (other than those already set out) are brought to the practitioner’s attention prior to contact formation, but there is no guarantee that such a provision will be effective. Practitioners may also wish to specify a procedure whereby the practitioner concludes the process

of contract formation. For these and other reasons therapists should satisfy themselves as to the wider implications of online practice and may prefer to restrict their practice to work with clients subject to legal systems with which they (or their advisors) are familiar. Practitioners should note that this is an evolving area of law as well as of professional and commercial practice. These Guidelines do not offer legal advice or a comprehensive review of relevant law. Proper advice should be obtained to ensure that online services confirm to current legal and professional requirements, codes of practice and other applicable standards.

Referral

Online provision will not be appropriate for all clients or in all situations. Practitioners should consider how to respond in such circumstances and reasonable steps should be taken to ensure that clients can be quickly and easily referred to alternative services.

Where possible, there should be a way of referring to services local to the client – should these be required – for example if a client requires psychiatric care. Practitioners may want to request, for example, details of a local medical contact when taking initial information about the client.

Referral practices may vary widely between countries, and practitioners should bear in mind that making referrals across international boundaries may be difficult. Practitioners should consider whether this should preclude working with some clients and under what circumstances it is acceptable to simply recommend to clients that they seek alternative services on their own behalf.

“Practitioners should be fully aware of the issues relating to confidentiality when working online. Clients should normally be informed of relevant issues prior to commencing work with a therapist, without raising undue alarm.

System stability and compatibility

Practitioners should take positive steps to ensure that the risk of loss of contact or other technical malfunctions are minimised and inform clients of potential difficulties and of what to do should problems occur.

A secondary means of contact (e.g. telephone number) should normally be available to both practitioners and client. It should be clear in the initial contract under what circumstances such secondary means of contact may be used.

Practitioners should ensure that:

- Their hardware and software are as up to date as possible
- Their systems are set to run with optimal stability;
- Systems used are compatible with those of their intended clients and/or can be adapted or updated to maintain adequate compatibility;
- They do not inadvertently send viruses or other harmful material and that anti-virus software is installed and kept up to date;
- They will be able to replace or repair their equipment quickly if necessary.

Further information on questions of information security and management may be found in the relevant British Standard (BS 7799) and the wider literature relating to the subject.

Confidentiality, data protection and storage

Practitioners should ensure that adequate measures are in place to protect confidential information and bear in mind that there is a real risk that information sent over the internet

could be intercepted by a third party. Where applicable (as in English law), practitioners should ensure that they comply with the provisions of the Data Protection Act 1998, including obtaining explicit consents (as appropriate) to the processing data, to the purpose to which the data will be put to any transfer of the data outside the European Economic Area. Readers are referred to British Standard 7799 as above.

Practitioners should also be aware of (and where appropriate restrict) electronic tracking and marketing devices arising from use of their websites or e-mail addresses and ensure other marketing activity complies with applicable legal and professional requirements.

Issues relating to confidentiality in face-to-face consultations also apply to online provision (e.g. disclosure of information, as in high risk of emergency situations, use of case material in supervision, research, etc.). However, practitioners should be fully aware of the additional issues relating to confidentiality when working online. Clients should normally be informed of relevant issues prior to commencing work with a therapist, without raising undue alarm. Examples include:

Use of encryption (encoding), ‘firewalls’ etc. It is strongly recommended that messages are encoded to restrict access to them. Because all encoding systems can be broken if subjected to determined attention, considerations should be given to encoding for a second time (and by a different method) the original coded message to provide a further level of security.

Security procedures, including encryption methods, and any other, should be kept up to date and reflect developments in both security and ‘hacking’ techniques;

Use of regularly changed passwords to restrict access to messages and any records containing confidential information. Use of passwords alone, however, may be inadequate;

Third party access to messages: in addition to the activities of hackers (people who access material without authorisation), internet service providers may have legitimate reasons for accessing messages such as when checking for viruses or illegal material. Those using e-mail facilities at work may find that their employers can access them directly while in some countries the authorities (e.g. police) may have powers to intercept e-mails. Some e-mail and chat systems are less secure than others so practitioners should ensure that they are aware of the degree of security that can be offered and



“Stored emails have the potential to provide a complete transcript of consultations and as a result should be considered more sensitive than the practitioners’ confidential case records.

communicate this clearly to clients;

Confidentiality of messages: many people do not have access to e-mail in an environment where they can be sure that messages on screen will not be seen by others (e.g. in a computer lab or internet café) or that others will not access messages stored on their computer;

Automated storage of messages, files or internet usage may lead to records being left on computers used by both the client and the therapist without their knowledge. Some computer networks or Internet Service Providers (ISPs) may also store messages passing through their system. Moreover, ‘deleted’ messages may remain retrievable and continue to be considered as personal data so long as that is the case. Information should be provided as appropriate on how clients can ‘cover their tracks’ by deleting all evidence that they have accessed a given website or service.

Stored emails have the potential to provide a complete transcript of consultations and as a result should be considered more sensitive than the practitioners’ confidential case records.

Practitioners should consider providing a privacy policy statement which would provide an opportunity to set out in

details issues such as how personal data will be processed, how it will be stored, relevant security measures and under what circumstances it would be disclosed or shared, and to whom. Consideration should also be given to arrangements for any work sub-contracted to other practitioners.

Insurance

Practitioners should ensure that their professional indemnity insurance extends to online/distance therapy provision and all relevant jurisdictions and applicable law.

Intellectual property rights, domain names, trade marks and ‘passing off’ Care should be taken to ensure that web-sites, e-mail addresses and the content of messages do not inadvertently contravene any third party intellectual property rights, including those arising in relation to domain names, trade marks or copyright and that the practitioner does not trade on the name or reputation of others without consent. Practitioners should ensure that they are licensed to use any third party intellectual property rights on their web-sites or in the course of their professional work. It should be noted that providing links to other websites or services may amount to a

breach of copyright if explicit permission has not been obtained from other site(s).

It is advisable when placing original material on a website to consider protecting it with copyright and clearly marking each page with the international © mark, the name of the owner and the year of publication.

Conclusion

Like any emerging area of practice in the psychological therapies, the development of counselling and psychotherapy provision online requires clear, research based evidence regarding its effectiveness and good practice to ensure that clients are protected, are adequately served and that the benefits to them are maximised.

ACA recognises that counselling and psychotherapy provision over the internet may have significant potential for extending, perhaps even enhancing, conventional means of service delivery. However, at this stage there are many areas of uncertainty and there also exists the potential for harm both to clients and to practitioners. Clearly, this is an area that requires significant further research. ■

The trivialization of culture-context: multicultural counselling revisited

By Aurelia Satcau

In the 1980's France, Jean Baudrillard, cultural theorist and prophet of doom, raised *simulacra* and *simulation* to the status of humanity's latest 'enchanters', the surrogate for alienated masses mesmerized by the commodification of reality: Baudrillard's *real-more-real-than-the-real* (the 'mountain' on our television screen more convincingly 'real' than the one in its 'natural' environment) survived unscathed to a present - today - of ever more sophisticated negotiations with 'resource crisis' and a 'feeding frenzy', unemployment, social alienation but also unprecedented feelings of 'omniscience' and 'awareness' prefiguring an apocalyptic dystopia of a 2012 as the commodity *par excellence* - 'salvation' as the *rara avis* of this exceptional times we are now living. Baudrillard of these era may now say that *doomsday-ism* is the mesmeric force of a culture where we are less concerned with making things than with consuming them.

Certainly a 'mental map' of the world as it is at present must be drawn before 'Culture' and 'Counselling' are brought together while, at the same time, a meta-model of culture to use in the 'helping professions' could not escape some incendiary truths and first hand statistics. In his investigative-journal-turned-into-a-book *Bring on the Apocalypse*, George Monbiot¹ fearlessly and heretically almost, exposes the new culture of *chauvinism* and foreigner-intolerance. The new reality of terrorism, and an unprecedented and compulsive need for scrutinizing and selecting, required *volens-volens* the establishing of a philosophy of transnational sentiment, cross-culturally impacting now the whole of Western world. "The gulf between what we are told we should be and what we are is growing", alerts Monbiot.

Yet, the first question to come to mind, as a Counsellor, could rightly be: 'Where is Counselling in all these?' Or, more straightforwardly even, how aware is/should *must* the Counsellor be, for

example, of 'patriot' citizenry called to report on 'anything unusual'? But this is already 'radical' thinking for our more humanistic yet standardized 'counselling thinking': the art of good 'Interviewing', 'Questioning', 'Focusing', 'Influencing' or 'Responding' - all overwhelmingly enough skills that conscientious Counsellor strives to employ while sometimes eschewing a more 'personal', 'subjective' reality *out there* but also *in her*..

On a lighter note now, how nostalgic may we become when reading this fragment from Pedersen's 1997 *Culture-Centered Counseling Interventions* when he exemplifies the need for a broad definition of 'culture' in training Counsellors, with a personal note, reiterating from times when he himself was a *novice*: "A young man in a wheelchair presents for Counseling. Having just been trained in multicultural Counseling, I want to be sensitive to the young man's culture. After an hour of Counseling, he leaves, frustrated because his problems regarding age, gender, socioeconomic status, and affiliation had been ignored. In my myopic zeal, I had focused my counselling on his disability, which he did not consider culturally defining/salient for himself".²

Culturally-apt present day Counselling should be able to screen its client not only in the light of a multidimensional, traditional frame - age, gender, socioeconomic status, etc - but equally in terms of *direct* exposure to 'culture' and especially to the perceptions the client is herself forming and helps others form, around it, but also those of the counsellor's herself. Certain 'grids of intelligibility' are thus formed and made responsible for the shaping and unshaping of identities, relations, and a whole social milieu. So much so, that counsellors taking up a new client find themselves instantly in the proximity of such colossal aggregate of patterns,

tendencies, predispositions, potentialities and actualizations, more or less explicit, more or less manifested in the 'then' and 'there' of the counselling session. It is therefore crucial the understanding that the therapeutic relationship is a two-way street, with counsellors and clients alike bringing together cultural material in an attempt to not only alleviate client's distress but also - albeit covert and subtle most of the times - to define who they are and who they become with each and every such encounter.

The difficulty to bridge multiculturalism in 'theory and practice' is not new. An abundance of applications shows culture as subject to various statistics and research. The lack, however, for a solid 'theoretical' frame to rightly balance the apotheosis of 'material' fresh from the field - the good 'journalism of culture', is a reality in studies of Multiculturalism, and especially those of Multicultural Counseling. So blatantly scarce is the theorizing of 'why' cultural disparities are at the root of all sorts of negative psychosocial moods and acts, that the colossal epic of a (multi)cultural understanding of no less than the history of humanity calls into question the need to bring theory into the practice of it, once and for all.

Insufficient research into the client's 'cultural' identity in the 'helping professions' but also an ever escalating supply and demand of consumerism may well endanger our very own view of our clients - clients 'as commodity'? Also, with strongly multicultural, multiracial macro-communities such as the American, Canadian or the Australian, spread along a vast network of practices and applications and with a definition of 'identity' rather hybrid and loose, it becomes inevitable that a significant power disbalance is manifesting at the interface of dominant vs. minority groups. It is therefore of great importance that Counselling and Psychotherapy

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“ Psychologists and therapists who can tap into the incalculable power stored in images, messages, modes of discourse, symbolism and iconography of popular culture, benefit a reservoir of unlimited resource for growth, change and ultimately ‘healing’.

address this issues with much urgency, however difficult this may be in the absence of a thorough and exhaustive theory of ‘multiculturalism’ to permeate and inform the main discourse within this industry

Three academics of Asian descent edited *Asian Culture and Psychotherapy: Implications for East and West*.³ Indispensable to their analysis is the idea that culture represents a ‘significant variable’ with culture systems being simultaneously ‘products of action’ as much as ‘triggers for future action’. The engagement of culture must be thus a response to the ‘substantial’ increase in multi-racial people with diverse social attitude. In his *Social Justice, Multicultural Counselling and Practice*⁴ author Heesoon Jun addresses precisely this call for a holistic embrace of the client and their world, but this is in no way new: the ‘influences and interactions of the individual’s multiple sociodemographic groups’, as response to the ‘complexities of multiple identities and their intersection, together with ‘sociocultural contexts’ are to be considered unless we risk oversimplification and looking at the above as mere ‘static, dichotomous and hierarchical categories’ where the ‘individual’ is in the end totally missed.

And yet, again, the question remains: in a social-historical context - now – and with the play of unprecedented conflicting values and ideas never to be questioned before, where do we stand as Counsellors, let alone as human beings, and how aware must Counselling be of the challenge of an environment where ‘culture’ is everywhere, a pre-ordained structure as much as an ‘existential reality’ - the *nature/nurture, ontogenesis/philogenesis* paradigm. There is ‘no such thing as a culture-free state’⁵ now becomes a reverse to the Thatcherist ‘there is no such thing as ‘society’. Society and culture are, indeed, interrelated and indispensable to each other, and the Helping Professions must be well aware of this.

In *Race, Culture and Counselling*:

The Ongoing Challenge (2006), Collin Lago cumulates four ‘healing’ functions in his holistic model of counselling, where ‘dialogue’, ‘spirituality’, ‘medicine’ and ‘behaviourism’ are four main venues of the great enterprise of ‘healing’. ‘Priests’ and ‘Spiritual Healers’ (Spirituality), ‘Counsellors’ and ‘Psychotherapists’ (Dialogue), ‘Doctors’, ‘Surgeons’, ‘Homeopaths’, etc. (Medicine) and ‘Behavioural Psychiatrists’ (Behaviourism) all operate as reinforcers of a legacy where ‘Wise Elders’, ‘Shamans’, ‘Witch Doctors’ and ‘Priests’ of the past were embodying the generative term ‘healers’. Evident in Lago’s model is a call to Counselling’s role in advancing a rather ‘transcultural’ model to best embrace multiculturalism and address its ardent issues. Psychologists and therapists who can tap into the incalculable power stored in images, messages, modes of discourse, symbolism and iconography of popular culture, benefit a reservoir of unlimited resource for growth, change and ultimately ‘healing’, argues Lago.

As a rich tapestry, from the banal ‘demographics’ to the more subtle belief and value systems is delineating our client’s identity, it is only natural that the Helping Professions should never underestimate the role of culture and its long-stretched effects equally on the client, the Counsellor and the industry at large. Borrowing from William Howatt’s ‘toolbox’ of multicultural issues and terminology (*The human services counselling toolbox: theory, development, technique, and resources*, 2000) brings into focus more of the important areas of research and practice in Counselling: Howatt makes use of notions such as ‘acculturation’, ‘ethnicity’, ‘race’, ‘ethnocentrism’, ‘ethos’, ‘minority’, ‘society’, ‘multicultural pluralism’, ‘pluralistic society’, etc. He quotes the following from Sue and Sue (1990): “As mental health professionals, we have a personal and professional responsibility to (a) confront, become aware of, and take action in dealing with our biases, stereotypes, values and assumptions

about human behaviour; (b) become aware of the culturally different client’s world view, values, biases, and assumptions about human behaviour; (c) develop appropriate help-giving practices, intervention strategies and structures that take into account the historical, cultural and environmental experiences/ influences of the culturally different client” (Howatt, p. 21). The author goes on to argue against the dangers of underusing health and social services agencies helping ethnic and minority groups. The failure of ‘underusing’ resources, he contends, can be explained by a lack of expertise from the part of the providers and ultimately their crass disinterest in dealing with culturally ‘different’ populations. Issues of underuse and premature termination of therapy are to be related with a lack in sensitivity and understanding, to the extent that oppressive and discriminatory practices may result from working with culturally ‘different’ clients. But such misappropriation of Counselling, insists Howatt, is only the result of deficient cultural awareness and the need to adjust Counselling theory and practice to meet the special needs of diverse populations. (Howatt, p. 20).

But back to the three Asian academics, editors of their *Asian Culture and Psychotherapy*, we are presented as early as the first article with a clear-cut, brutal almost distinction between East and West: if we take the basic assumption that in similar environments people of different cultural background make sense of, and act upon the environment differently, we cannot but make sense of the fact that “within any society there are usually heterogeneous subcultures associated with differences related to socioeconomic, geographic, religious or minority ethnic factors”⁶. The East/West dichotomy is interesting to explore as it opens up, among others, questions of (assumed) identity and self-validation, many of which extend readily to a schism not only of socio-economic, but as well of philosophical and cultural proportions.

In operating with the above dichotomy,

the authors chose an inventory of value systems to help define the two culturally distinct worlds, East and West, subject to inevitable polarization. They used, among others, the measurement of: people orientation toward ‘time’; the relation to Nature; the nature of the relationships between human beings – the level of ‘interpersonal relations’. The conclusions are astounding: first, a tendency is noted, within the Asian culture, to place the relationship with Nature as invariably and by necessity ‘harmonious’, almost ‘obedient’, in stark contrast to the more boisterous, pioneering, *conquistadores*-like Western mode. Chinese culture is exemplified as the recipient of an ‘agricultural past’ and therefore adamant to the idea that nature, in consequence, is one subject to be submitted to and not the other way around – a concordance and harmonious relation.

Relative to ‘time’, while the American view is defective of ‘past’, obstinately and exclusively embracing only the ‘present’ and the ‘future’, the Asian view is blending all three on a perfect continuum of, again, ideal harmony and equilibrium.⁷

A significant tolerance for ‘variety’ is also characteristic of Asian philosophy, whose syncretic manner makes conflict superfluous and unnecessary. Concomitant existence of more than one religion within one single family, or the observance by one individual of more than one religion for various occasions is typical of Asian culture: a *Shinto* wedding may be attended by the same who will, later on, attend a Buddhist funeral in present-day Japan, again contrasting directly the more rigid Western traditional ‘monotheism’.

Family ranks high in Asian society and family values are seen as generating most of the social support one needs for a healthy development. A unique predisposition toward ‘togetherness’, ‘harmony’ and the ‘familial’ outlines the Asian cultural group. The perception is that such ties are no less than a valuable legacy, strong and effective, and praised accordingly. In some Asian societies, however, there are laws in place prohibiting children to abandon elderly parents, under the auspices of precisely this high value placed on the tradition of respecting the elderly. The worst that may happen to an Asian in some communities is to be ‘dis-own’ by own parents, thus finding oneself disconnected and estranged from the so important family-ties.⁸

In consequence, a more ‘vertical’ (hierarchical) rather than ‘horizontal’ inclination to enter relationships is prompting the Asian individual to extend family-ties to reverberate as far as their relationships with authority. Respect

and obedience replaces Westerner’s view of the rather ‘individualistic’ self and its tendency to ‘self-awareness’, ‘self-determination’, and everything ‘self-’ for that reason. The popular western view on ‘human rights’ and the call for ‘democracy’ finds, with the Asian philosophy and psychosocial view, a direct and ‘natural’ resolve - from childbirth Asians are enculturated to care for others’ opinions and how they are regarded by others.⁹

The authors stress how in the West the ‘transcultural’, ‘cross-cultural’ trend started in the early ‘60s and how the recently coined ‘cultural competency’ became almost compulsory – albeit covertly – in addition to the ‘clinical competence’ in the ‘helping professions’. With the increase of migration, foreign travel, globalization of capital and of work force, bi/multi-lingualism, human rights movements, etc, an increased awareness of the ‘cultural difference’ is now unavoidable.

I would end this article with a quote from Timothy B. Smith’s *Practising Multiculturalism*: “In North America, no President has ever been White. Up until the past century, men could not vote. Nearly all public officials and corporate executives are lesbian and gay. Television images, movies, and glamour magazines promote the elderly as role models. Inner cities and rural areas enjoy abundant wealth and educational opportunities. Buddhism is the predominant religion. As part of the ongoing reparations to the descendants of European Americans traded as slaves until the 1800s, English was recently made an official language. All North America has remained Native American land”¹⁰. ■

Notes

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- About the author**
Aurelia Satcau is a Counsellor and Educator with academic degrees in Literature and Linguistics, Cinema, Cultural Studies and Education. She contributed articles on ‘Culture’ and ‘Counselling’ both in English and Romanian and her research interests are in Psychoneuroimmunology and the role of emotions in the continuum ‘health-disease-healing, the role of ‘Self’, ‘identity’ and ‘identity formation’ at the interface of health and disease and the politics behind this dynamic, *Multicultural Counselling, Archetypes, Psycho- Drama, Cinema Therapy and other ‘Symbolic Techniques’*.

Why look at an individual systemically?

By Yildiz Sethi

The effectiveness of the counselling or psychotherapy process depends very much on the skill of the therapist. This includes their underlying philosophy, skills, knowledge, intuition and ability to create rapport, that is responsible for enabling deep and lasting positive change through the therapeutic relationship. It is important that we continue to learn new methodologies to enable psychological and emotional healing. This may include changes in perception, feelings, thoughts and behaviour for our clients. It is my belief that all healing is self healing and that we as counsellors or psychotherapists are facilitators of healing or change for those who are committed to the process.

I have been using the art and practice of Systemic Family Constellations as a methodology within psychotherapy for seven years so far, in facilitating clients' finding resolutions to their systemic entanglements of mind, body and soul. Therapists mostly already know that the 'body remembers' and that the body is intricately linked and influenced by unconscious patterns as well as systemic or generational and genetic patterns.

Family Constellations is a process that has traditionally taken place in workshops in setting up spatially, the inner vision or unconscious pattern of an individual in relationship with significant others, using people in the workshop as representatives for the people in their life. In this way the inner eye or unconscious pattern is put out into the room to be seen and felt. This becomes a constellation, from which grandparents, or other family members may be added if necessary. This is a visual, experiential and energetic process, as representatives placed in a constellation often become aware of physical sensations or emotions as they stand in the field called the Knowing field according to Albrett Mahr (2002) which may provide important information.

The process is facilitated by a practitioner, following the energy of the field towards the best solutions for the client and the system.

Systemic Family Constellations is different to Psychodrama or Virginia Satire's Sculpting, in that no role play is attempted. Rather, individuals stand as representatives and are not asked to play a role, but to observe their bodily sensations in the constellation.

Why look at family?

The family of origin is considered a very significant blue print of systemic patterns and trends that we all carry at a deeply cellular, unconscious or soul level according to Hellinger

2002. These patterns are the underlying dynamic that drive us in playing out unconscious desires and patterns seeking expression and systemic resolutions. This may be done by finding order which is a healthy place for each person in the system, so that love may flow, according to Hellinger (2006). Put simply we may find on reflection of our own experiences, that we have married our mother or father, even though we may have consciously tried to create a different or better dynamic, or we may find that patterns are continuing to persist through the generations in spite of conscious efforts to change them.

Ancient and new knowledge working together.

Family Constellations draws on aspects of early psychological knowledge and primal, ancient tribal 'knowing' concerning Order and also present day knowledge of energy coming through quantum physics. Sigmund Freud, the father of psychology and the man who drew attention to the unconscious mind, may be considered largely outdated for many present day therapists, but he showed us the importance of parental influences on the developing personality of children, while Karl Jung (a student of Freud) drew attention to the idea of the collective consciousness of family, culture and humanity and the innate spiritual nature of human beings. Another student of Freud, Alfred Adler, drew attention to the influence of sibling position, family dynamics and socio-economics having an effect on personality development, while naming the dynamic of family systems Family Constellations.

Another important contributor to present day knowledge of Family systems is Virginia Satir's work, investigating the nature of family interactions and relationships, through her method of 'sculpting' involving expression and movement. This provided experiential situations to affect change in family members and their experience of each other. In addition, Transactional analysis and Ericksonian hypnosis were also significant contributory influences on Bert Hellinger in formulating the process of Systemic Family Constellations. Bert Hellinger presented Family Constellations to the world in the 1990's.

Moving into present times, one of the leading Family Constellations writers and teachers of this modality Ursula Frank (2002) demonstrated through her book *In My Mind's Eye* that the experiential process of Family Constellations could also take place in private sessions and is a powerful and effective process for counselling and hypnotherapy.

“ Family Constellations is a process that has traditionally taken place in workshops in setting up spatially, the inner vision or unconscious patterns of an individual in a relationship with significant others, using people in the workshop as representatives for the people in their life.

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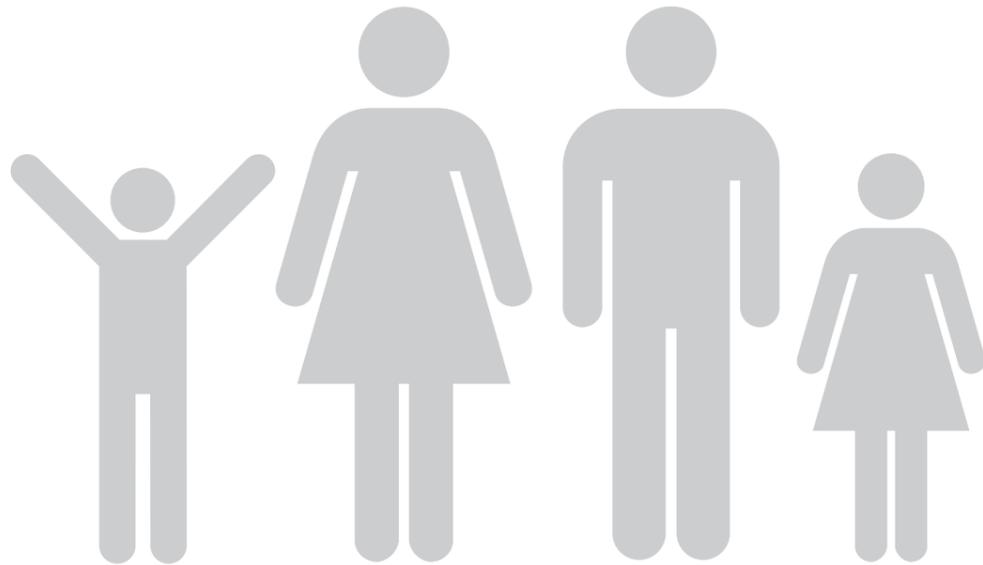
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Therapy for the individual

Counselling and hypnotherapy trends have been to generally focus on the individual exclusively, rather than the individual in the context of their system, which also includes both the personal and also contextual factors with significant others. Ursula Frank (2009) made the point that we are each the sum total of everyone that has gone before us, in terms of our ancestral or genetic lines and that a particular issue may not be purely personal, but rather systemic. This is particularly true if the root of an issue does not make sense in the biography of the person. For example an individual appears to have always had a feeling of anxiety or sadness, rather than the sadness appearing after a particular event. From a systemic point of view when listening to a client's issue it may be appropriate to ask where does this condition make sense, is it systemic or purely personal? This is particularly appropriate in families where depression, anxiety, or any other pattern is prevalent in the family tree and especially where the root cause or event cannot be located in the life of the person, as they may have been born into the systemic energy of this condition, that may have its roots in the parents, grandparents or great grandparents generations. From a systemic Family Constellation point of view trauma, exclusions, secrets and taboos are powerful in forming disturbances in family energy causing dis-ease of mind or body, that is often picked up by the present generation, playing out in unconscious pulls or drives in their life. There is often a tendency for present day members of a family to unconsciously take on the burdens, guilt or shame of others in their family system, even if on a conscious level they make a vow to be totally different from their parents. It is often the case that a similar energy or behaviour becomes apparent in their children or grandchildren or in themselves, as they reflect on their life path. These patterns are easily seen and resolved in a Family Constellation workshop and may also be observed and resolved effectively, in many instances in a private counselling or hypnotherapy session using Family Constellations theory and practice.

Attachment Theory

Interestingly, the work of John Bowlby's Attachment Theory has re emerged in prominence recently in helping our understanding of the importance of primal bonds to parents. These bonds being the foundation on which trust and the ability to relate and form self esteem is set in motion, that may often be taken into adulthood and played out in the life of the person. Problems with attachment may be address quite effectively

with Family Constellation theory and practice, both in a private session or hypnotically or in a workshop setting. This brief experiential intervention may assist individuals in accepting themselves through acceptance of the reality of their family systems and situations allowing them to find new perspectives. This may involve being able to come away from feelings of rejection, sadness, anger or lack of worthiness, which from a psychological and Family Constellation perspective, are often at the roots of emotional disorders such as depression and dysfunctional relationship patterns.

Working with children

Generally speaking from a Family Constellation perspective it is useful to address the problems of children from a systemic family perspective, knowing that they are a largely a product of their family system. In dealing with their parents first where possible and assisting them to gain strength, confidence and more presence and assertiveness as parents, it is significantly easier to help the child make positive changes to their behaviour, attitudes or emotions, rather than dealing with the child in isolation. The child is often reflecting the disorder or dysfunction of the system.

Why Hypno Constellations?

The advantage of using Systemic Family Constellations methodology in visualisation (hypnosis) in private sessions, is that it quickly reveals the client's entanglements, loyalties, mis-perceptions and 'blind love.' Doll sets or floor anchors are also a useful aid in private sessions. As this methodology is solution focused, experiential and brief, it is respectful in allowing acceptable solutions to unfold. A Family Constellation can tap into personal and systemic emotion and energy quickly, highlighting the underlying dynamics that the client has created or is involved in. It is not only diagnostic in raising awareness of unconscious and systemic patterns, but is also solution focused in being able to facilitate resolution through 'healing sentences', creating healthy 'order' and new perspectives, resulting in more choice and freedom. Relationship and emotional issues such as anxiety and depression respond particularly well to hypnotic Family Constellations, significantly reducing the treatment period.

Our counselling and psychotherapy knowledge provides skills and techniques, to locate and help the self healing of issues or blockages in individuals, so any techniques that can be utilise to help in facilitating resolution and healing for clients on an emotional, spiritual and family or generational level, can

“ At this time in our human evolution, Systemic Family Constellations is a philosophy, art and practice that incorporates the best of our ancestral knowledge and the latest in psychological and energetic healing.

only enhance the effectiveness of the profession. This includes resolving the underlying issues involved in physical or mental health conditions. The inclusion of the philosophy, art and practice of Family Constellations is a powerful therapeutic set of skills not only enhances personal development for practitioners and but may be utilised in therapy for speedier and deeper facilitation for the healing of emotions and trauma.

Putting it all together

In my private practice I use Family Constellations frequently for relationship and parenting issues and also sexual abuse as well as many cases of depression and anxiety with great success. I also use techniques such as Hypnotherapy, Ego State therapy or Gestalt therapy where appropriate and encourage other practitioners to be open to adding new knowledge and skills to their tool bag to increase their effectiveness with their clients.

At this time in our human evolution, Systemic Family Constellations is a philosophy, art and practice that incorporates the best of our ancestral knowledge and the latest in psychological and energetic healing. This involves elements of quantum physics, energy, psychology, hypnotherapy, as well as the best of historical psychological knowledge, providing a way for respectful inclusion within the family system, regardless of the complexity of dysfunction, culture or religion. This provides access to more strength, choices and responsibility for healthier boundaries. This methodology provides a philosophy for healthy living, as an individual and within or alongside the family system, culture and humanity and is also a valuable therapeutic approach to resolving the underlying dynamics of relationships, family patterns, mental and physical health, as well as personal and professional development and spiritual growth. This is a methodology that is growing and developing around the world. 📌

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Experience

Yildiz is a former science high school teacher for many years until she made a change to therapy and ran a busy private practice North Shore Sydney from 2000- March 2007 when she relocated to Brisbane with her private practice. She has been a Family Constellation practitioner since 2005 and a Clinical Hypnotherapist and Counsellor and psychotherapist since 2000.

Yildiz specializes in relationships and emotional issues and has acquired a wide range of skills in order to be offer her clients effective, short term therapy. She generally sees client's from 1-5 sessions of brief therapy. In addition she runs workshops of Family Constellations in Sydney and Brisbane on a monthly basis and training for therapists in the art and practice of Family Constellations each year.

Qualifications

M.App Soc Sci (Counselling) ACAP. B.Ed. (Walsall,UK.), Graduate Diploma Counselling (ACAP), Diploma Clinical Hypnotherapy (ASCH). NLP (IHT). Certificate in Ego State Therapy. (Dr G. Emmerson.) Systemic Family Constellations Practitioner and trainer, recognized by DGfS Germany. Educator ACAP (Australian College of Applied Psychology). Certificate 4 workplace training, Accredited Supervisor ACA ASCH, QCA AHA, Professional Clinical Registration with ACA, QCA, AHA, DGfS, ISCA (Germany).

Yildiz Sethi Family Constellations Pty Ltd
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Geelong	24-25 May	28-29 May
Toowoomba	29-30 June	2-3 July
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Online and IT resources

By Angela Lewis

Let me begin by saying what a delight it was to meet many of the ACA members at the November conference in Melbourne and I'll just start with some personal news: I was in Thailand over Christmas, visiting the orphanage from where I adopted my son many years ago. This orphanage is affiliated with the Human Help Network Foundation of Thailand, an NGO who advocate for the rights of children who are orphaned, living in poverty, in slums or on the streets and are exposed to the dangers of child labour, human trafficking or sexual exploitation.

After speaking with the Director of the Foundation (who also runs the orphanage); I am delighted to be invited to act as a consultant to the organisation, and look forward to providing any help I can in furthering this very worthwhile cause. Their website is www.hhnthailand.org if anyone is interested in reading about their work.

Back to all things IT: to start the year, here's my super-user list of keyboard commands you can use with your Internet Browser (this could be Internet Explorer or Firefox)

F1 - Help

F3 - Toggle on/off search panel
F4 - Pull down address bar
F5 - Refresh current page
F6 - Move focus to address bar
F11 - Toggle on/off full-screen mode
Alt + (left arrow) - Go back on history (same as Backspace)
Alt + (right arrow) - Go forward on history
Ctrl + A - Select All
Ctrl + C - Copy Selected
Ctrl + E - Search panel
Ctrl + F - Find (on page)
Ctrl + H - Toggle History panel
Ctrl + I - Toggle Favorites panel
Ctrl + L - Open a File
Ctrl + N - Open New browser window
Ctrl + P - Print current page
Ctrl + R - Refresh (same as F5)
Esc - Stop (while page is loading)
Ctrl + D - Add the current page to Favorites
Double click (on a word) - Select the word
Triple click (on a word) - Select entire line
Wheel click - Activate smooth scrolling
Hold Ctrl + scroll wheel forward - Increase font size

Hold Ctrl + scroll wheel backward - Decrease font size
Click one point then hold down Shift and then click another - Create a selection from the two points

Online Lingo

These first three tickled my fancy and were all new to me:
555 - in Thai, the number five is pronounced 'ha', therefore writing 555 means 'ha ha ha' - or the Thai equivalent of LOL (laughing out loud)
Weg - stands for 'wicked, evil grin'
Bandwidth - e.g. used in this context: 'I don't have bandwidth for that' means 'I'm too busy (truly, I don't make these up!)'
404 - I haven't a clue
GTSY - glad to see you
UW - you're welcome
DM - direct (or private) message
<3 - a heart (turn your head on the side) and therefore means love

Roman Numerals Quick Conversion

Do you ever need to convert numbers into roman numerals (for example, you have just watched a movie and wondered exactly what year they meant when



(69795) VOCATIONAL GRADUATE DIPLOMA IN COUNSELLING SUPERVISION Nationally Accredited Training - 2011

Will be delivered in partnership with a Registered Training Organisation (RTO)
Course Designer & Developer: Veronika Basa

Course Overview

The course provides the graduate with advanced specialised technical and theoretical knowledge and skills for professional or highly skilled supervision work in a complex and specialised field of counselling supervision at AQF level 8, and further learning.

Graduates at this level have autonomy, judgement and responsibility in often complex and unpredictable counselling supervision context that require self directed work and learning and within broad parameters to provide professional advice and functions.

Course Structure

Core Unit 1- Individual counselling supervision (Nom hrs - 156),
 Core Unit 2 - Live counselling supervision (Nom hrs - 136),
 Core Unit 3 - Group counselling supervision (Nom hrs - 132),
 Full Qualification: Total nominal hrs - 424 over a period of 36-weeks at 12hrs/week or part time equivalent.

Course Content

- Working Within a Counselling Supervision Framework
- Metaphors and Definitions,
- Goals of supervision,
- Processes and tasks of supervision,
- Dimensions of supervision,
- Supervision models: Orientation -Specific Models, Functions Model, Developmental Models, Social Role Supervision Models, Eclectic & Integrationist Models, Models for Supervisor Development,
- Supervision interventions,
- Ethical and legal issues and response frameworks,
- Supervision relationship issues and response frameworks,
- Supervision Tools/Instruments.

Modes of Delivery

- Delivery includes on the job learning and off the job learning through:
- Classes (underpinning knowledge of theoretical component);
 - Independent studies/self-directed learning via projects: research, reflective journal, formulating action plans relating to the provision of counselling supervision, which addresses the addition of greater currency to knowledge of skills and extends scope of prior/present learning to the specialised field of counselling supervision;
 - Case studies and scenarios, which addresses the application of cognitive, analytical and problem solving skills, and ability to relate theoretical concepts to practical real life situations of ethical issues and dilemmas in particular workplaces; and
 - Practicum - practical demonstrations of the practical component, (address and initiate skill development - involves conducting real supervision sessions - that addresses demonstration of knowledge, application of skills and capacity to transfer knowledge and skill to all aspects of application of counselling supervision (individual, live and group formats)

Students who can not attend classes/seminars or practicum are able to complete the course requirements via distance by demonstrating their skills on DVD/video.

Assessment

The assessment is competency based and complies with the assessment guidelines in the PSP04: Public Sector Training Package and the CHC08: Community Services Training Package, and conducted in accordance with the Australian Quality Training Framework (AQTF) Standards, and the industry requirements.

The assessment process will be an integrated assessment of underpinning knowledge and skill application over the duration of the learning program to ensure consistency, and includes:

- Projects (action plan, research, reflective journal, self critique of a counselling supervision session)
- Case studies and scenarios
- Practicum - practical work experiences in counselling supervision in a workplace or simulated workplace in a range of 3 or more occasions over a period of time
- Authenticated evidence from workplace/ training courses
- Portfolio

Delivery

The course will be delivered in partnership with a Registered Training Organisation (RTO).

Certification

Graduates from the course are awarded the qualification (69795) Vocational Graduate Diploma in Counselling Supervision, and will be issued by BECS partner Registered Training Organisation (RTO).

Minimum Entry Requirements

Counsellors who wish to enrol in this course must meet the minimum entry requirements:

- Hold a current ACA/equivalent accredited qualification with a minimum 5 years post qualification experience,
- Are fully registered member of ACA/equivalent at minimum practicing level 2,
- Undertaken a minimum of 25 hours of professional development per year of practice,
- Have completed and documented proof of undertaken minimum of 100 hours of counselling supervision.

Study Materials

Study materials to complete the studies consist of BECS learning materials (as part of the course resource materials), and recommended text books.

Recognition

The Australian Counselling Association (ACA), peak body for counsellors in Australia with a membership in excess of 3000 Australia wide, has approved and accepted this course as an appropriate accredited level of training for their counselling supervisors.

Who Should Attend?

Experienced counselors interested in supervising other counselors or anyone who is working in the helping profession who satisfy the minimum entry requirements of this course.

Cancellations/Refunds

For Cancellations and Refunds, please read BECS [Code of Practice](#) at www.becsonline.com.au, to ensure you understand our policies and procedures.

BOOKINGS AND ENQUIRIES

Basa Education & Counselling Services
 ABN 80 098 797 105
 GPO Box 359 Chelsea Vic 3196
Telephone: 03 9772 1940 - **Fax:** 9772 6030
Mobile: 0418 387 982
Email: info@becsonline.com.au
Web: www.becsonline.com.au

they say it was made in 1987 – that is MCMLXXXVII by the way).

Well the way to find out is super simple (thank you Mr Google...): Go to Google and in the search box just type the number in question followed by the words 'in roman numerals'.



Web resources

Two new papers from the Australian Institute of Family Studies are now available:

1. What is community disadvantage? Understanding the issues, overcoming the problem.

It has been estimated that roughly 13% of Australian children live in a home with at least one adult who misuses alcohol (Dawe et al., 2007). This resource sheet points out that harmful drinking is not confined to socio-economic or cultural groups, and that alcohol misuse

can result in parenting behaviours ranging from controlling, punitive and authoritarian to overly permissive and inattentive. At worst, it can lead to child abuse and neglect.

<http://www.aifs.gov.au/nch/pubs/sheets/rs27/index>

2. Effective practices for service delivery coordination in Indigenous communities.

Coordinated service delivery is often promoted as the best means of supporting Indigenous Australians with significant, intractable issues and problems. This publication reveals that effective initiatives are culturally appropriate, invest time and resources in community consultations, promote a community's strengths and support both Indigenous and non-Indigenous staff on the ground. It also reveals opportunities for further research on whether coordinated service delivery improves outcomes for Indigenous Australians.

http://www.aihw.gov.au/closingthegap/documents/resource_sheets/ctgc-rs08.pdf

Cognitive Rehabilitation in Schizophrenia

Article from The Psychiatric Times online:

<http://www.psychiatrictimes.com/schizophrenia/content/article/10168/1822689>

Interview with a Male Foot Lover

One of the ongoing in my series titled '10 Questions with...'

This interview is with a man who eroticises female feet:

<http://www.myotherself.com.au/2011/12/10-questions-with-foot-lover-al/>

As always I welcome your comments, so please feel free to leave your thoughts after reading.

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. ☑

More IT hints are available at www.angelalewis.wordpress.com

On being a gender maverick: exploring male cross dressing

By Angela Lewis

A note from the editor: This journal deals with issues that may be confronting to some readers. Counsellors can be confronted with clients with very challenging issues particularly those that challenge our personal perception and or belief of what we may consider to be normal in relation to gender and sexual issues. Not all counsellors choose to work in areas where they are confronted by these challenges for their own reasons. This article relates to gender and sexual choices that maybe considered "out there" and/or challenging.

“ And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom

— Anais Nin

Late last year I did a profile piece on Sumedha, a young, Indian male who describes himself as a crossdresser; and this interview was the impetus for examining current conversations and perceptions on gender diversity and its enactment. Sumedha's interview is presented at the end of in this article to give outsiders an idea of what it is like to be a crossdressing male in conservative India, although I believe it is a scenario that could be played out in any conservative village, town or suburb anywhere in the world.

Put simply, cross dressing is wearing the garments of another gender, e.g. a man wearing what society deems is women's clothing or a woman wearing what is deemed to be men's clothing. For women in most modern cultures this distinction is somewhat blurred—given we are free to wear trousers, shirts and various items which men wear on a day-to-day basis without being labelled a crossdresser. However the reverse is not true, and heterosexual or homosexual men do not have the freedom to explore or express themselves outside the social confines of their gender. For this reason I am focusing on examining cross dressing from a male perspective.

I am a biological woman, and while I also identify as a gendered woman, I am not what one would call terribly 'girly'. I

have very short unpainted fingernails, I don't own a dress, will occasionally wear a skirted suit when it is 'expected' of me (preferring trousers or better yet jeans), and cheerfully admit to having what might be considered some masculine traits in how I choose to express myself. However, I love beautiful underclothing, expensive handbags, painting my toenails, wearing makeup every day and colouring my (long) hair. Looking in the mirror confirms my identity: I am a woman. I don't feel vilified or judged for opting to pick and choose how feminine or otherwise I am presenting myself, because in the Western world I am entitled as woman to be somewhat gender fluid.

My, biologically male friend Angela S—a happy coincidence that we share a first name—is very similar to me (I use the pronoun that matches the gender a person is currently portraying): she buys feminine underwear, loves wearing makeup, prefers her hair shoulder length and has more of a preference for skirts and dresses than I ever will. However, in North America where she lives (and I would suggest this is true of most of the world), cultural and social morés mean that she has to do these things privately and covertly, as she risks ridicule, loss of employment, harassment and even violence if she chooses to publicly express

her feminine side. She lives her day-to-day life as a man, and often, when she looks in the mirror while shaving or putting on a suit and tie, the (male) face that looks back at her simply does not reflect who she is inside. There's not a lot she can do about it but conform to the language, behaviour and dress of what is expected of a man in Western culture; so she gets on with her life as father, husband and corporate employee:

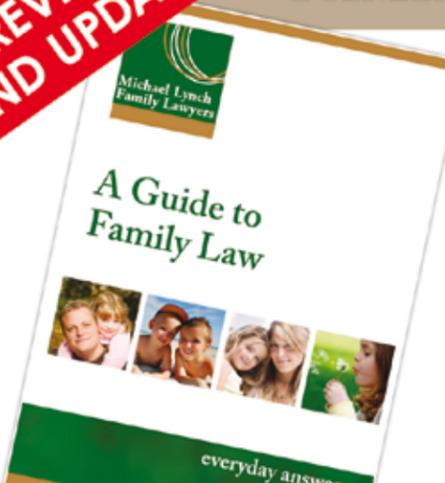
Some days I don't want to feel strong and powerful, I want to feel pretty. But in the mirror is a male and people treat you like a male and it is pretty obvious that you fit in better as a male. So that is just what you do.

When the need to express her feminine side becomes too great she takes a night off from family responsibilities by putting on makeup, a wig and women's clothes and going to a safe venue, alone or with a few trusted friends who understand her need. Will she ever have surgery? Probably not. Will she continue to live as man? Maybe yes, maybe no.

Both Angela S. and I cross dress, if you apply the generally accepted view that cross dressing is wearing the garments of another gender: a man wearing what society deems is women's clothing or a woman wearing what is deemed to be men's clothing—and let's face it, visual presentation is one of the first

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social markers that people check when assessing gender (along with enactment of that social identity; see Goffman's work on identity and stigma for more on this). However, for biological women in most modern cultures this distinction is somewhat blurred, given that we are free to wear trousers, shirts and various items which men wear on a day-to-day basis without attracting the label of cross

“ A culture's attitude to cross-dressing is what that determines whether cross dressing is a 'problem' within a community.

dresser, as can often be the experience of heterosexual or homosexual men if they choose to wear feminine clothing.

Cross dressing is not a 20th century phenomenon—it has been present in every culture in history. It was present in Greek mythology (e.g. the legend of Hercules who was at one stage forced to wear women's clothing while imprisoned as a slave); the Bible specifically prohibited it for both men and women, and many Roman Emperors including Caligula and Nero were known transvestites. Legend has it that in the ninth century Pope Joan was a crossdressing woman, while in the 14th century, Joan of Arc was accused of breaking both scriptural and secular law by wearing male attire. In the 17th and 18th centuries men wore fabulous silks, corsets, wigs, heels and make-up, and during Shakespeare's time men routinely performed women's roles on stage. In 17th century England masked balls were hugely popular as they gave both men and women a chance to playfully belong to the opposite gender as well as giving those with a more serious interest the opportunity to express their sexuality, with men dressing as shepherdesses, milkmaids or ladies of the court a common sight (see Bullough & Bullough 1993 for more on the history of cross dressing through the ages).

What this tells us is that a culture's attitude to cross-dressing is what that determines whether cross dressing is a 'problem' within a community. Given that 17th century men wore high heels and that in some cultures the wearing of skirt-like garments such as the kilt or sarong by men is totally appropriate, it is probably a fair observation that the actual determination of what is considered cross dressing is socially constructed.

We live in a society that operates

within a binary gender system based on two distinct sexes. I am working with a distinction between sex (a binary biological system that signifies you are man or woman based on your sexual organs) and gender (the social and cultural encoding that entrenches and defines what is right and correct for each biological group, i.e. that pink is for girls and blue is for boys, girls play with

dolls, boys are into rough and tumble—that type of socialisation). This binary categorisation can be a problem for people who are not an exact fit to either of the two categories defined as masculine and feminine. Bullough and Bullough (1993, p.312) suggest that the number of people who fail [sic] in strictly fitting into the gender boxes labelled 'male' and 'female' may be as high as 10%, and for this reason many latter-day sexologists may refer to their status as cross-gendered, blended or even supernumerary.

There are diverse understandings and interpretations of what it means to be a crossdresser, transvestite or transsexual, and the way these labels are used and mis/understood also varies greatly. It is common for the general populace to label men who cross dress to any degree as transvestites and assume they are either homosexuals (the so-called drag queens) or transsexuals (the people who believe they are in the wrong body) without acknowledging any permutations in between. The association of cross dressing with homosexuality is, I believe, a remnant of the old school of psychoanalysis, beginning with Kraft Ebbing (1887) and progressing through the 1900s to the first half of the twentieth century when early researchers tended to conflate cross dressing (or transvestism as it was called) with latent homosexuality. While cross dressing does occur in the homosexual community, it is most commonly heterosexual married males who enjoy the practice (Aggrawal 2009, Morrison 2006). However the heterosexual/homosexual division remains in the general consciousness, with a common mis-assumption that both transvestites and transsexuals must be gay.

Transgender has become an umbrella term to encompass any cross gender behaviours, actions or desires which



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(Adel Nov, Retreat Tasmania Nov)

- 1 Day – Neuropsychology Meets Buddhism (Mon)
- 3 Day – Four Mindfulness Approaches (Tues, Wed, Thurs)
- 1 Day – Advanced DPP Professional Practice (Fri)
- 2 Day – Advanced Clinical Applications of Mindfulness (Sat, Sun)
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vary from culturally conventional gender roles, and takes into account many variations outside the two basic terms of transvestite and transsexual: so includes the lower end of the spectrum, from occasional crossdressers right up to the 10-year-old who knows she is in the wrong body, and everyone in-between. This being said, a precise definition remains in flux, and continues to be debated among the various stakeholders in the trans community. While the term transgender can be considered more appropriate as it avoids judgement in situations when a person does not neatly fit into a particular society's definition of how gender should be expressed, it brings its own danger of being a label. As Angela S. pointed out to me, it may not be helpful for counsellors to offer any type of labelling (even one that the community itself accepts, such as transgender), as people who have questions about their gender will want the opportunity and space to define themselves—and that definition may itself change position—and I would add that for someone at the lower end of the spectrum, say someone who enjoys women's underwear for fun and experimentation, having any type of 'trans' label may even be confronting.

People who strongly identify with their biological gender are often mystified as to why anyone would want to take on another persona for any period of time; however to a transgender person it is about expressing a facet of who they are. Michaela, who identifies herself as transsexual, explained to me like this:

Try to think of it this way: imagine a line and it is numbered from 1 to 100. On this continuum 1 means 100% female and 100 is taken to be 100% male. Nobody is 100% to either side and I think most self-aware people would acknowledge there is a leaning towards the other gender in some of the ways they view life or think. Perhaps as a woman you might be 85% female but 15% masculine in some of your preferences (say in your leisure pursuits, how you behave in the work place, etc). You probably wouldn't see that as a problem and nor would others, as most people do acknowledge that there is a mixture of both genders in the way they are. However some people have a strong feminine or masculine side, maybe 60-40, that is at odds with their biological sex. Having this stronger internal leaning means they may feel unable to express themselves fully within the constraints of their day-to-day gender and so find

release in spending some time in the opposite gender role. The form this takes is highly personal, and could be anything from wearing women's underwear under normal clothes to wearing a wig, learning to perfect makeup and walking in heels.

A current day transgender continuum (such as this one shown on the AlbertaTrans.org website, a support and information group in Canada) takes into account all permutations, and it is probably useful to note that terminology such as 'transvestite' is not used here, as to many it is considered politically incorrect or derogatory, particularly when used in the shortened form of 'tranny' which is considered to make light of the experience and can be considered disrespectful. The term crossdresser is typically preferred by heterosexual, male-identified, male-bodied men who cross dress but have no desire to change their biological sex, and Transsexual is used to denote someone who wishes to transition to their opposite birth gender identity.

The Sexual Crossdresser

Charles is a crossdresser in his sixties who enjoys wearing highly feminine, personal garments; and for him it is about erotic gratification. I've known

him for some time now and he doesn't actually label himself a crossdresser, though clearly it is an activity he enjoys. Charles is what you might describe as a man's man. He is approaching retirement from his lifetime of corporate work, surfs regularly and fishes off his recently purchased catamaran. Married for close to 35 years, he has also recently discovered the thrill of expensive female underwear—and cheerfully admits he can't believe how much fun he has been missing out on. His most common activity is to wear female panties and masturbate under a blanket next to his wife as she innocently cross-stitches and they both watch TV. His biggest problem? Finding opportunities to wash the lingerie and stash it away, given he likes the expensive stuff and doesn't like to throw it out. Men like Charles could probably be considered at the experimenting end of the scale, and if we were going to match his behaviour to the DSMV-IV-TR criteria, it would be called Transvestic Fetishism (or its new name in the upcoming version V of the manual, Transvestic Disorder).

Typically men like Charles masturbate while wearing the clothes, or wear them as part of their sexual repertoire with a partner. As his interest in cross dressing is erotically based, it centres on wearing specifically intimate female apparel such as lingerie, hosiery, high heels or highly stylised PVC or leather. For most crossdressers with this focus, wearing female garments is a secretive practice, usually only done on a part-time or occasional basis, with the clothing discarded once it has served its sexual purpose. For the most part they have no desire to actually become a woman, and continue to define themselves as heterosexual and remain in, or pursue marriage and relationships with biological women. The key distinction between cross dressing for erotic purposes and a more committed crossdresser (see below), who might fit the old category of transvestite ('committed crossdresser' is I believe a term Trans author Michael Albert coined to describe himself), is that the sexually motivated crossdresser focuses on specific items for a specific purpose and isn't concerned with trying to behave as he thinks a woman should, in dress or demeanour.

“ For most committed crossdressers, it generally remains a private pursuit that is shared with a chosen few, perhaps understanding family and friends.

There are, however, no hard and fast 'rules' to cross dressing, and some crossdressers do find themselves becoming more interested in feminine expression as they age and their interest becomes a long-term practice. For them, cross dressing can mellow into a way to relax, becoming predominantly a recreational rather than a sexual activity as it gradually becomes a part of their identity.

The Committed Crossdresser

Nicole is one such biological male who enjoys being a lady at any given opportunity. Known to me only by her female name, her online persona is completely female and she loves posting photos of herself in various feminine outfits. She regularly lets it be known when she has a shopping trip in female attire planned, and invites other like-minded TVs or biological women along. She doesn't take female hormones and still presents as male in her day-to-day life, accepting that the need to enact femininity is a part of who she is.

Nicole's identification is as a part time but regular crossdresser, and on the continuum she might be considered a bi-gendered or dual-gendered person. This means that she chooses to move between feminine and masculine gender-typed behaviour depending on the situation. In comparison to cross dressing that is sexually driven, a crossdresser such as Nicole is more concerned with the need to look convincing and act in the way she believes a woman would; so for her it is about the need for feminine self expression rather than about sexual arousal. While it would not be unusual for a more committed crossdresser to feel sexual and erotic, for many people such as Nicole, the charge she feels is related to the cross-gender experience; the enjoyment of feeling and looking like a woman, as opposed to emanating from her interaction with a few items of feminine clothing.

Immersing herself in the experience of femininity, she commonly extends her practice to wearing makeup, hairpieces or jewellery, conforming to her idea of what a 'real woman' might choose. For most committed crossdressers, it generally remains a private pursuit that is shared with a chosen few, perhaps understanding family and friends or others in the TV community; however, it is also not unusual for crossdressers to go out in public as women to socialise or shop, so that they can immerse themselves in the womanly experience. In comparison, a crossdresser like Charles who focuses on specific items of intimate apparel would probably not be seen by anyone else aside from perhaps his sexual partner, and would not venture much beyond his interest in female underwear. However as I noted earlier, there are no hard and fast rules and I am sure men drift across both definitions.

A transsexual (TS) is a person who believes he or she is in the wrong body, so could be genetic man who feels in his heart and mind he is a woman, or vice versa. This feeling is generally deeply distressing, and most transsexuals generally suffer a great deal of cognitive dissonance, particularly in regard to their biologically defined genitalia. For this reason many are highly likely to consider, or be working towards, sexual reassignment surgery. Whether surgery is a consideration or not, transsexual men (or trans women as they are also called), view themselves holistically as women, and their journey is one of transitioning to their preferred sex. Some may do this in stealth and some may do it publicly, but it is about a desire to manifest as the opposite gender. For men it might include all or any of these actions: cross dressing, behaving as a woman, taking a female identity, wearing a female hairstyle, growing their fingernails, taking hormones or dating a male partner. If the person is going public,

taking on a female identity may extend to the workplace. Wearing women's clothing is not done with any sexual motivation, but as a tool in normalising how they feel about their gender identity. The DSM-IV defines this as Transsexualism and places it under Gender Identity Disorder in the current version of its documentation; it will change in the upcoming Version 5 to being called Gender Incongruence (see below for more on the DSM-IV).

Heidi is one young transsexual I've come to know over the years. Heidi would be considered breathtaking by anyone: she has naturally long hair, is meticulous in her grooming and feminine appearance and already has surgically enhanced breasts. She works in the hospitality industry and is saving towards reassignment surgery. She no longer has contact with her family as she feels they don't understand her motivations, and has made the decision to start a new life in another city so that she can live totally as a woman. She took the decision to start afresh because she felt that being around people who knew her as biologically male invited too much scrutiny—far more than, say, a biological woman would receive—and says that life is easier for her if she is perceived as female from the outset. Dealing with the fallout from family and friends is a common problem for people wishing to surgically or socially alter their gender, as well as the struggle they face in having their desire categorised as being sexually deviant or in being labelled as having a mental disorder. It is probably not surprising that suicide rates are high among those who wish to change their gender position.

In an article based on his life as a self-defined crossdresser, philosopher Michael Gilbert suggests that there needs to be a redefinition of gender that ceases to offer people only two options for how they define themselves. In this way a man might simply be able to say, 'I am a biological man but I choose to live as a woman', thus providing an option of being that is not dictated by having to feel he has to change his body completely to conform to what a woman is supposed

to look like. Gilbert believes we need to open our minds to other options and realities, such as being bi-gendered, non-gendered (androgynous), multi-gendered or cross-gendered:

The very idea that one need be a gender at all is disposable. It could be replaced say by having a set of attributes in various ranges of femininity and masculinity where those are considered characteristics like being creative or straightforward rather than the most fundamentally defining aspects of a person. (The Transgendered Philosopher, online)

He believes we shouldn't be looking at ways of 'fixing' the problem of men cross dressing, but instead examining the rigid rules and attitudes which control gender roles in such an arbitrary fashion that sex, genitals and gender need to toe a single straight line. Which brings us to sexuality.

Sexuality

Hands up if you automatically assume that a biologically male crossdresser or transsexual automatically fancies men because he is wearing a skirt? You probably wouldn't be alone in that misconception. However, gender, sex, identity and sexual orientation are all separate facets of a person, and it does not follow that a man wanting to be a woman, temporarily or as a life choice, means he also wants to have sex with a male partner, though of course there are some who do. Angela S.'s view is that it is a question of semantics: if you describe sexual orientation in terms of what expression of masculinity or femininity attracts you, then that argument no longer exists. How transgender people express their sexuality is not tied to how they choose to express their gender, so they might be heterosexual, homosexual, bisexual, pansexual or asexual in the same proportions that are present in the general population.

There is another train of thought that cross dressing provides a way for some men to legitimise their sexual orientation. For example, if he is unable to acknowledge or come to terms with

bisexual or homosexual desires as a man, an individual may cross dress so he can take a step away from his masculine persona. This allows him to have sex with a man, because at that moment in time he is ostensibly acting in the role of a woman, which permits him a sexually feminine role. I have personally had conversations with a number of men (most particularly in the Cuckold community) who enjoy being ordered to cross dress by their wives and then being forced into sexual service of some kind with another man.

Trans Etiquette

There are a couple of really good guides available on trans man Matt Kailey's blog. These give advice on what to say/not to say that will help remove anxiety with regard to what is respectful in terms of working or interacting with someone who identifies as transgender. His advice includes:

- Use the correct name and pronoun: the correct name is whatever the person has given you. The correct pronoun is whatever gender the person is presenting. Most cultures have clothing or other appearance markers that designate gender for that culture. Names also give clues, because most cultures have names that are considered masculine or feminine. If you are unsure of which pronoun to use, and you really need to know, just ask – most trans people won't be offended and see this as a sign of respect. But don't ask if the person is obviously expressing a female or male gender.
- Don't say, 'You will always be a man (or woman) to me.': again, you are saying, 'I don't care enough or respect you enough to see who you really are,' 'My feelings are more important than yours,' or 'I don't recognize you as a person.' This isn't about you. It is about the person with whom you want to stay friends.
- Don't touch the person inappropriately or ask personal questions unless you are invited to do so.

- Don't ask them if they are gay.
- See Matt's website for more (<http://tranifesto.com/transgender-faqs-and-info/>).

What the Text Books Say

Many people (myself included) believe a transgender identity or expression should not be considered a disorder or inherently impairing, looking instead to societal intolerance and prejudice as more likely culprits in causing the distress and internalized shame that many transpeople suffer. The transgender community is extremely wary of categorisation (and rightly so), but I would be remiss if I did not present some of what is accepted data in the medical arena. Most academic research, data and writing tends to use the term Transvestite to describe a biological man who chooses to live, dress or occasionally express himself along the feminine continuum of gender expression; however, as I mentioned previously, this is not the preferred term of those in the Transgender community. The term transvestite was originally coined by Magnus Hirschfeld (1910) and comes from the Latin meaning to cross dress. A public homosexual himself, Hirschfeld rejected fetishism as a diagnostic label for cross dressing. Nor did he actually pathologise it—that came later with the pronouncements of prominent psychoanalysts in the 1900s, including Stekel and Freud. The attachment of the label fetishism to transvestism occurred in 1987 in the third edition of The Diagnostic and Statistical Manual of Mental Disorders (DSM), considered the world standard in terms of diagnostic manuals for mental disorders; this has been carried over in subsequent versions of the manual. DSM is the manual published by the American Psychiatric Association and covers all mental health disorders for both children and adults and focuses on the difficulties people are experiencing with certain conditions. It also lists known causes of these disorders, statistics in terms of gender, age at onset, and prognosis, as well as some research concerning

optimal treatment approaches. It is the 'go to' manual most mental health professionals use when working with patients to better understand illness and potential treatment and to help third party payers (e.g., insurance) understand the needs of the patient. The fifth edition of the DSM is scheduled for publication in 2012 and will be the first major revision of American diagnostic nomenclature for mental disorders since 1994. The current version (DSM-IV) equates cross dressing and expression of femininity by biological males with sexual fetishism. In this current definition known as Transvestic Fetishism, sexual arousal is a necessary component of transvestism (disorder or otherwise) As Bullough and Bullough (1993) note, this completely ignores people who cross dress for relief from tension or gender discomfort (but who do not wish to gender re-assign), because while they may also experience sexual excitement when wearing female clothing, they do not cross dress expressly for this purpose. They go on to say:

Even among the transvestites who experience erotic arousal when they cross-dress, the focus is as much on themselves as on their clothing. They are excited by the cross-gender game that includes the way they move their bodies and think about issues, so a definition that categorises their activities as a type of fetishism is probably an oversimplification (Bullough and Bullough 1993, pp. 131).

Though it hasn't yet turned out to be the case, Bullough and Bullough make the hopeful suggestion that:

It is quite possible that cross dressing as such will be removed in the revised DSM, except in those rare instances when it fits the criteria for obsessive-compulsive behaviour (1993, p.363).

In the upcoming version 5 of the manual, Transvestic Fetishism is to be renamed Transvestic Disorder. It remains the only disorder in the entire manual that is limited to (heterosexual) men. It includes criteria taken from the previous definition of Transvestic Fetishism, so continues to sexualise a practice that often simply represents a

social expression of a man's inner sense of identity; it clearly does not respect an individual's right to express their gender with its inclusion of this practice as a mental illness. In the new version of the manual, Gender Identity Disorder (under which Transsexuals will be categorised) will be known as Gender Incongruence.

Sumedha's story

Sumedha wrote to me describing himself as a crossdresser and from our conversations it would seem that his needs go much deeper than simply wanting to wear a sari for an occasional erotic thrill. The remaining text is in his voice and while I could have used the feminine form as he is using a female name, I've gone with the male pronoun at his request. When I first began dialoguing with Sumedha I was under the mistaken impression that cross dressing was culturally acceptable in India, in the same way that Thailand accepts the men in their culture who are transgender (they are actually referred to as the third sex). However circumstances are somewhat different in India, and people who step outside of their gender roles are generally not respected, forced to live on the fringes of society and are often found to be working as prostitutes. The term for Transgender men in India is the Hindu word Hijra, and while they are generally castigated by Indian society, in some parts they are regarded as special and may be called upon to bless new babies, harvests and other successful events.

My female name Sumedha, I am 20 years old and I have wanted to be a girl all of my life. I am still at university and I would be considered a typical middle class boy by Indian standards. I live in a large city named Satara with my parents and extended family; there are seven of us in our home, including my sister in-law. While it is an urban city, it remains conservative, without a lot of influence from Western culture; really almost all of Indian society is conservative due to the reverence for our ancient glorious culture. An example of how conservative my family are can be seen from the fact that they

wouldn't approve or allow a love marriage. I know and accept I have to marry a girl who will be selected by my parents and I am expected to bring my new wife home to live with us.

Chatting and friendship with girls is also not yet widely approved of in middle class Indian society, though I am lucky to have one female friend and she is the only person who know of my yearning to be a woman. She blessed me with the female name Sumedha and while she lives in another city, the few times a year I see her she allows me to try on her clothes. Knowing I can email and chat with her and just to be myself is very important to me, as it is one of the few times I can relax and show my true feminine side.

In our society it simply is not possible to go to a bar or club or anywhere in public dressed as women, as men are basically not accepted in female clothing. So I rely on the company of my female friend and I also visit online chat-rooms to connect with other submissive men and with older dominant women. Having the chance to make friends with like-minded people on Facebook has also been a blessing. While they would not throw me out of the home, if my parents or extended family were to find out what I do online or what my interests are, it would bring great shame to my family, so I am always very discreet.

Interviewer Question: How do you manage your cross-dressing given your living situation?

Living in a busy household it is very difficult for me to have any opportunity to try on female clothes and of course I cannot buy any items of clothing or have them in my room as my mother would very quickly find them. Instead I must rely on borrowing my mother and sister-law's clothing when they are not at home, or when I get to see my only female friend. I am very fortunate to have a younger female living in our house, so that I have access to her clothing. On those occasions, maybe once every six months I can dress myself as a woman. I enjoy wearing all forms of female clothing, including female undergarments which I have worn under my clothes while out in public on a few occasions. As my family wear traditional Indian clothing, when I cross dress I might wear my sister-in-law's saris, dupattas, churidars or salwar kameez, and I enjoy putting on her bangles, necklaces and a bindi. If the opportunity arises I also occasionally wear my mother's clothing and jewellery. I believe I would enjoy Western style clothing, but it is not something I have access to in my life.

I would very much like to have long hair, long fingernails and to pierce my

nose. If I had a magic wand I would transform myself into a pretty girl and then whitewash everybody's minds so that they only know that I am girl from birth. If I had a choice I would wear women's clothing 24/7, as dressing as a woman allows me to express my feminine nature. It is not a sexual expression for me, but a way to nurture the feminine self within, which I developed during my childhood.

I believe I became feminine by nature due to the fact that I spent most of my childhood amidst girls and my mother used to take me along with her to her friends(women) houses from a young age and I think this contributed to me becoming submissive. I have never had typical boy qualities such as enjoying sports, action movies, dominating women, flirting or even dating. Instead I am drawn to what I see as typical girl qualities like dressing up, staying at home, watching or watching TV. The only boyish habit I have is that I like cars.

Interviewer Question: What is your sexual preference?

I prefer women over men. While I want to be a woman I have a sexual attraction for women themselves. It is difficult to explain, even while I am being a sissy, I just undergo sissification (online) for the fact that I like to be submissive (but only to women). So the question of being attracted to men doesn't arise...well, I have heard that some dominant women (mistresses) force their sissies to get physical with some men, in that case if my mistress asks me to do so I would have to follow her instruction.

You are very young, how do you see your life unfolding?

I will finish university and I will hopefully find a good job. I will continue to live with my family and I will be married, to a woman that my family chooses. But I will never stop cross dressing nor will I suppress this part of my personality. I have accepted this need to nurture my feminine side, even if this is difficult to do. I intend to share this information with my wife once I marry, so that way I can freely be myself and she could help me dress up and we could share clothing, makeup and jewellery. Women are far more understanding of a need to be feminine than men will ever be. ■

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Terms

Ci-gender: cisgendered (or cis) - the reverse of transgendered, basically someone who feels they are of the physical gender they were born in.

Crossdresser: a person who wears the clothing designated for the opposite gender.

Genderqueer: people with who enjoy deliberate transgressive gender self-expression, some of whom may not consider themselves transgender; The term may refer to intentional androgyny, or mixing and matching gender-assumed clothing and/or roles in order to challenge societal assumptions.

Transgender: umbrella term for anyone (male or female) who deviates from the binary gender norms of their society.

Trans woman or transwoman: a person who was born male (or assigned male at birth) and identifies as or has transitioned to female. Other terms include MTF (male-to-female), transsexual woman, transgender woman, and woman.

Trans man or transman: refers to a person who was born female (or assigned female at birth) and identifies as or has transitioned to male. Other terms include FTM (female-to-male), trans masculine or transmasculine person, transsexual man, transgender man, and man.

Drag Queen: the name given to a performance where an entertainer dresses as a woman. The majority of these artists are gay and their performances are intended as caricatures of femininity. They generally do not intend to bear any more than a superficial resemblance to real women.

My sincere thanks go to Angela Saly, Sumedha, Nicole and Heidi for allowing me to use their stories. As I am a ci-gender woman, I was naturally anxious not to misrepresent anyone or any group and relied heavily on Angela for feedback and ratification to ensure I had given a fair and accurate representation of the issues—thank you Ange, your help was absolutely invaluable.

How to do self-awareness

By Owen Kessels

Connecting with our selves

One of the ills, a great ill, of Western us, is disconnection. The counselling relationship acts in similar ways to mutual support networks and in finding purpose. In therapy we parallel something of reconnecting; slowing down and connecting both within ourselves and to others.

Therapists wonder about giving of themselves in sessions; opinion, advice, and their internal world of feelings and thoughts. Should we protect clients from ourselves, or are objectivity, boundaries, for example, really just ways of protecting ourselves from our client's pain, the mess and unknowns of life. It is endlessness we fear.

To many clients we are catalysts in their relating better to themselves; with significant others; and among the world in which they live. To other clients we are a significant source of long-term support, with one qualification. Clients borrow us only for as long as they need. Then they let us go.

What clients don't know – and what holds them back - is whether we will join them, support them, and manage to get us both through together. Clients want to experience that process of navigation before they may go further. In the same vein, Robert Grant recently work-shopped his experience working with traumatized people. Interestingly, clients when asked about what they found useful in therapy, did not rate the skill of the therapist as significant. Rather the question that was critical in clients' minds was, 'Can you manage me?' (Reilly pers comm. 2006a).

What counts to the psyche, deeper down, is how far it feels safe and willing to progress with us. The situation then is that the psyche and particularly the deeper psyche, is sizing us up. Therapists buffer clients from therapeutic bias and power not by avoiding or pretending it's not there but by navigating it. It's up to us to see this coming, and meet and match the need. In therapists handling their own power, clients learn faster to handle their own.

Navigating our way with clients

Lin Reilly is a widely and highly respected practitioner of over 40 years experience and one of a declining group having had direct clinical contact with the salience of Satir and Minuchin. At

times a University Lecturer in therapy and family therapy, it is important to honour the oral 'off the record' history such as his that may be all too easily lost.

'Over the last three decades, training has shifted away from spending a lot of time emphasizing and developing self-awareness of one's own vulnerability and intuition in working with clients. Perhaps the earlier ways were seen as too psychoanalytic, too psychodynamic. We have moved instead towards highly developed skills, like solution focused and task-centred therapy... While holding onto these developments, it seems the pendulum has stopped and may be looking back for something more' (Reilly pers comm., 2006b).

The process of giving advice, taking a stance, revealing our thoughts and feelings, carries tensions. Counselling is balance. We juggle 'being involved' with that of 'respecting distance'. Clients will open to the work of therapy according to how well we navigate these tensions together.

To navigate risk, that process of:

- being sensitive to being open
- becoming vulnerable
- holding the space
- maintaining communication
- sitting with uncertainty and/or working through it is to model something valuable to clients. Clients cannot go there on their own. And when they do, they need time. The teamwork between us, the 'teamwork' within them; they take back to the world.

The question then is, 'Will we connect within us, so clients can go on to connect without us? If we 'keep it all in', then what is the take-home message? And if we let it all hang out, what does that say about managing it all in the first place? Client's come because we have experience in dealing with reality. And the psyche, which underneath it all is nobody's fool, comes with them. Clients give us scope according to how well we navigate the tensions; and the psyche wanting a space that is safe but not too comfortable.

Therapist use of self

At a workshop in Australia, Satir was once asked about how and when why an intervention occurred. "That is a stupid question. You just know", she replied (Reilly pers comm, 2002a). Erickson

would have the arrogance to say "I just know" what is happening for clients (Reilly pers comm, 2006c).

Carl Whitaker used spontaneity, absurdity or craziness to shift families stuck at therapeutic impasse (Keith and Whitaker, 1978)¹. Whitaker would say the first thought or feeling that came to mind! He said therapists should put this information into the interaction, not hide it away. Yet for all his spontaneity, Whitaker would say that therapists must be responsible for:

- relevance
- timing
- and intensity of the intervention (Reilly pers comm, 2006d).

While we must realize that Whitaker had considerable nous, I think the timing of interventions like this is particularly about clients being at a point where they trust themselves rather than the therapeutic relationship per se. We weight our brazenness or reserve accordingly.

Clients carry stereotypes of counsellors: counsellors don't tell you what they really think, counsellors don't give advice, and counsellors act as if they make no judgments. 'Oh, I was worried that you would only just listen.' 'Oh, I was worried that you would just sit there and leave me to work it out myself'. Clients worry we will be so absent of advice that they will feel naked, their imagination running loose to all manner of confusion. The longer the session goes, the more this occurs should we not attend it.

So, if therapy is about being open, are we likewise open? In my work I observe, jink and probe, adjust and check with clients to know well enough what room we have available to work together. Satir said that there is nothing that cannot be talked about (Reilly pers comm, 2002b) and was a passionate advocate for therapist use of self (Baldwin and Satir, 1987). Our intuition and self-awareness is there for a purpose.

Support like being cheeky, rude, 'Oh you didn't!', and 'So you stuffed up, nobody could possibly stuff up like you' may be things you want to sense your timing about but they are often things clients really do think but only faintly say. They carry these inner 'demons', beating themselves up about it. By naming these unnamed fears, therapy avoids reinforcing the inner narratives

¹ This article of Keith and Whitaker is still highly entertaining and relevant in many ways. Much recommended!

that clients carry silently. And fear therapy will confirm.

Where vulnerability becomes healing

My University course finished with the memorable words, 'It is through your vulnerability that you will be effective' (North pers comm, 1999). This should not be confused with lack of strength. Being open to the vulnerability of our own self-awareness helps connect us to, and travel with, clients and their deeper being. Clients need us to navigate how connection with self ('to the inside' and 'from the outside') and connection with an 'other' can happen. And this puts something of our selves on the line.

Despite our aversion to vulnerability, can we balance our way back to reclaim it? To do this is to get closer to the deeper part of client psyche; a psyche which persists in weighing us up. Irrespective of how much clients say we are helpful, useful, and glad that they came; such statements are declarative, not comparative. The client won't know whether another therapist might have enabled them to travel further together. It is only as we look back, we can really see how far we were able to take and be taken. This is particularly important if we are to work effectively with complex trauma cases.

One of the disadvantages to being a therapist is having to play catch up to clients. Why do you think Rogers promulgated reflection? Why do you think Freud sat out of view of the client on his couch? It gave time to the therapists in a way they may not otherwise have had. Therapists took their time with clients and modeled something clients had not revisited for some time.

I remember a colleague saying that to really listen comes at a cost (Sabel pers comm, 2001). And by that he meant there are times when we draw from the depths of our being; for what the client needs is nothing less than us as real as we'll ever be.

There is a fine line between hedging or being non-committal, and the therapist pussyfooting under the guise of therapeutic 'integrity', 'staying objective', 'being non-directive'. Pussyfooting is a damaging intervention where we reap what we sow. It looks inert, but it is inert like a black hole is inert, sucking the life out of everything. What went wrong with Roger's followers is that they couldn't duplicate the original him.

Case Study – A turning point intervention

This case study may appear tentative outside of its context. There is an

element of significant portent that has been building over the session or sessions. Whilst the client has become comfortable feeling 'heard', the clients has subtly challenged the therapist several times to take things further. The contradiction though is that the client's main feelings and reasoning does not reflect this subtle undercurrent. So to step out, the therapist takes a risk, moving to the brink of a slippery slope.

The exploration with the client can occur in a mutual and open way as I demonstrate in the case study. The key process demonstrated in the case study is that of navigation. In this way, clients don't 'take things personally'. Rather therapist and client and therapist are free to move 'in toward their self' and 'look from outside at their self'. Watch the action as it unfolds.

- 1 'Well I know I've let you do a fair bit of talking, can I cut in, maybe I should do a bit of talking here. When you were talking, some thoughts/feelings came to mind. Would it be useful if I put that out there?'
 - 2 'Okay, look this may be useful but it may be it will be not useful. Can you let me know? Would it be okay for you to tell me if it is not useful?'
 - 3 How would you do that?'
 - 4 'Okay...like I said, take what is useful and leave what's not behind. Okay? When you were talking before about, you know, that stuff, I began to think/feelx y z..... (or a part of me thought/felt) I don't know whether me saying that was useful. Or not. How did it strike you? Was there a part of that that resonated with you?' Using the words 'a part of' gives some wiggle room and helps soften statements.
 - 5 'So, did you find this useful, not useful, what was it like for you?' The question seems to be repeating, but clients engage it. I think the 'client' or their deeper psyche continues to need time with it.
 - 6 'How was it useful?'
 - 7 'What are your thoughts now about us starting off on all this. You know, me kind of leaping out there. I know you've already said a bit but just to check in; was it okay for me to just jump out there back then and do that? What do you think?' This is a shift in the focus from the dialogue being about the client, and introduces the focus of it being about the therapist. This is followed by the next question:
 - 8 'How was it useful? to refocus back from loose, aimless, depleting energy to some 'focused, feel good, pick me up energy' before we head on to the

next step.
 9 'You know back there when I talked about talking about xyz... there was a part of me that felt worried you might go 'This is terrible. This might go, aagh, really wrong.' Here I am putting this out there... it's just an idea... an opinion and...'

Visually I go inward, shifting sight and losing touch with clients, for some moments; all genuinely real for me, and well-bounded.

This invites clients to a deeper process with me. In a way I switch chairs with clients; backtracking, and risking being vulnerable. I can feel the edge, well aware that it gives us both more to work with. This process seen continued in Step 11) I suspect has a hypnotic/trancelike aspect as people are absorbed moving inwards and outwards of their self.

Fundamentally, the notion of these interventions is that vulnerability and strength can co-exist. I think clients sense the safety and openness to 'play' with these notions – a sense of invitation - that happens to effect further change that I'll describe shortly. Play doesn't know the way, it just happens to find a way.

10 Clients are quickly reassuring at this point, too reassuring in fact, and as a therapist I soon risk becoming a shadow of my former self should I indulge the client's support too far: 'No, no, that's okay. Thank you. No, I thought it was worth doing, obviously I put it out there, and I thought it was worth it, but there was a part of me that did worry that this could go horribly wrong. I mean, I still did it, and I chose to do it, but I was aware that there was that part of me there. So I thought I would just check in about that.' I am appreciative but not attached; well-paced but not nervous or rushed; the self-revelation in an 'undeterred by it all' way.

11 'How was it useful?' This question acts to switch the focus back onto clients and something special happens:

1. Clients no longer hold back. A richer dialogue ensues of previous things not said or thought.
 2. Clients go inward, shifting sight and losing touch with me, drawing to a silence. And it dawns.
 3. Undimmed by fears no longer of therapist left behind; the psyche unleashes its full measure. And it is surprising what resolves.
- 12 The therapeutic effect is profound. Something special has happened. 'What is happening for you now?' The client finds their own new voice

not reliant on my original input. The client is becoming their own therapist; perhaps they always were.

Revisiting Carl Rogers Client-Centered Therapy

Carl Rogers spoke of a case late in his career where a client broke down into sobs. Rogers said, 'I had responded to his feelings and accepted them but it was when I came to him as a person and expressed my feelings for him, that it really got to him. That interested me, because I am inclined to think that in my writing perhaps I have stressed too much the three basic conditions (congruence, unconditional positive regard and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy - when my self is very clearly, obviously present' (Baldwin and Satir, 1987, 45).

This is relevant to the process of giving advice, taking a stance, revealing our thoughts and feelings because fostering self-awareness through vulnerability connects intuition with essential processes at work in clients. We recede from the pedestal of therapist, demystify our part to the highlight of clients own accomplishments – in case they doubted that, which they usually do - and remove ourselves from pretence.

The brilliance of Carl Rogers's work, so sublime to the naked eye, was his brutal-ness; well tempered, yes, but brutal enough to leave a space the client was forced to face, to confront, and fill if they wished – as they did. Rogers, I believe, knew that we imply all sorts of subtleties, and he carried those tensions ably balanced not because he got rid of them, but because he knew how to work with them, the intrusions still intruding:

- Why this question and not another?
- Why that way of reflecting and not this?
- Why are you silent to what I just said?

In his book Client-Centered Therapy, Roger had the prescience to say 'And if it (the book) suffers the final degradation of becoming 'classroom knowledge' – where the dead words of an author are dissected and poured into the minds of passive students, without even the awareness that they were once living – then better by far the book had never been written. Therapy is of the essence of life...It is only the sad inadequacy of man's (sic) capacity for communication that makes it necessary to run the risk of trying to capture that living experience in words' (Rogers, 1951, x).

Non-directive listening always sold Carl Rogers short. The question then is not whether one does give advice, or

something of their self, but rather how we manage the process.

Therapeutic balance in integrating inner and outer healing

Clients come with an 'inner healer', the capacity of the psyche given the right conditions to heal itself (Weinrib 1983, Pearson and Wilson 2001). The role of the therapist is to facilitate that without getting in the way. Therapists also come as 'outer healers'; in bringing energy, power, grasp, direction, and expert status to the process.

But both 'healers' – which can tend to live in separate camps - require skill and the greater balance is knowing how to integrate these two aspects of self. One of the things we may not realize about the great master therapists is that they were psycho-analytically trained. As they moved from the strictures of 'therapist-neutral' psychoanalysis, and moved to greater therapist use of self, they still retained a considerable attunement to the inner workings of clients. Thus the masters were more blended than their legacies suggest, or words could record, and than those who came after who tried to imitate them. Freud himself said to heal is to love.

When therapy's balance is 'off', therapy creates work for itself that it doesn't need. 'Therapised' clients grown leary, shy and less naïve wall themselves off to further work. They know more about therapists and it is harder to engage them from a clean slate.

Client subroutines of safety kick in like transference / counter-transference. Whitaker's disarming forthrightness could nip things in the bud. This happened before they had the chance to create articles, case studies, and other confused excuses for publishing we have seen and contribute to.

Clients are telling us to get our act together. And connect these two at times disparate concepts of theory and practice to make a difference. The tension between theory and therapist use of self is useful. Theory draws on a body of work that is agreeably beyond 'just us'. Yet the origin of theory is more personal, from the Greek theorus 'spectator' from theoreo 'look at' (Moore 2002, 1390). This validates our presence as self-aware practitioners engaging client-derived need.

Beside each article or book or theory we take to be clients; is an echo calling 'Hey, get over here, give me a hand, let's get among the action.' Every person on the planet has thoughts and opinions, feelings and guesses. Clients give us scope according to how well we navigate the tensions; and the psyche wanting a space that is safe but not too comfortable.

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Short Biography

Owen Kessels is a Counsellor working in private practice. He is a Clinical Member of the Queensland Association for Family Therapy, a member of the AASW, Certified Mental Health Worker. He is highly creative in therapy and works with sandplay and symbol work, as well as traditional verbal approaches. Owen worked in statutory child protection for one year followed by four years with Lifeline - Ipswich and West Moreton counselling abused children, perpetrators and wider generic counselling with people of all ages. He is 43, has 4 kids, 3 dogs, and too many chooks.

Counselling Australia's Contributor's Guide for 2012

Counselling Australia is now calling for articles and papers for publication in 2012. Counselling Australia is a peer reviewed professional journal that is registered and indexed with the National Library (ISSN 1445-5285). Counselling Australia is designed to inform and discuss relevant industry issues for practicing counsellors, students, and members of the Australian Counselling Association. Note publishing dates: The journal is published quarterly every March, June, September and December.

Counselling Australia has an editorial board of experienced practitioners, trainers and specialists. Articles are invited to be peer reviewed and refereed or assessed for appropriateness by the editor for publishing. Non-editorial staff may assess articles if the subject is of a nature as to require a specialist's opinion.

Editorial Policy

Counselling Australia is committed to valuing the different theories and practices of counsellors. We hope to encourage readers to submit articles and papers to encourage discussion and debate within the industry. Through contributions we hope to give contributors an opportunity to be published and foster Australian content. To provide information to readers that will help them to improve their own professional development and practice. Promote to readers the Australian Counselling Association and its commitment to raising the professional profile and status of Counsellors in Australia.

Articles for peer review (refereed).

- Submitted with a covering page requesting a peer review.
- The body of the paper must not identify the author
- Two assessors who will advise the editor on the articles appropriateness for publication will read refereed articles.
- Articles may be returned for rewording, clarification for correcting prior to being accepted.

- Attach a separate page noting your name experience, qualifications and contact details.
- Articles are to contain between 1500 and 4000 words in length.
- Articles are to be submitted in MS Word format via email.
- Articles are to be single-spaced and with minimal formatting.

Conditions

- References are required to support argument and should be listed alphabetically.
- Case studies must have a signed agreement by the client attached to the article for permission for publication. Clients must not be identifiable in the article
- The author must seek permission to quote from, or reproduce, copyright material from other sources and acknowledge this in the article.
- All articles are subject to our editing process and all authors will be advised of any necessary changes and sent a copy prior to the proofing of the journal for publication.
- Authors are to notify the editor if their article has been published prior to submission to Counselling Australia.
- Only original articles that have not been published elsewhere will be peer reviewed.
- Counselling Australia accepts no responsibility for the content of articles, manuscripts, photographs, artwork, or illustrations for unsolicited articles.

Deadline

Deadline for articles and reviewed articles is the 7th of February, May, August and November. The sooner articles and papers are submitted the more likely they are to be published in the next cycle. 📧

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