

COUNSELLING AUSTRALIA

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**Domestic Violence:
Recognising Spiritual Abuse –
Its Nature and Impact**

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Editorial

Let's get organised

This year has started out tragically for many Australians as we have been assaulted from all sides by Mother Nature in the guise of severe weather events and a large bushfire in the outskirts of Perth that was started through one individual's negligence. The weather patterns saw much of South East Queensland start with a deluge of rain that fell continuously for over 25 days resulting in severe flooding as major rivers broke their banks and an area larger than Germany and France combined was flooded. In Toowoomba and the Lockyer Valley the deluge caused an inland Tsunami to come crashing down through the valley and right through the CBD of the major rural city of Toowoomba devastating everything in its path. Over 25 people died as a direct result of this severe weather system with thousands of homes being lost. Unfortunately this was only the beginning as the flood waters made their way down through New South Wales and into Victoria and at the same time Tasmania also experienced flooding and more homes were lost. Western Australia also experienced its own flooding event in the Wheat Belt district which also caused significant damage and loss.

Just when we thought the weather was going to change two cyclones bore down from the Pacific Ocean onto North Eastern Queensland, the first was rated as a category 1 cyclone which on land fall only caused minor damage however the second cyclone was rated a category 5 (the highest level) and was deemed to be equivalent in ferocity by much larger in size to Katrina, which devastated New Orleans, hit the coast causing significant damage to homes and farms. Shortly after this event a major bush fire broke out in the hills around Perth caused by sparks from an angle grinder that saw over 45 homes burnt to the ground.

I am sure there are many Australians who secretly are just waiting for the next event as we seem to continue to wear the brunt of severe weather change. I am not going to enter into the debate as to what is causing these changes but I personally believe the weather in Brisbane and Queensland has significantly changed in the last 10 years and it seems it will continue and with greater intensity. These ongoing disasters present a significant challenge for counsellors and ACA. There are many Australians who are now suffering from higher levels

of anxiety as they no longer feel safe, many others are now starting to feel the traumatic emotional effects of the recent disasters now that the cleaning up has to some extent been finished. Financial pressure is being put on Australians to now consider paying towards a mandatory rebuilding levy which could add to the financial burdens many families are already under. These severe weather events have had a devastating impact on fruit and grain growers with most harvests ruined resulting in significant price rises and a shortage of fruit and vegetables. Most of us have taken for granted the ample supply and choice we have had when it comes to groceries. All this leads to a greater sense of insecurity and the anxiety that comes with change.

Inevitably these impacts have led to a domino effect in relation to prices for not just goods but also services being increased. Another financial burden that is passed onto families and individuals who are already feeling financially stressed and insecure. To exacerbate the situation the current government has not met its pre-election commitments to greater spending on mental health services at a time when they are greatly needed. Services such as Headspace have not received much of the pre election promised funding to sustain their planned expansion let alone current services. The greater community now is in need of significant mental health services on the ground particularly early intervention services. Registered counsellors are best situated to meet this demand with treatment services been more available than ever (not that this means they are adequate) and early intervention services being almost nonexistent. It is only time before further significant events cause more damage and loss of life eventuating in greater emotional and traumatic stress. We need to start planning on how we as counsellors can organise ourselves to meet and respond to these challenges in an organised and professional manner. It is not appropriate for Australians to continue to rely on volunteers who have undertaken minimal training to take up the slack because we have a government that simply believes by ignoring mental health it will go away.

Philip Armstrong
Editor



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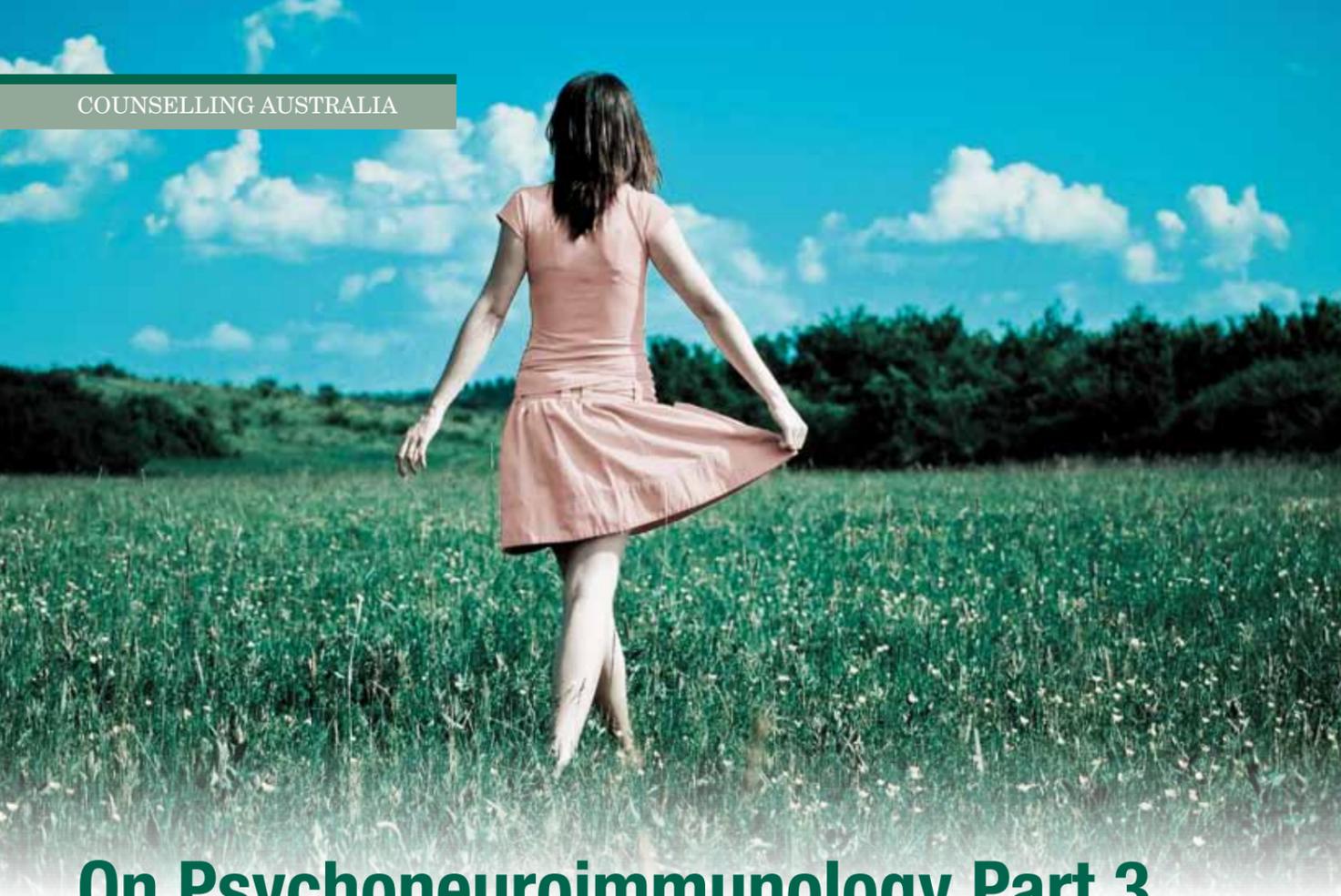
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On Psychoneuroimmunology Part 3

By Aurelia Satcau

*On a Journey, ill
and over fields all withered, dreams
go wandering still.*

(Bashō, in Barasch Healing Dreams, 65)

Wiring 'miriapodic' dendrites on synaptic missions: Emotions as Dreams

Emotions, with their corollary aptitude for adding and maintaining order to an otherwise dull and insufferable piece of performance - our own lives - were only recently granted this quality of inseparableness from life itself, the grandest of its underlinings and precisely the (bitter-) sweetest.

In the realm of emotions Psychoneuroimmunology's contribution is undoubted. More than 'aestheticizing' (beautifying) or investing them with the cathartic acumen for releasing tension and gloom, emotions were now, with the PNI, embarking on an unprecedented journey: apparently unsolvable dilemmas became decipherable and many riddles of the past resolved, especially those alluding to the relation between

'emotions' and 'cognition', and the 'quality of our lives'; the apogee here is that we may finally answer questions as crucial as 'life and death': from 'why are people sick' to the 'how dependent is our well-being on the emotional and cognitive states', to the more radical 'Is there a Cancer personality?'. And yet more radical is the assumption that there must well be 'reason' behind the works of the PNI machine: the tandem of muscles, neurotransmitters, neurons with their miriapodic dendrites and synaptic missions, pineal gland, sensorial impressing from an ever dynamic environment, down to the very culture embraced *nolens-volens* once we jump out from the womb, clearly demonstrate purpose and a grandiose plan in store for us - think only of Jung's Archetypes and their universality reaching way beyond social and historical frameworks of conditioning and meaning-

construction, and into the realm of 'gods', one 'god' for each major articulation of being: Aphrodite for beauty and love, prosperity and gentleness, cordiality and co-operation and justice, and even the kidneys, paired as they are in a joint effort to emphasize the role of flowing emotions; and love, of course, as the ultimate 'liquidity'. Mars stands for the 'attitude' in focusing life as one theatre of operation where the 'survival of the fittest' appears less cynical - a 'good fight' is sometimes necessary and even healthy. And so on in the Pantheon of Myths that are never quite well grasped by modern man, personified on a grand-scale by colorful entities (Gods) enacting our very destinies for us. Emotions and these 'gods' are but one and the same.

But back to the PNI, what is intended here, however, is to accentuate the intrinsic quality of 'purposefulness' within Psychoneuroimmunology: "When



we are ill, our reasonable goal is to get better, but dreams seem to insist, over and over, that it is not enough to cure attenuation of limbs and maladies of organs. *Become well to what purpose? they inquire sharply, persistently. To what end?* The Dreamweaver often seems to care as much, or more, for over spiritual growth as for our spiritual survival. We wish to be free of ailment, but the dream adds a contrapuntal line: that illness is also a *call*, although from what and to where, may be unclear"¹

In the first two parts of this article on PNI I emphasized the importance of dreams and dreaming - and implicitly all the works of the imagination - in situating Psychoneuroimmunology. As attempting to demonstrate before in this article dreams and the dreaming process represent rather a two-way street where input and output in the decoder/performer exchange within their 'environment' (whatever we may call this) modulates a perpetual state of interconnectedness and wholeness in all its intrinsic splendor and 'sensefulness'.

(Healing) emotions in dreams after trauma: the case of PTSD and dreaming

An example of the inviolable connection between dreams and emotions is evident with the attempt to check the dreaming circuit in the context of *trauma* - as Counsellors we are all well aware of the ravaging consequences of PTSD (Post Traumatic Stress Disorder). As an easier way to capture the influx of specific emotions, versatile means for using 'dream-catching' equipment are now possible. It has been observed, in Ernst Hartmann's elaborate study on *Dreams and Nightmares*² that dreaming, bizarre as this may seem, appears to avoid the 'tightly woven' or 'overlearned' regions of our brain, tenanted rather by the likes of 'reading', 'writing' or 'arithmetic'.³ Dreams therefore, seem to bask in the light-hearted, elusive, superfluous and sometimes promiscuous realm of the right brain, responsible for vulnerability to randomness and the imaginal. After all, we do dream of what is important to us, selectively and uniquely so. It can be stated that dreaming in rapport with

emotions is nothing but the process of 'contextualizing' emotions which are recurrent and powerful over a certain period of time. 'Metaphorizing' is another way of framing the spatio-visual content also at designated moments in time, when this becomes essential to our own well-being.

The cohort of emotions, feelings, memories and pictorial images stored in our brains are thus heavily dependent of an area where a profound and vast network in our cerebral cortex is based on such miniature inputs from infinitesimal bits and units corroborating to maintaining the glory of a majestic edifice. A 'vast network of small, similar patterns of connections among units, differentiate one mind from another'. In other words, connectivity is about all there is in the mind, asleep or awake.⁴

The relation between PNI and dreaming must be the same with that between a regulatory 'instrument', minute and yet escaping ultimate definition, and numerous materials - personal baggage aggregated by virtue of sheer living. Chaotic to some, dream content meanders along an unexpected clear-cut path with a clear-cut, albeit unbeknownst to us, purpose where we never happen to be a 'hurricane' or a 'mosquito' or a 'molecule of water' or 'mathematical formulas'⁵. A series of nocturnal scenery is insistently and invariably engulfing those whose issues remain pressing, contradicting and unresolved. Hartmann offers a plethora of such scenarios with dreams accompanying more secluded and subconscious elements consequent to an external traumatic event: **Fear/Terror** may be metaphorized into dreams of huge tidal waves, threatening; or a house burning, with the inability to find your way out; or the dark core of evil nightmarishly morphing as bestial Nazis or delinquents ganged together and chasing the dreamer - the inability to escape is strongly emphasized here; **Helplessness/Vulnerability**: These dreams showcase an army of 'little' people - children, babies and their dolls and small toys and drowning may be a preferred theme; in such scenarios the subconscious is evidently struggling to ward-off feelings of self-'belittling' (in real life) or the fear of succumbing to the force of the more powerful. In such context dreams reveal a self-defense mechanism well in place and at work to help dreamer rebalance their self-esteem. However, the bigger the real-life trauma, the harder it is to enact those defenses. Images of small, injured animals is another recurrence of a fearful mind - dreams of maybe prosaic journeys shaken abruptly by miniature

creatures (mostly animals) on the side of the road - a signal to the dreamer that chronic, painful vulnerability is an issue. Guilt is commonly enacted by dreaming of surviving in the midst of great loss of loved ones: "A shell heads for us (just the way it really did), and blows up, but I can't tell whether it's one of my buddy Jack who is blown up" or "I let my children play by themselves and they get run over by a car"⁶. 'survivor guilt' is a common issue with PTSD sufferers.

Pregnancy-dreams as fear of broken femininity & other losses

On a lighter note, but still under the spell of intense emotionality, pregnancy-dreams illustrate a string of issues: fear of rejection, of loss of status through diminished or broken femininity, of the inability to cope with motherhood, etc. Dreamscape is now populated with bodies or things morphing along shapes and forms mirroring growing concerns for one's own attractiveness. A progression in pregnancy may be paralleled by a progression of dream-content where bigger and bigger animals are enacted to reflect the development of both foetus but also of the fear of engulfment and annihilation by this stranger tenanted the insides of the dreamer. Dreams generated by pregnancy are very interesting and although they are rather benign and of little extension (in terms of fear and horror as in nightmares), they are nonetheless accurate and acute expressions of how subtly emotions may shape up the subconscious mind to create metaphors and scenarios around one or more dominant emotion in the waking life of dreamer: one woman dreamt of having some babies out in the garden, but they are more like plants and she forgets to water them. However, argues Hartmann, dreams and nightmares as a result of PTSD, dreamt at the end or during the 'healing period' remain living proof that dreaming is nothing but a 'contextualization' of dominant emotions in the waking life of the dreamer, with the sole purpose that the broadening of connections that the dream process generates helps to smooth out disturbances on the mind by simply reorganizing existent material (mind content) to integrate more emerging content. Rather like 'calming a storm'⁷.

Another interesting type of dreams are those created around traumatic moments at the onset (diagnosing) or during a major or terminal illness or in the incredibly stressing period awaiting surgery. Hartmann's research on numerous dreams revealed fantasizing on 'defective', inoperative tools - a fear of surgery gone wrong.



In the same category, a more 'plastic' report on dreams around illness and healing is offered by Marc Ian Barasch in his beautifully written *Healing Dreams* (2000). In a sensible style, poetic almost, Barasch intersperses recollections of a community of dreamers - those struck by illnesses on the verge to terminal - with his own recounts of horrific nightmares preceding and accompanying his own encounter with thyroid cancer. Barasch rhetorically (self)interrogates from the side of a chasm opened up between dream and reality (dreams seem to never renounce their apparent incoherent and puzzling proposition): "It is hard to know how to approach what the writer Jorge Luis Borges called 'the incoherent and vertiginous matter dreams are made of'. We want clarity yet dreams seem to prefer obscurity. They play hide-and-seek with meaning. Why do they not come out and just tell us what they want to say? Why not speak in blunt prose instead of allusive poetry?"⁸

Dreaming is restorative and adaptive-integrative...but why is that?

One of the major attributes and functions of dream/dreaming is the maintenance of productive connectivity and familiarizing dreamer with traumatic events in waking life. The post-traumatic dreaming is always instrumental in that future traumas, similar to that one, would be less serious 'since appropriate contexts and cross-connections are already present'⁹

Two functions are crucial in dreaming, both serving the maintaining of connectivity and homeostatic-like relation between dreaming and awoken time: 1. Dreaming is *restorative* in that it helps 'spreading excitation' and re-calibrating intensity of various already existing concurrent elements. 2. Dreaming has also an *adaptive-integrative* function,

that of a problem-solver. Consequently, the effort to remembering dreams may indeed appear futile (with the exception of dream-collection and dream-analyzing for therapeutic purposes) for the art of dreaming is rather purposefully focused on the establishment of cross-connections and the redistribution of energies within the 'net', rather than on anything else.

In an elaborate and, as yet, not totally elucidated 'progression of emotions', the dreamer brings in personal content from his memory and through a similarity of 'emotions' expressed on both occasions (in the 'waking' and 'non-waking' periods) the dream(ing) content remains related to the traumatic context. Hartmann's research on mainly PTSD subjects revealed also how the establishing of a 'safe place' through therapy is paramount *before* one is prompted to memory-browsing and dream-recollection. It is this precluding of dream-work through therapeutic work that the dreamer learns to accept that those emotions are actually common and therefore 'safe'. It is cross-indexing, insists the author, which is important here, with old and new connections symbiotically and safely joined.¹⁰

The insistence, however, on dreaming and dream-content in this material on PNI was meant to stimulate agreement that if understanding dreams is perfected, a major step forward may then be taken in understanding PNI, whose level of sophistication in measuring the relation 'mind-body' is now almost superlative. More, Dream-research and PNI-research may well gravitate these days around the use of similar 'machinery': EG (Electroencephalogram), MEG (Magnetography), EDA (observing Electrodermal Activity), EMG (Electromyogram), EOG (ElectroOculography), and devices for Cardiovascular measurements, among others.

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In a nutshell, the mind/body connection can be sum up quite simply and irrevocably: **Mind over Body:** 'falling in love' asks for constant stimulation and modification at the heart-rate level, pupil-size, body temperature, etc. **Body over Mind:** Acute physical stress on the organism - extreme temperature, intense and sustained physical effort accompanied by chemical and physical depletion of resources, may inevitably trigger behavior-modification. The classical now observation on the reduction in lymphocyte proliferation in periods of extreme stress and trauma becomes an expression of the reality that our brain works never in isolation, as much as there aren't any 'bodily' expressions, down to the very muscles, tissues and organs, that do not fire back and engage our 'mind' and 'brain'.

The politics of 'emotions', 'culture' and 'well-being'

Research already makes its way into areas such as the interrelatedness between 'culture', 'emotions' and 'health': "People in different countries have different construals of the self, of others, and of the interdependence of the two. These construals can influence, and in many cases determine, the very nature of individual experience, including cognition, emotion and motivation".¹¹ Markus and Kitayama's 1992 study¹² on the implication for emotions, cognition and motivation of how cultural delineations create, shape and motivate (a) Self, shows how the main distinction at such level of 'Self-construals' may be expressed as : independence vs interdependence. The 'independent' Western world, which "neither assumes nor values overconnectedness among

individuals"¹³ directly opposes the Asian (and largely non-Western) world built as it is on the inevitability that only such proximity between people harmoniously fusing into one strong community of 'selves', is the accepted norm.

In the Western world, however, we are accommodated rather with 'engineering' the 'individual' self over huge, divisive chasms in the name of respect for one's own 'space'. It is only unfortunate that such radicalism and the lack, apparently, of a 'collective *Weltanschauung*' (view of the world) cannot remain without dire consequences. Divergence in 'construals of the self' is thus as much a result of such abrupt distinction, making an important point of inquiry in matters as 'mundane' (sic), as 'why are some cultures/societies/communities faring better not only on the overall matters of 'Self or 'Soul' but also down to the barebones of sheer physicality: terminal illnesses, psycho-somatic conditions, general well-being and probably the condition of the immune-system seem to compare highly in the non-Western to the Western, 'civilized' world.

An 'Eurocentric' view based on a prototypically American model ('white-middle-class-men-with-Western-European-ethnicity') is dominant in animating definitions of 'Selfhood' and has been for a long time now. Markus and Kitayama vehemently oppose such 'politicizing' of the notions and 'identity' and 'health': "We suggest that for many cultures of the world, the Western notion of the self as an entity containing significant dispositional attributes and as detached from context, is simply not an adequate description of selfhood"¹⁴.

In the non-Western parts of the world communities engage sacredly and

with sheer commitment in 'pervasive attentiveness' to 'others'; their 'actions' are seen as 'situationally' based, as a result of the continuity of relatedness. People and their 'selves', directly related through their interaction and interpenetrable experiences tend to replace, in non-Western group, the 'self-serving' with the 'other-serving'¹⁵, demonstrating how hugely important such psycho-social regulation of relationships and other ways of 'self-situatedness', really are.

This divergence cannot remain separate from PNI-research involving individual or collective systems, scrutinized for their strength and performance. Such research is much needed, especially in times of desperate need for clarification and order (out of chaos) such as those we live today. PNI-research may well be 'the' research in such vertiginous times and beyond.

Notes

- 1 Barasch, Marc Ian (2000), *Healing Dreams*, Riverhead, New York, (p.73)
- 2 Hartmann, Ernest (1998), *Dreams and Nightmares: The New Theory on the Origin and Meaning of Dreams*, Plenum Trade, New York
- 3 Ibid. (p.3-4)
- 4 Ibid. (p.5)
- 5 Ibid. (p.6)
- 6 Ibid. (p.9)
- 7 Ibid. (p.4)
- 8 Barasch, ibid. (p.41)
- 9 Hartmann, ibid. (p.14)
- 10 Ibid. (p.30-31)
- 11 Markus, Rose Hazel and Kitayama, Shinobu, "Culture and the Self: Implications for Cognition, Emotion and Motivation", in *Psychological Review*, 1991, Vol.98, No.2, (p.224-253)
- 12 see above
- 13 Ibid. (p.224)
- 14 Ibid. (p.225)
- 15 Ibid. (p.225)

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- Barasch, Marc Ian, (2000) *Healing Dreams*, Riverhead, New York
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- Markus, Rose Hazel and Kitayama, Shinobu, (1991), "Culture and the Self: Implications for Cognition, Emotion and Motivation", in *Psychological Review*, 1991, Vol.98, No.2, (p.224-253)

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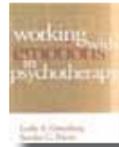
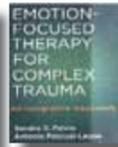
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with Angela Lewis

As we start another new year, I'd like to suggest you spend a couple of hours getting to know LinkedIn, a professional networking site where people showcase their work histories, skills and achievements. Businesses routinely use this site to look over someone's credentials if they are considering them for a contract or employment. It's not difficult to use—if you can type your resume in Word or fill in an online form, then you are good to go for using LinkedIn. Once you have joined, make links to others you know professionally, and take the opportunity to have past and present clients or colleagues write you a recommendation or write one for them. I trained staff at Microsoft in the late 1980's and as a result I have a recommendation from a Microsoft employee on my LinkedIn profile, publicity I could never buy. Companies also habitually advertise positions and contracts here, making it an ideal site for coming across work opportunities. I have one consultant friend who routinely makes a LinkedIn connection to every person he meets both in a personal and professional capacity and now has a network of 500 people—making their connections available to him if he wants to leverage an introduction. www.linkedin.com.

Refresher on Naming Documents in Word

- Your document can only contain 256 characters (which is a lot!)
- Your document name may contain

- spaces (e.g. Letter to Bill)
- Document names are not case-sensitive (you can use upper or lowercase).
- Your document cannot contain any of these characters in the title: / \ > < * . ? " | (so for example this means you couldn't type a date in this format 2/12/10).
- You cannot have more than one file of any name in a folder, i.e. Letter to Bill cannot be saved twice in your correspondence folder. If you need to save it twice, you have to name it something else. If you want to have multiple versions of the same letter, you might consider naming them Letter to Bill 1, Letter to Bill 2, Letter to Bill 3, etc

Stop Outlook Email Notifications

Stop Microsoft Outlook 2007 telling you when it receives an email—this way you check your email when it's convenient for you, not every time someone sends you a mail:

1. Click the **Tools** menu.
2. Choose **Options**.
3. Under Preferences click the **E-mail Options... button**.
4. Next click **Advanced E-Mail Options... button**.
5. And uncheck the boxes under the heading "When new items arrive in my Inbox". Choose OK when finished.

Latest Version of Microsoft Office

In June 2010 Microsoft released its latest version of Office (Word, Excel,

Outlook, PowerPoint), known as Office 2010. Most of us will continue to happily use version 2007 or even earlier versions, however if you buy a new computer it will come installed with this version. It is not hugely different to V2007 as it continues to use Ribbons, but it no longer has the Office button which has been replaced by a File menu. You can read all about the differences if this interests you, at Microsoft's website <http://office.microsoft.com/en-au/>.

Twitter Hint

For those of you who have decided to use Twitter, you may not realise, but you can easily view all messages directed at you by clicking the @mention button on your Twitter page. It is easy to miss a comment directed at you in the constant stream of Twitter chatter, so clicking that one will show you who is addressing you directly and allows you respond, but keep in mind your response remains in the public arena for others to read. If someone wants to address you privately they send you a private message and you can do the same by clicking the Message button across the top of your home page.

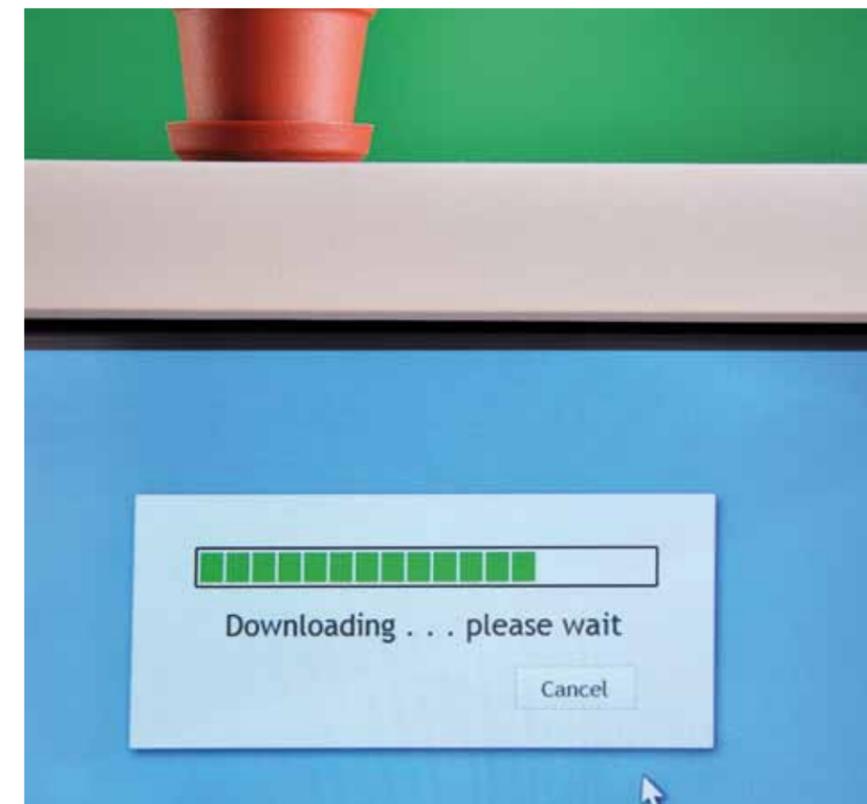
WEB RESOURCES:

Young parents: free download of a paper published by Australian Institute of Family studies on supporting teenage parents: <http://www.aifs.gov.au/cafca/pubs/sheets/ps/ps3.html>

Cannabis Use The National Cannabis Prevention and Information Centre (NCPIC) is an initiative of the

Department of Health and Ageing. Their website provides a wide range of information and resources related to cannabis use: <http://www.ncpic.org.au>
Disaster Psychiatry: while this article is aimed at psychiatrists and appears in the Psychiatric Times, given what has recently occurred in Queensland it may also be beneficial reading for the counselling community in general:
<http://www.psychiatristimes.com/ptsd/content/article/10168/1727726>.

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.



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[Mindfulness] is elucidating new ways in which attention, awareness, acceptance and compassion may promote optimal health - in mind, body, relationships and spirit. J M. Greeson, PhD, (2009)

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		Adelaide	Melbourne	Sydney	Bris/Gold Cst	Perth/Freo
MBCT 3 Day	\$790	2-4 June	18 - 20 May	1 - 3 Sept	7 - 9 April	Oct
MBCT 8 wk	\$790	4 Aug - 29 Sep				
Prof Prac	\$130	4 June	20 May	3 Sept	9 April	Oct
Clin App	\$540		21 - 22 Oct		23 - 24 Sept	
MAFC	\$790	7 - 9 April	11 - 13 Aug	19 - 21 May		29 Jun - 1 Jul
MAP	\$3,300	1 - 5 Aug				
Time-In	\$440	23 - 24 May	26 - 27 May	30 - 31 May	2 - 3 June	
Mindful R's	\$220	TBA				14 May

Bullying: A Community Concern

The concept of bullying gained immense attention in the early 1980's following the ground breaking findings of Dan Olweus on the subject of bullying within the Scandinavian school system (Olweus 1991, 1993). Since this time, there has been much debate surrounding the causality of bullying, effective methods to address bullying and appropriate interventions in our schools, homes and communities. The impact of bullying in schools can lead to lower academic achievement, skipping class, self-destructive behaviours and depression, which may lead to suicidal behaviours, particularly with girls (Jankauskiene, Kardelis, Sukys & Kardeliene, 2008). The action of victims committing suicide sparked an evolution on the topic (Olweus, 1991, 1993).

Cross cultural and international research conducted on the concept of bullying has failed to produce a unified definition (Bosworth, Espelage & Simon, 1999). However, several important elements are universally accepted. Bullying entails physical and/or psychological harassment perpetrated toward a victim that endures over a sustained period (Espelage & Swearer, 2003). Further, Farrington (1993) posits the inclusion of power, theorising that the act of bullying is carried out by a stronger person acting upon a weaker person, a point supported by Smith and Sharp (1994) labeling bullying as "the systematic abuse of power" with detrimental actions recurring over time (Baldry & Farrington, 2007).

Additive to the aforementioned definition is the emergence of "Cyber

Bullying", the act of bullying via the use of modern technologies such as email, chat room, discussion group or instant messaging communication. It may also include bullying through mobile phone short messaging services (SMS). Willard (2004) defines cyber bullying as sending or posting harmful or cruel text and images using the Internet or other digital communication device.

There exist two different types of cyber bullying. Firstly, 'direct attacks', which are defined as obnoxious messages being sent directly to children, and, second, 'by proxy' bullying which is defined as using others to assist the bully with or without an assistants knowledge. This second executable act of bullying is far more dangerous than schoolyard bullying since cyber bullying by proxy often gets adults involved (Stop Cyber Bullying, 2008).

Much of the research surrounding the concept of bullying portrays a direct interaction between the bully (aggressor) and victim. However, Gini (2006) proposed a larger communal network involved in the act of bullying. Engulfed in the dyadic interaction between bully and victim are a number of other actors, these include the 'assistant' – characterized by virtue of supporting the bully in attacking the victim, the 'reinforcer' – characterized by supporting the bullying action, the 'outsider' – avoidant observers not involved in anyway and 'defenders' – characterized by sticking up for the victim (Menesini & Gini, 2000).

Many theories exist on why bullying occurs. Within the context of this essay we will briefly glance at four different perspectives, 1) Developmental theory,

2) Attributions of Individual Differences,
3) Sociocultural Phenomenon, and
4) Social Cognition.

The Developmental theory seeks to explain bullying behaviours as part of childhood development. The primary concept with this perspective is that bullying starts from a young age and is a byproduct of assertive behaviours of others to assert social dominance (Rigby, 2003). Hawley (1999) stipulates that over a child's life course they begin to utilise fewer socially culpable methods of dominating others. In later stages of development, children tend to develop more indirect and verbal styles of bullying opposing previously physical forms. Several limitations exist within this theory. First, the theory proposes that overtime behaviours labeled bullying dissipate. However, a resurgence of bullying behaviours occurs once children reach secondary school as they find themselves as the little fish in an even bigger pond (Rigby, 1996). Second, the social environment needs to be accounted for (Rigby, 2003).

Attributions theory focuses on the individual differences within school children as well as the social interactions

that result from bullying behaviours. Bullies may have a propensity to be extroverted and self confident with higher levels of self-efficacy when compared to their victims, partly explaining the power differential as highlighted within the previous definition of bullying. In addition, victims may lack assertiveness as a result of lower self-esteem and poor social skills (Rigby, 2002b). Whilst it is generally acknowledged that these differences are genetic, social influences may also produce conditions which children are exposed, such as a dysfunctional family leading to paternal rejection leading to aggressive tendencies at school (Rigby, 1994).

There are some limitations to this perspective. There are instances in which children with low self-esteem and introverted personalities have not been bullied, and as Rigby (2003) points out behaving aggressively and being unempathetic do not always lead a child to bully.

Sociocultural Phenomenon refers to instances of bullying derived from the consequences of power differentials among in-groups and out-groups. Group categorisation typically demarcates

along historical, cultural, gender, race, ethnicity or social class lines. This theory draws heavily on the power distribution of differing cultures, and cultural minorities, concepts of masculinity and oppression (Rigby, 2003). There is contradictory evidence outside of Australia that concludes race and ethnicity is not significantly associated with peer victimisation (Junger-Tas, 1999, Losel & Bliesner, 1999), this may be due to the diverse cultural 'melting pot society' in Australia.

Finally, the theory of Social Cognition, which examines the social information processing strategies used by children and the way in which situational cues are interpreted, linked with past experience whereby impacting future aggressive conduct (Dodge & Price, 1994, Huesmann and Guerra, 1997, Randell, 1997). This then lead to the generation of the Social Skills Deficit model (Crick & Dodge, 1994, Dodge, 1980), which is defined as "the recognition of specific deficits and systematic biases within certain components of the social cognition of aggressive children".

There are literally hundreds of research studies now focused on the

subject of bullying, many with differing angles and viewpoints, confirming previous studies and drawing unique conclusions from various perspectives. Olweus (1991) conducted a study of 140,000 students in 715 schools and the results suggested that 15% of children in Norwegian schools participated in bullying. Further, 94% of the students had been classified as victims, whilst 6% were classified as bullies (Olweus, 1991). The incidences of bullying are estimated to be almost 200 million across the globe (Kandersteg Declaration, 2007). In Australia the National Center Against Bullying (NCAB) estimate that 1 in 6 children in our schools are bullied and as a consequence of this victimisation they are 3 times more likely to develop depressive symptoms (Nicholson, 2004).

The effects of bullying upon victimised children include 1. High Risk Physical symptoms; victimised children are more likely to report headaches 1.3-1.4 more times, stomach aches 1.3-3.3 more times when compared to non-victimised children (Due, Holestein, Lynch, Diderichsen, Gabbin, Scheidt & Currie, 2005). 2. Psychosomatic symptoms; victimised children are more likely to have difficulty



sleeping 1.3-5.2 more times, wet the bed 1.2-4.2 more times, (Williams, Chambers, Logan and Robinson 1996) report depressive symptoms 1.6-6.8 more times than non-victimised children (Due et al., 2005, Kaltiala-Heino, Rimpela, Pantanen, Laippala, 1999). 3. Psychosocial symptoms; victimised children enter the high risk category for "disliking and avoiding school" with "one-fifth to one-quarter of frequently victimised children" (Craig, Pepler & Blais, 2007) sighting bullying as the primary reason for staying home (Rigby, 2003).

The tale does not end with the victim; bullies themselves can also suffer. Research indicates bullies are more likely to engage in serious misconduct, antisocial behaviours that may extend into adolescences and adulthood if they are not addressed early (Batsche & Knoff, 1994, Farrington, 1991, Loeber & Dishion, 1983, Olweus, 1993). Olweus (1993) conducted a longitudinal study, which found that 60% of bullies from grades 6 to 9 had a least one conviction recorded into their late 20's, further 40% had a multiple conviction history.

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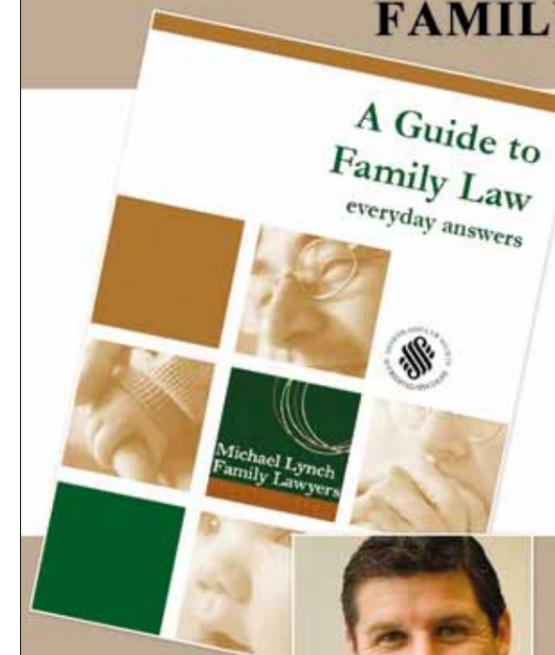
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MICHAEL LYNCH
- AUTHOR



Bullying is a community problem extending from the home, to the schoolyard and if interventions are not implemented bullying can have a devastating effect to our wider communities. There is evidence that interventions within the school can considerably reduce the incidence of bullying (Beaty & Alexeyev, 2008). Strategies to address the instances of bullying must not only incorporate students and teachers, however parents, siblings and peers.

Future research may like to consider the spawning of bullying behaviours among children from a Developmental perspective. At what age do these behaviours become prevalent? An exploration concerning relationships of and between the direct and indirect actors in the schoolyard bullying process (Bullies, Victims, Assistants, Reinforcers and Defenders) may yield a suitable platform to directly target blossoming bullying behaviours in the form of educational campaigns. An examination of childhood developmental drivers behind bullying behaviours may assist in explaining why some children do not become fully-fledged bullies (Reinforcers), rather bully by association (Assistants) or reject the bullying concept completely to assist victims (Defenders).

Attributions theory has lead some specialists to develop programs being introduced into schools that lead to vulnerable children learning of ways to defend themselves more effectively, developing improved social skills, and becoming more assertive (Rigby, 2002b). Parents that suspect their child is being bullied should enquire about such programs and lobby to have them implemented within their local schools. Additionally, parents can remain vigilant of the types of activities children are engaging in through the use of modern technologies. Placing the home computer in an open room/high traffic area within the home allows ease of access so parents can check in from time to time. Parents may also want to confirm any activities reported by children about another child to ensure cyber bullying by proxy is avoided. An accurate phone listing of the families within your child's social cohort allows for a single phone call to address potential instances of deviant behaviours and fosters open communication within local communities.

As part of the therapeutic counselling process Counsellors should educate parents to be aware and conscious of the instances in which they may inadvertently influence the learning behaviours of children in the home that may lead to bullying in the school. A study conducted by Jankauskiene,

Kardelis, Sukys & Kardeliene (2008) uncovered that students whose families participated in the act of teasing their siblings about their appearance tend to be involved in bullying to a greater extent and are victimised up to four times more.

Children can be educated within the counselling process also regarding appropriate levels and standards of behaviour when in the school, with an emphasis on these positive behaviours extending beyond the school grounds into the home and whilst utilizing modern technologies. Counsellors are advised to case manage Perpetrator/Victim clients and support teachers to educate students that they have a choice when it comes to their behaviour (Beaty & Alexeyev, 2008). In addition, the encouragement of children to participate in out-of-school activities can provide an educational means to deal with problems of aggression; sporting involvement is a principal example (Jankauskiene, Kardelis, Sukys & Kardeliene, 2008) with active awareness and participation in reducing the instances of bullying, communities can begin to create a more accepting, safer society for all our children.

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ACA National Conference

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2011	Event	Time	Presenter	Title
	Preconference Workshop APS Endorsed Activity 6.5 CPD Hours APS College Endorsed (CCOUN) Code: 11-07 Valid To: 24 November 2011	9am -5pm	Dr's Allen and Mary Ivey	New Dimensions in Assessment and Treatment: The Positive Wellness Approach from Developmental Counselling and Therapy (DCT)
	Preconference cocktail party	7pm - 9pm	All	Plaza Ballroom 191 Collins St Melb
	Registration	8am - 8.30am	Jovana & Vicki	Registration desk
	MC welcome	8.45am - 8.50am	Philip Armstrong	Welcome, housekeeping, intro VIP
	VIP open conference	8.50am - 9.20am	Hon Mary Wooldridge, Minister for Mental Health (TBC)	Mental Health in Victoria
	Keynote	9.25am - 10.25am	Dr's Allen & Mary Ivey	Neuroscience: The Cutting Edge of Counselling's Future
	Morning tea	10.30am - 11am		
	Workshop 1	11.05am - 2.35pm	Dr Angela Lewis	Understanding Non-Mainstream Sexual Practices
	Workshop 2	11.05am - 2.35pm	Richard Hill	From Behaviour to Brain to Genes and back again.
	Workshop 3	11.05am - 2.35pm	Dave Goldsmith	Counselling children using the interaction of all five senses
	Workshop 4 (3 x 30 minute papers)	11.05am - 2.35pm	1. Lyndall Briggs & Anne Clarke 2. Carol McGowan 3. Aurelia Satcau	1. Results of a study into the Effects of Using Hypnotherapy and/or Homeopathic Remedies on Anxiety 2. Do Business Coaches Think they Need Counselling Skills (Results of Research Project) 3. The 'trivialization' of cultural-context: multicultural counselling revisited
	Lunch	12.35 pm - 1.25pm	Book signing Allen & Mary	
	Workshop 5	1.30pm - 3pm	Richard Cook	Interweaving Narrative and Cognitive Approaches to Therapy: Problems and Possibilities
	Workshop 6	1.30pm - 3pm	Steve Thaxton	Counselling Traumatized Children: E.M.D.R. and Play Therapy
	Workshop 7	1.30pm - 3pm	1. Prof Richard Hicks & Clive M Jones. 2. Stan Korosi 3. Dr Randolph Bowers.	1. Counsellor burnout, occupational stress and coping resources: A study of Australian counsellors, using the OSI-R and the CBI 2. When parents rupture their children's loving bond with the other parent 3. Exploring Competencies for Counselling Practice
	Afternoon tea	3.05pm - 3.25pm		
	Workshop 9	3.30pm - 5pm	Dr Mary Ivey	Coaching and Microcounselling
	Workshop 10	3.30pm - 5pm	Dr Randolph Bowers	Exploring Competencies for Counselling Practice
	Workshop 11	3.30pm - 5pm	George Thompson	The Purpose of The Recovery Foundation

Ivey & Ivey

Allan and Mary's farewell workshop for Australia Melbourne Hilton, 11 November 2011

2011	Event	Time	Presenter	Title
	Workshop 12 (4 x 30 minute papers)	3.30pm – 5.30pm	1. Tra-ill Dowie & Adam Rock 2. Dr Clive Jones 3. Aurelia Satcau 4. Dr Nadine Pelling & Ian Richards	1. Re-conceptualising Transpersonal Counseling: An Extended Vision of the Humanistic Counselling Project 2. What makes counselling work? An investigation into factors that contribute to the effectiveness of psychotherapeutic treatment processes in Australia 3. On psychoneuroimmunology, 'molecules of emotion', and counselling 4. Family Conflict from a Child's Perspective
	Pre-dinner drinks	6.30pm – 7pm		
	Conference dinner	7pm – 11pm	All	
Sunday 13 th	Day registrations	8.30am – 8.50 am		
	Workshop 13	9am – 10.30	Zohar Berchik & Adam Rock	The Phenomenology of the Voice Dialogue Process
	Workshop 14	9am – 10.30	Dr Linda Hanson	What's your style? If counselling was a television show, who or what would you be?
	Workshop 15	9am – 10.30	Dr Jeffrey Po	Counselling the elderly within a multi-cultural environment using Psychosynthetic-Buddhist technique
	Workshop 16 (3 x 30 minute papers)	9am – 10.30	1. Mary Pekin 2. Dr Richard Cook 3. Dr Ann Moir-Bussy	1. GULANGA (Ngunnawal for) "We too include you" 2. Interweaving Narrative and Cognitive Approaches to Therapy: Problems and Possibilities 3. Yin/Yang and Beyond: The Tao of psychological transformation
	Morning tea	10.30am – 10.55am		
	Workshop 17	11am – 12.30pm	Judith Morgan	A Failure to Correct Weaknesses – When psychotherapy collides with goals and outcomes in medicine and education
	Workshop 18	11am – 12.30pm	Nathan Beel	What can we learn from what works across therapies?
	Workshop 19	11am – 12.30pm	Gwenda Logan	Same, same but different
	Workshop 20	11am – 12.30pm	Heather McClelland	Managing anxiety using accessible body strategies
	Lunch	12.35 pm – 1.25pm		
	Workshop 21	1.30pm – 3.00pm	Monica Hades & Flora Pearce	Sharing the Load: Helping Young People and Families Move Toward Independence in Managing Chronic Illness
	Workshop 22	1.30pm – 3.00pm	Stan Korosi & Gabby Skelsey	A differentiated view of sexuality, intimacy and the fragility of life, and how practitioners respond to working with couples regardless of gender
	Workshop 23	1.30pm – 3.00pm	Veronika Basa	The Importance of Counselling Supervision
	Workshop 24	1.30pm – 3.00pm	Marg Garvan	Experience the Power of Sandplay Therapy
	Afternoon tea	3.05pm – 3.25pm		
	Closing keynote	3.30pm – 4.30pm	Dr Cathy Kezelman CEO ASCA	The process of integration, from a consumer perspective

Conference web site - Registration and further information: <http://conferences.ozacomm.com.au/2011/aca11/index.html>

Payment plan: ACA will be introducing a monthly payment plan starting 1st of April for those who wish to pay off their registration over a 6 month period. For further information and registration forms go to the ACA website, ring 1300 784 333 or email jovana@theaca.net.au

This is Allen Ivey's 8th visit to Australia and Mary Ivey's 4th. The couple has worked extensively with Australian counsellors/psychologists and also with Aboriginal people since 1979. Both are internationally known authors and lecturers, who specialize in counselling skills, developmental counselling and therapy, neuroscience, and multicultural issues.



Allen E. Ivey, EdD, ABPP

Distinguished University Professor (Emeritus) at the University of Massachusetts, Amherst. He is also a Courtesy Professor at the University of South Florida, Tampa. A Diplomate of the American Board of Professional Psychology, Dr. Ivey is a past-president and Fellow of the Society of Counseling Psychology of the American Psychological Association and is been a life member of American Counseling Association.

Author or co-author of over 40 books and 200 articles and chapters, his works have been translated into 20 languages. Neuroscience, spirituality and multicultural counselling are central in his work.

Mary Bradford Ivey, EdD., NBCC, LMHC

Courtesy Professor of Counseling, University of Florida, Tampa. Mary has three areas of expertise and experience—writing, independent consulting and school guidance.

Recognized by and listed in Who's Who in America, she is co-author of twelve books plus numerous articles, translated into several languages.

She has received three national awards for her contributions to counseling and multicultural studies.

1 Day Workshop

New Dimensions in Assessment and Treatment: The Positive Wellness Approach from Developmental Counselling and Therapy (DCT)

Allen and Mary will share their central approach to child, adolescent, and adult counselling and therapy. Their goal is to provide a basic introduction to DCT with enough specifics so that participants will be able to use the concepts in their practice in the coming weeks.

The first focus will be on assessment of client cognitive/emotional style and potentially useful treatments for each style. Working with positive approach to child, adolescent, and adult depression will be the second topic. The afternoon will provide practical experience with the community genogram, a tested strategy that enables clients to see their issues in broad social and multicultural context. The session will close--as time permits--with an examination of Axis II, personality "disorder," which the Iveys regard as personal style rather than disorder.



APS Endorsed Activity
New Dimensions in Assessment & Treatment: Positive Wellness Approach from Developmental Counselling & Therapy (DCT)
6.5 CPD Hours
APS College Endorsed (CCOUN)
Code: 11-07
Valid To: 24 November 2011

Art Therapy: An Effective Counselling Modality in Schools

Offering ongoing individual counselling for students in schools can have lasting benefits for both staff and students by helping deal with difficult behavioural and well-being issues, and art therapy is a particularly effective counselling modality because young people are able to relate to their feelings and motivations indirectly, and from a safe distance, through art pieces.

Robin Shipard is an ACA member and practising Art Therapist, as well as a qualified teacher. Robin has worked as an art therapist in a number of schools through 2009 and 2010.

A different version of the following article has been published in 'Teacher: The National Education Magazine', September 2010.

Art Therapy was employed within schools to attend to the needs of students at risk. These schools noticed the severity of behavioural issues decrease. Students with issues felt less need to act out; they expressed difficult feelings in art therapy reducing their need to express them inappropriately. Teachers also felt better because they knew their most challenging student issues were consistently being attended to by a counselling professional. Art therapy, operating as an integrated part of schools to address 3%-5% of students, can positively influence the school community and noticeably lift morale.

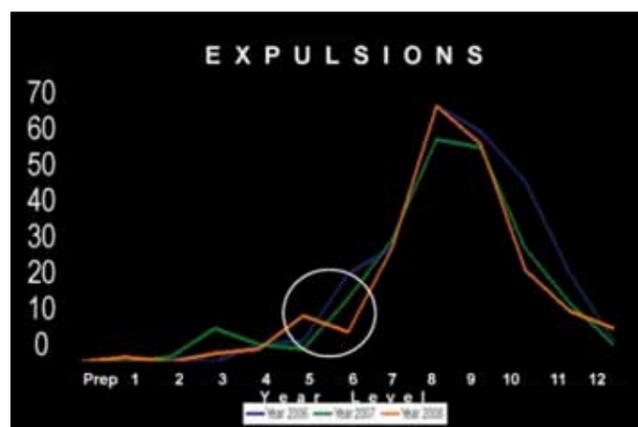
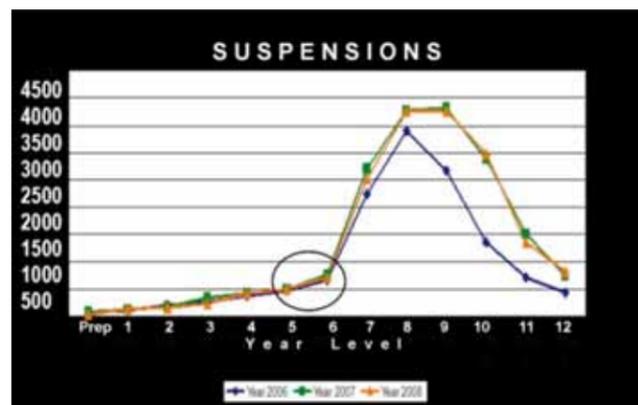
Initial Aims of the Program

- To assist young people at risk of developing behaviours that may make them vulnerable to disengagement from school, family or community or who are displaying behaviours which require support and intervention. (Effective Schools are Engaging Schools student engagement policy, 2009).
- To address the needs of emotionally disturbed students whose behaviour has been affecting the teaching and learning of themselves and others, and help them achieve the most out of their education.
- To build protective factors and minimise stress through creating positive relationships and promoting school belonging. (Key protective factors that foster resilience as identified by The Victorian Suicide Prevention Taskforce in 1997).
- To build self-awareness and skills for managing emotional issues in order to bring about lasting changes for students, who might otherwise be unable to overcome 'factors that could impede their successful transition to a fulfilling adult life.' (SFYS Literature Review, 2001).

Evidence of Successful Programs

Florida, USA, Dade county public schools.

The pilot program, initiated in 1979-80, originally aimed at assisting disabled students with art education; it helped physically/emotionally impaired students form positive self-



concepts. Very quickly the focus shifted to the needs of severely emotionally disturbed students. Out of 23000 students, 600 identified as severely emotionally disturbed (3.8%). At the end of the pilot year four art therapists were employed, and by 1985 eight art therapists were employed (funded by school budgets).



This increased to 20 full-time art therapists by 1994. A full-time art therapist in this model has a case load of 20-25. The program found that art therapy and school education form a successful partnership, providing tools that help engage students in self-expression and emotional as well as cognitive growth. (Handbook of School Art Therapy, Janet Bush, 1994, Charles C. Thomas, Illinois.)

Selection Criteria

When teachers and principals were asked to identify students whose behaviour seemed to reflect emotional disturbance – students who disrupt, defy, bully, struggle socially, withdraw or outburst - teachers and principals struggled to limit their list. Teachers were encouraged to regard these students, whose behaviour demonstrated symptoms of emotional distress such as avoidance of social interaction, aggression and hyperactivity, as 'asking for help' without words. Their behaviour was also identified as affecting the learning of themselves and others. Selected students had all been through multiple other school-based processes and art therapy was their last option.

Target Group

The program began with grades 5 and 6. Regional evidence, showing student suspensions and expulsions over three years (graph below), demonstrates grades 5 and 6 to be where disengagement from school begins. School evidence during 2008 showed 34 out of 108 students in grade 5 and 6 had serious breaches of the school's Student Code of Conduct, five had at least one period of suspension.

Practical Application

Students had weekly or fortnightly sessions for 30 minutes to an hour. Students arrived and settled into a familiar therapeutic space removed from the main-school area. They were reminded of the contrast between class room rules and therapy space freedom. They engaged with an activity building on previous sessions or chose freely from a selection of art materials, free to express whatever was of concern for them. Students then reflected on, discussed and explored meanings in their artwork in a non-threatening, non-confrontational way and made useful links to their lives and school experiences.

Objectives for students were to calm down, practise new and healthy behaviours and gain insights to link with their lives before leaving the session ready again for class and with a hopeful outlook.

Case studies

The following case studies illustrate a range of issues addressed therapeutically in schools.

Dan (grade 2) was referred for aggressive outbursts in class. His willingness to experience achievement by engaging and completing artworks improved. He then worked within structures and boundaries to build feelings of confidence through being able to follow trains of thought and creative sequences. He built positive feelings and feelings of safety to guard against anxious feelings, and became increasingly able to relax and calm himself.

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Brisbane B	July 22-23	July 25-26
Sydney B	July 22-23	July 25-26
Adelaide B	August 12-13	August 15-16
Melbourne B	August 12-13	August 15-16
Brisbane C	September 2-3	September 5-6
Sydney C	September 2-3	September 5-6
Cairns	September 23-24	September 26-27
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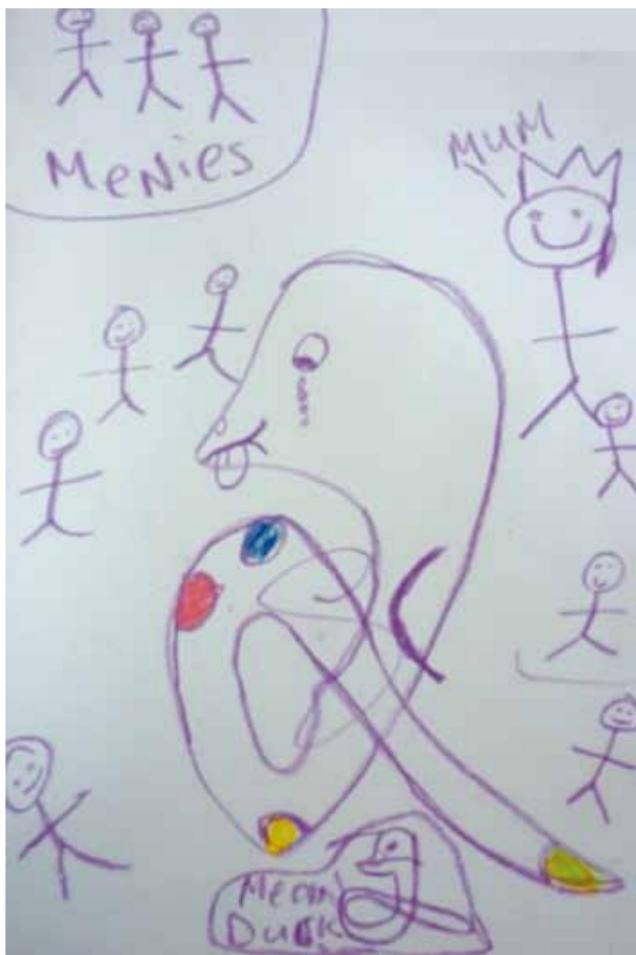
Sara (grade 5) was referred for disruptive behaviours such as running out of class. Her feelings required validation before she was able to manage her feeling responses to interactions with others. She then saw how these feelings linked with her behaviours and worked to identify and make explicit key elements of these behaviours.

Amelia (grade 5) was referred for assistance with a distracting 'imaginary land'. Through a process of sharing the characters and narratives, which had an element of secrecy, and having core themes and issues reflected back, she made increasing distinction and connection between her two worlds. She also asked herself some confronting questions about the existence of her imaginary world.

Cam (grade 6) was referred for loud disruptive behaviour in class. He showed improvement interpersonally after engaging in shared art making. Initially he showed inability to share space at all, for example on a shared page he scribbled all over my work which demonstrated a complete lack of regard for another person; he progressed from perfunctory attempts at tasks to taking care, taking the lead and working inclusively. He created work he was proud of and the way that he operated in his classroom was reported as markedly improved.

Fly on the wall – session example

The following dialogue demonstrates a student being guided through imaginative exploration of their artwork. The student was able to explore their feelings about being picked on in a non-threatening, non-confrontational way, and was also able to amplify positive, 'protective' feelings.



30 minute session with grade 5.

(This is the third session with the student so initial trust has been established.)

Art Therapist: How about we start with you choosing a colour. Put it to the page and close your eyes. Now draw a squiggle. Open your eyes and turn your squiggle into a drawing. (Pause) What has come onto your page?

Student: A duck. A duck with a long body and no wings.

Art Therapist: What sort of a duck is it? (many familiarising questions eliciting detail about its environment and character have been edited out)

Student: It's mostly sad because it's an ugly duckling, and it gets picked on a lot.

Art Therapist: Is there anything that helps the ugly duckling feel happy?

Student: It likes lots of people around it.

Art Therapist: Would it like it if you drew some people around it now? How about you do that. (pause to draw people) Is there anything that helps the ugly duckling feel better about feeling picked on?

Student: Yes, telling the ones who pick on it to stop, it doesn't like it, and telling on them.

Art Therapist: Does the ugly duckling do that much?

Student: Sometimes. And sometimes it doesn't and lets it get to it and it explodes and hurts people, but not the ones that picked on it, its friends.

Art Therapist: So when Ugly Duckling doesn't say anything about getting picked on, it explodes and hurts its friends?

Student: Yes, and it gets in trouble and then isn't allowed to do things even when it knows it could be good in those things.

Art Therapist: So it really backfires when Ugly Duckling

doesn't say anything about getting picked on, it explodes, people get hurt and it misses out on doing things even when it would be good, and no-one believes it. That must be pretty awful feeling for Ugly Duckling, not being believed?

Student: It is.

Art Therapist: Where in Ugly Duckling's body would it feel that feeling? And what colour would it be? Can you draw it in? (draws in colour) When Ugly Duckling gets picked on, what makes it mad? Does it believe the things that are said?

Student: Mostly not, except sometimes it believes them, and that makes it maddest. When they say it's fat. (eyes down, shoulders slump)

Art Therapist: So sometimes Ugly Duckling thinks it's fat, and sometimes it doesn't. What does it feel like when it feels it's fat?

Student: Sort of sad.

Art Therapist: Where in Ugly Duckling's body would it feel that? And what colour would it be? (draws in colour)

Student: It also has an owner (points to one of the people) who loves it very much. Its owner is a bit like a mum.

Art Therapist: Where in its body would it feel that feeling, feeling loved very much? And what colour would it be? (pause to draw in colour) How does Ugly Duckling's owner feel when Ugly Duckling tells her it feels it is fat?

Student: She says it's not. But it doesn't believe her, and mostly doesn't listen.

Art Therapist: No, because sometimes it feels it is fat. Sometimes. And sometimes it feels another feeling, is that right?

Student: Yes.

Art Therapist: What is that other feeling?

Student: Just normal, kind of alright.

Art Therapist: Where in Ugly Duckling's body does it feel that normal, kind of alright feeling? And what colour would it be?

Student: Right down here in its tail, and it's green, it's favourite colour, and orange. (draws in colour)

Art Therapist: That looks like a lot is happening in that spot, how about we make a really big painting where those normal, kind of alright feelings can spread out?

Student: (big smile) Yeah.

Outcomes

The art therapy program continues to attend to the differing needs of individual students. Although the majority of students assisted have been in grades 5 and 6, students from grades 2 through to 6 have participated and benefited from the program. Students looked forward to their sessions and their body language on arrival contrasted greatly with their body language on leaving: I regularly saw slumped shoulders, dragging feet or blank expressions arrive and upright bodies, alert eyes and beaming smiles leave.

In addition, the art therapy program helped staff by offering an additional resource for managing and assisting students with issues, and when dealing with difficult relationships with students, including different perspectives and strategies. In the classroom, students in the art therapy program began to participate more in class; they were able to take new perspectives on conflicts with others and able to adjust their behaviour with greater ease. In the school yard, the extremity of behavioural incidences reduced because students addressed issues in art therapy that might otherwise have been expressed aggressively.

Evaluated outcomes

Student progress was measured three ways:

Self-evaluation of emotions and stress symptoms improved for each student by an average of 8% per term.

Students rated the degree they experienced cleverness,

fighting, loneliness, nervousness, feeling liked, bad dreams among many other prompt words.

Victorian Essential Learning Standards evaluation of Interpersonal Development (Building Social Relationships) and Personal Learning (The Individual Learner) increased an average of 0.25 per term, double the expected rate of development.

Evaluated abilities included a student's 'knowledge of possible causes of feeling states such as happiness, sadness, anger, peacefulness, fear and safety' (1.25 Building Social Relationships) and capacity to use 'strategies for bonding with others' (2.75).

Verbal responses included a variety of experiences from principals, students and teachers. Principals said that students who weren't ever allowed out in the yard regained that freedom, "He didn't have any friends, but he is allowed out in the yard now and he has friends." Art therapy doesn't completely fix students but it can take out the vindictive element in behavioural issues. "Although he's still acting out it used to be with vindictive intent, but that's gone now, now it's just not thinking." Principals noticed vast improvement within realistic parameters. "We're not expecting 365 days." They noticed that students can manage difficult feelings better, "Only two months ago he would have run off for hours. This time he was still angry, that's normal, but he settled himself down in minutes!"

Teachers reported students becoming more involved in their classes, "He seems to feel more a part of the class now." They noticed changes, "He's actually turning into a normal kid. He talking, he's chatty!" Teachers noticed that students participating in art therapy developed their capacity for friendship, "She has had a friend now for a few months, a girl who previously didn't want to have a bar of her." They also noticed students becoming more settled, "He's been more willing to work." They noticed changes that last, "She's still going great." Students reported changes in their own behaviour, and feeling different: "I don't know, I just feel different."

Conclusion

Art therapy has been a valuable addition to a number of school's welfare programs. Particularly suitable for children and young people, art therapy has been an effective counselling modality for incorporation in schools and enhancing education. It has been shown to decrease the impact of behavioural incidences, address well-being concerns and increase the morale of staff and students.

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Domestic Violence: Assisting Women of Faith

By Lynne M. Baker PhD, University of Queensland

A woman is more likely to be victimized in her own home by someone she knows and trusts than in a parking lot at the mall (Jaffe, Lemon, Sandler and Wolfe, 1996, p.11)

Introduction

Domestic violence is a complex issue which requires careful consideration of each individual case. Forms of abuse vary and can often manifest in clusters while the cycle of violence serves to create an unstable environment frequently governed by the perpetrator's desire for power and control over the victim (Anderson, Gillig, Sitaker, McCloskey, Malloy & Grigsby, 2003; Miles, 2000, 2002). Victims of domestic violence have described their daily life as one of "walking on eggshells" (Baker, 2010, p.61; Walker 1993, p. 136). While Christian women who encounter domestic violence in their relationship do share a number of similar experiences with women from the secular community, they also face some distinctly unique issues which require specific attention in counselling.

This paper will address some of the key elements of understanding required for those counsellors who are involved in assisting Christian women in their search for answers regarding domestic violence. Primary considerations for the counsellor include developing a clear understanding of the importance and benefits of faith, the value attached to it by the client, and the manner in which the client functions within that faith. A number of religious coping styles are explored and a step-by-step strategy (S.O.S.) for assisting women of faith is provided. Potential challenges for the

counsellor are also acknowledged. All examples presented are drawn from a qualitative research study focusing on the experiences of Christian women as victims of domestic violence (Baker, 2010a).

Understanding the Importance of Faith

The significance of a person's faith cannot be underestimated and the degree to which an individual chooses to embrace her faith practices can offer an effective means by which she is able to deal with difficult or challenging situations (Baker, 2010a; Koenig, McCullough & Larson, 2001; Pargament, 2002). Equally, if an individual is deeply committed to her faith, that same faith and the accompanying belief system has the capacity to exert a strong influence on any life decision. For example, a client who is told "God hates divorce" may choose to remain in an abusive relationship because she does not wish to act in a manner contrary to the teachings of her faith, nor does she wish to create any barriers between herself and her God. Such is the case of Hannah who was taught that "God hates divorce" (Malachi 2:16a) and viewed marriage as something "you just worked on... it's not something you just back out of". Had Hannah chosen to terminate her marriage she explains that she would have been disappointed in herself and

"found herself lacking". A more revealing explanation of Hannah's choices can be seen in her comment, "I just didn't want to do anything that He [God] would be not happy about" (Baker, p.130). Rather than risk divine disapproval she continued to tolerate a life of physical and verbal abuse.

Susanna exhibited a complete trust in God regardless of the abuse she suffered and also in the face of extreme illness as a result of cancer. She says, "I coped with it because I had religious belief and conviction...The only thing that I could hold on to was that my Heavenly Father would look after me and do what was best" (Baker, 2010a p. 175). This level of trust and belief removed any fear of death. Upon being questioned on this issue Susanna responded, "No. No. I wasn't scared of that [death] at all".

Regardless of their situations both Hannah and Susanna demonstrated the importance of their faith in their life and also the need to uphold the principles associated with it. It was extremely important to each of them that they remain true to God and to His expectations of them, two issues which can often go hand-in-hand for the woman of faith.

Understanding the Client in Relation to Her Faith

The manner in which each woman embraces and demonstrates her faith can

vary significantly depending on a number of influencing factors. These can include her religious background in general and the manner in which she was raised as a child; the denomination she attends and the basic tenets of that faith; in addition to how the Scriptures are actually presented within her particular church setting. All these issues can impact upon how a situation will be evaluated and ultimately addressed. For example, when Mary initially had no other support available, she relied greatly on prayer to help her cope with her difficulties. She attributes this directly to her upbringing saying,

I suppose it comes back to my mother and father. They were very religious, very Catholic, and their fundamental thing was, when you're in trouble...I've got a Novena which is a nine day prayer to Our Lady...and they said, when you're in trouble take that out and read it, and start reading it and praying it until the crisis is passed. (Baker, 2010a p. 191)

Based on this principle, Mary, over a period of many years, created her own personal prayer book by collecting prayers that were meaningful to her and reading through them whenever she felt the need for comfort or encouragement (Baker, 2010a). Prayer is viewed as a sustaining element of the Christian faith

and adherents are urged communicate with God and to make their requests through prayer (Matthew 6:9-13; Philippians 4:6). The positive benefits attached to prayer are recognised by a number of authors (Gall, Charbonneau, Clarke, Grant, Joseph & Shouldice, 2005; Gordon, Feldman, Croise, Schoen, Griffing & Shankar, 2002; Koenig et al., 2001; Maltby, Lewis & Day, 1999).

A further, and less encouraging, example of the influential nature of one's faith can be seen in the case a woman who belongs to a denomination that not only teaches, but also adheres closely to the concept of female submission to male headship. Finding freedom from a domestic violence relationship could prove far more difficult if the woman, like Leah, is told "he [the husband] is the head of the home and I should treat him accordingly," (Baker, 2010a p. 145) and endeavours to follow such advice regardless of ongoing abuse. Like Hannah, Leah did not want to dishonour God in any way and found her situation was further complicated by the information she was given by church leaders. Leah explains their outlook on marriage:

Your attitude to your husband is your attitude to God. So that if you have a bad attitude towards your husband, like you don't like him or you speak

badly against him, that's like speaking badly against God. (Baker, p.145)

This interpretation of Scripture coupled with the somewhat shallow advice that she should read *Cleo* magazine in an effort to learn how she "could turn him [her husband] on more" (Baker, 2010 p.145) provided no assistance whatsoever for Leah who had a genuine desire to practise her faith but was trapped in a violent relationship. Leah eventually left her husband and her church and reports still feeling confused regarding those concepts that are firmly grounded in theological truth and those that have their origin in social, cultural or man-made practices.

A woman's connection to her faith and the ultimate outworking that comes as a result of that connection is extremely personal in nature and has the potential to be uniquely individual. In addition to the specific background of a client and the general beliefs that are connected with her particular faith, preferred coping styles may also vary significantly between clients.

Religious Coping Styles

There are a number of ways in which women of faith can choose to approach and/or address difficulties in their life. Depending on the belief system to which a person subscribes coping styles can



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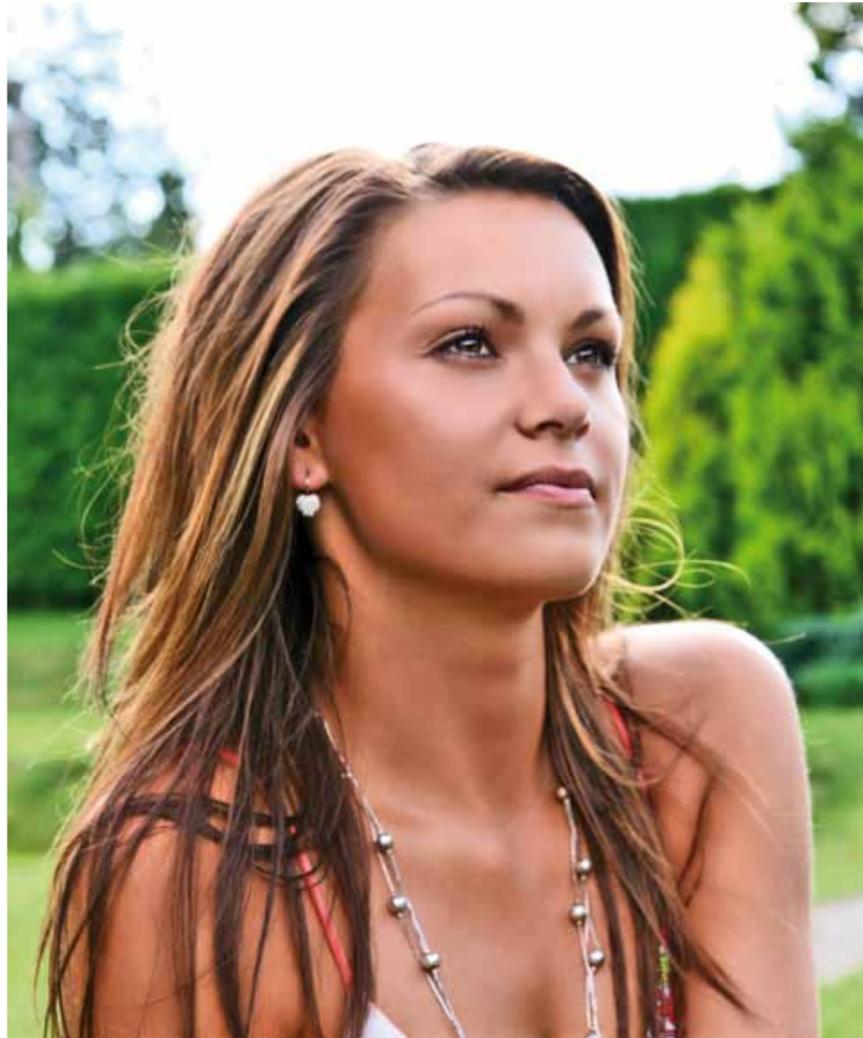
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range from self-directing to deferring or perhaps a more collaborative approach. While each style does reflect a faith and trust in God, the way in which a particular style is utilised may differ depending on the individual, the nature of the problem, or the level of challenge perceived by the person involved (Baker, 2010a).

Self-directed

The self-directed coping style reflects a belief in the fact that God has already provided the necessary skills and resources, and the individual is well able to make best use of all the resources available to her. Although God is considered to be present, the role of problem solving remains with the individual (Maynard, Gorsuch & Bjorck, 2001; Pargament & Brant, 1998).

Deferring

The choice to completely defer to God and His decisions for one's life presents a significant contrast to the self-directed coping style. The person who operates according to this style of coping will relinquish all decisions to God and expect

an appropriate response from God in due course. Unlike the self-directed style of coping in which the individual takes active steps to solve the problem, the person who defers completely to God and what is perceived to be His will, exhibits a very passive role in relation to problem solving (Bickel, Ciarrocchi, Sheers, Estadt, Powell & Pargament, 1998). Faith and trust are also present in this choice as the ultimate well-being of the individual is given totally over to God who is seen as the One who knows best in all situations (Baker, 2010a). This form of coping can be seen in the above-mentioned example of Susanna and her confidence that God would indeed do what was right for her.

Collaborative

Finally, situated between the two extremes is the collaborative style of coping in which both God and the individual are seen to be working hand-in-hand as active members of a partnership throughout the problem-solving process (Pargament, 1997).

While the individual chooses an active role in the process, faith and trust in God are demonstrated in the expectation that He will provide "the insight, knowledge, understanding and necessary opportunities" (Baker, 2010a p. 172) to overcome the presenting situation. Baker found that all the women in her study showed a preference for a collaborative coping style. Each one took whatever steps possible to address the presenting problem, thus playing an active role in the process, while at the same time consulting God and inviting His counsel as a member of the partnership.

Addressing Client Issues

To assist clients who are experiencing domestic violence and who are also endeavouring to deal with issues concerning their faith a basic S.O.S. (Situation; Obstacles; Solution) approach is suggested. The woman of faith who is trying to balance her concerns for her own well-being as well as that of her children, with issues arising from her religious convictions may find herself feeling torn between her own safety and her desire to please God. While many victims of domestic violence, particularly those with children, can feel torn between making a decision to either remain in the relationship or leave (Rhodes, Cerulli, Dichter, Lothari & Barg, 2010), the spiritual convictions of an individual can add yet another dimension to the overall dilemma and it is of paramount importance that the counsellor develop an understanding of exactly what is happening for the client at this juncture.

The S.O.S. Plan

Step 1: Situation

This step refers to the need to determine the current position of the client in relation to her faith and religious beliefs. The responses at this point may vary considerably. God may be viewed as a loving and caring father, or alternatively as a strong and unyielding figure of authority. "The Bible may be considered a guide for life or as the ultimate and final word of God which cannot be challenged regardless of the circumstances" (Baker, 2010b p. 6). A knowledge of the preferred coping style of the client will also assist the counsellor to develop a deeper understanding of the manner in which the woman is most comfortable in relating to God and also addressing difficulties.

Step 2: Obstacles

This step refers to any faith-based issues which may present obstacles to meaningful client progress and overall well-being. The counsellor needs to specifically pinpoint any religious beliefs that may be acting as a barrier to positive

action on the part of the client. Key religious issues which can contribute to client difficulties include beliefs such as "marriage is forever, God hates divorce, constant forgiveness is mandatory regardless of the offence, or that women must submit to their husbands in all things" (Baker, 2010b p. 7). While this step may take some time, it is nevertheless important to consider this area closely, as any or all of these beliefs can operate within the worldview of one individual.

Step 3: Solution

The final step involves moving toward finding a solution by clarifying the position of the client in relation to the presenting obstacles. Once the counsellor has determined the central issue(s) for the particular client it is necessary to address any misconceptions relating to the theological understanding of those issues, remembering that the client may not be well-versed in issues of theology, but rather relying on information she has heard or interpretations that have been provided by either the perpetrator, members of the clergy or other more general sources (Baker, 2010b).

Challenging Biblical perspectives or misconceptions is best accomplished through the use of Scripture itself thereby assisting the individual to view the information in its full context and gain an understanding of the overall concept that is being conveyed (Baker, 2010b). Such insight can result in a greater depth of realisation of truth, together with a level of empowerment which enables the client to embrace her new understanding of the Scriptures in question, and re-appraise her situation accordingly. Speaking with conviction, Rachel explains the impact of her new understanding when she discovered that the statement, "God hates divorce" (Malachi 2:16a) was only one portion of an entire verse of Scripture which continues, "and I hate a man's covering himself with violence as well as with his garment, says the Lord Almighty".

There's some Scripture that talks about in the Old Testament where God talks about ... you know, I hate that a marriage would break up, but I hate even more that a man should hurt his wife. And that verse is always left out in the patriarchal churches. And I think that was the biggest thing for me when someone pointed me to that part. (Baker 2010a, p. 129)

This realisation enabled Rachel to rethink her understanding of marriage in the light of biblical teaching, lay aside feelings of guilt and inadequacy, and embrace deeper levels of personal healing. In this example, the placing of biblical teaching in a far more accurate

context created a sense of liberty and freedom for a woman of faith who had not only remained captive within her marriage, but had also been held captive by the absence of clear and definitive teaching within her religion.

Challenges for the Counsellor

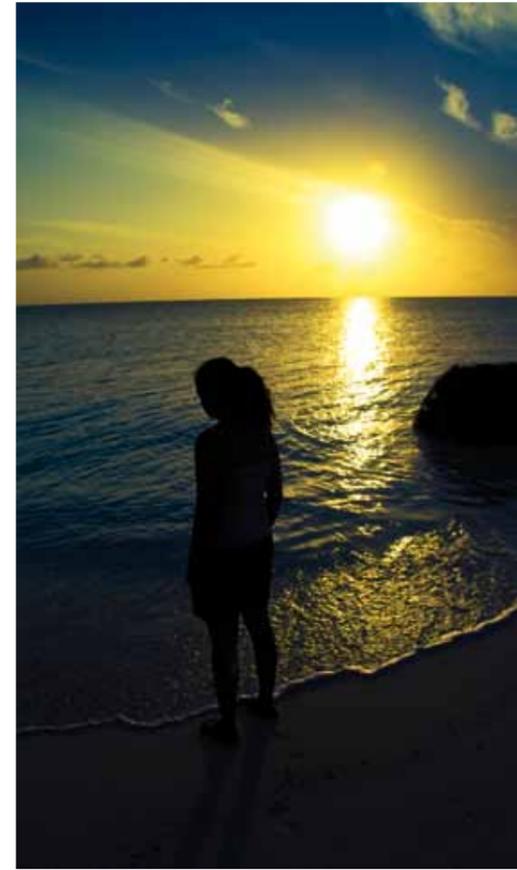
There are numerous challenges for the counsellor who desires to assist women of faith, but many of these challenges can be overcome by developing a clear understanding of the importance of religious faith in the life of the client, the manner in which a client connects with her faith and its teachings, her relationship with God and her preferred coping style within this overall framework. These issues cannot be ignored, minimised, negated or dismissed as irrelevant as for women of faith they frequently form the mainstay of the foundation for survival (Baker, 2010b). Every one of the women in Baker's (2010a) study listed maintaining a strong personal relationship with God and prayer as the two most significant and beneficial coping strategies they employed. Mary explains the depth of her relationship with God:

I truly believe that God will look after me. I really, like deep down, that's a fundamental part of me. It's not just something I've learned. It's a part of me. Because I've found time and time again God has been there for me. (Baker, 2010a p. 180). Eunice shares her experience of prayer: I just mostly talked to God. You know, through prayer. Not just saying Hail Marys and Our Fathers, but communication would have been more the thing. I think I used to pray for either support to be able to keep going and get through it or some resolution to sort itself out to give me...I wanted to be able to get through it. (Baker, 2010a p. 182)

Leah also describes the comfort she was able to find in prayer: When I felt really alone and there was no one to talk to, I felt that God was there – I'd just talk to God. And I really felt like a presence, like a comforting presence (Baker, 2010a p. 183)

Scripture was also reported as a significant element in the coping process. Many women would read, memorise or recite verses of Scripture that offered hope, comfort, peace and protection. Deborah, who regularly turned to the Scriptures for strength to continue, says:

I can do this. I can move on. I mean... in the Scriptures I had some wonderful examples of people that had had much worse experiences than I have, and have survived. And in doing that, I never felt the Lord left me



alone. I never felt isolated. I never felt forgotten. So that was where my strength came. (Baker, 2010a)

Even though, at times, some religious beliefs may appear to present as obstacles to client progress, it is necessary to support the client in her faith, understand her perspective, and if necessary take steps to address any misuse or misrepresentation of Scripture that may form part of her understanding. Counsellor acceptance of the woman's religious position can be particularly helpful as she may have already experienced significant levels of spiritual abuse, having her faith severely criticised by her abuser or having Scriptural principles misrepresented in an effort to control and manipulate her behaviour (Baker, 2010b, in press; Benedictis, Jaffe & Segal, 2010).

Probably one of the greatest challenges to counsellors is the need to be able to challenge Biblical misconceptions that are forming barriers to client progress. This can prove even more difficult for the counsellor who has little or no experience of theological matters. With this in mind, Baker (2010a) presents, in a clear and concise manner, the key religion-based concepts that are most likely to inhibit the progress of women of faith who either are or have been victims of domestic violence. The areas most likely to cause

concern are those focusing on forgiveness, marriage as a sacred and binding union, and female submission to male headship. An insight into these areas has the potential to assist the counsellor in developing a deeper understanding into not only the religious beliefs of the client, but also the manner in which each one has the capacity to influence client thinking and subsequent behaviour.

Final Words

Women of faith who experience domestic violence are often unsure of the course of action they should take, particularly when considering the principles of their faith and their own desire to maintain those principles. Navigating such a pathway can be difficult at best, leaving many feeling confused and overwhelmed in the face of situations that must be addressed. By developing an understanding of the importance of religion and faith in the life of the client, the counsellor is far better equipped to assist the client in planning her journey and navigating her way through not only the plethora of issues surrounding domestic violence, but also some of the more complex issues relating to her religious beliefs. By committing to this task, the counsellor is able to more effectively incorporate the worldview of the client into interventions, while helping the woman to explore a number of strategies, develop a plan and find a pathway to safety that is less likely to conflict strongly with her faith. While adopting this approach may prove a little more challenging for the counsellor, the benefits for the client should not be underestimated. As some of the examples provided have indicated, the confidence and decision making capacity of the client can be greatly increased as significant issues of faith are made clear.

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Basa Education
& Counselling
Services

(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 counsellors interested in supervising other counsellors 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.

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Interactive Drawing Therapy: Working with Therapeutic Imagery

Russell Withers

Withers, R. (2006). Interactive Drawing Therapy: Working with Therapeutic Imagery, *New Zealand Journal of Counselling*, 26(4): 1-14

Abstract

This paper introduces the nature and practice of Interactive Drawing Therapy (IDT), and describes key psychological elements that are encountered when clients use pages as a therapeutic device. IDT has consonance with aspects of psychodynamic (especially Jungian) personality theory, with certain aspects of art therapy, and with psychological research on brain functioning. While strongly developed in Australasia over the last 15 years, with over 4000 enrolments in training courses, IDT's status as a formal professional modality requires further attention to the articulation of its theoretical structure, and research into the effectiveness of its practices. This article, together with its two companions, represents a modest but important step in this process.

Introduction

Interactive Drawing Therapy (IDT) was developed by Russell Withers during the early 1990s by noticing what clients spontaneously and repeatedly did in session when given the opportunity to work with a page of paper as they talked. It grew out of his previous twenty-odd years of working as an architect, using annotated diagrams as the primary working tool. Now, 15 years later, with over 4000 enrolments in IDT training courses, the principles and practice of the IDT method have been shaped into a way of working that has a large Australasian following.

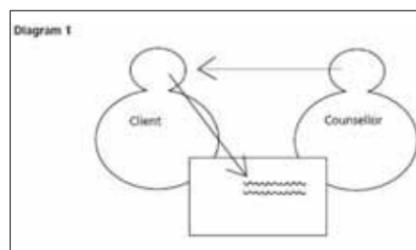
The source data for IDT comes from client transcripts and records of their drawings. Although the original content of IDT was derived from one-to-one work with individuals in a general practice, its principles have been applied to couples, families and groups. While more of a therapeutic modality than a theory of personality, IDT tends to take the client into inner work, making it reflective of psychodynamic theory, though it also fits with psycho-educational practices. IDT training courses attract a wide range of professionals and their agencies, indicating its usefulness across a considerable range of issues from spiritual development through to the treatment of psychosis. While IDT



has accumulated a body of affirmative anecdotal testimony, it now seeks substantive research to test such claims. This paper introduces the nature and practice of IDT, and describes the key psychological elements that are encountered when clients use pages as a therapeutic device.

The IDT method – ‘working with pages’

The distinctive feature of IDT is the presence of a page between client and counsellor. IDT uses chunky wax crayons to allow clients to express their thoughts and feelings on A3 paper as soon as this is appropriate. In principle, whatever is talked about is put on the page, and whatever is on the page is talked about, so that ‘layers’ of written description and graphic detail accumulate on the same page. Initially the page is like a passive collector of illustration and comment but, with the client’s successive layering of responses of a deeper nature, the page and its contents acquire increasing importance of their own. Periodically the counsellor holds the page up and at a distance so that the client can look at their work as a ‘detached observer’. This allows the page to ‘act as a mirror’ (Winnicott, 1965) or ‘talk back’, and enables the client’s mental process (Fonagy & Target, 1996) to shift from giving out information and opinion to



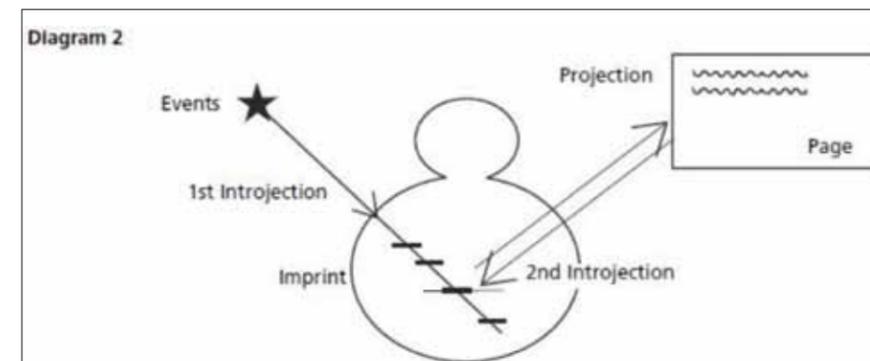
generating recognition, implication and insight. At this point the page can become a therapeutic tool, enabling the client to connect with increasingly less conscious material. With IDT, the counsellor’s job is to look after the client and the process, while the client looks after the content. IDT stresses that this be a client-centred process of disclosure and discovery, with both counsellor and client commonly not knowing what will come out next. ‘Trust the process’ takes on a new implication when we learn to ‘work the page’.

IDT and aspects of client functioning

As with many therapies, IDT recognises that clients typically present themselves through a story (Monk, 1998; Siegal & Hartzell, 2003), this being their attempt to make sense of experiences and perceptions. This ‘story’ commonly carries more than one coded message, partly about the client’s situation, partly



about the client themselves. Sometimes this story is presented as fact, and other times it is clearly more allegorical or metaphorical in nature. The use of a page enables the client and counsellor to read both the literal and metaphoric layers of expression. IDT practice indicates that the client’s story usually comes from a currently dominant, often less conscious or unconscious ‘part’ of the client. As such, the story can carry significant bias and distortion, and may ‘speak’ as if its singular perspective is the truth of the matter. Rather than intellectually deconstructing and rebuilding the client’s story (Monk, 1998), the IDT counsellor is encouraged to ‘lean back’, hold the story at a distance, and treat it with some reserve as the client’s introductory talk. By getting the story onto the page, the client’s perceptions are honoured, and the client is then (hopefully) more able to detach from them and move to more significant or fundamental material. IDT focuses on where the story is coming from rather than the story itself, for the structure and function of the client’s story are seen to change according to the level of functioning it emanates from, and the stage the client is at in their therapeutic process. This is in harmony with particular theoretical perspectives on client functioning. For



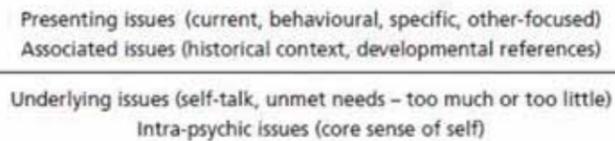
example, Schaverien (1992) distinguishes ‘the life in the picture’ (resulting from the client’s engagement in the image-making process, wherein the page becomes ‘embodied’ with presence), from ‘the life of the picture’ (reflecting the effect the page may then have on others and the transference dynamics of the therapeutic relationship). She discusses how this distinction is important in the longstanding debate between process and product. Developing the imagery so that contextual factors (such as location, time, affect and ethos) are made explicit invites the client to see and experience a bigger and more informed picture. This tends to provoke a change in perception, enabling the client to find the next step toward a more ‘authentic’ future. The use of

annotated imagery (i.e. words and images on the same page) enables IDT to connect conscious with unconscious processes. This connection was also recognised by Erickson, who referred to drawings as a sign language or system of gestures that allows ‘the unconscious to communicate, while the consciously organised part of the personality is busy recounting other matters’ (Erickson & Kubie, 1938). In similar vein, Jung emphasised that ‘the psyche is the source of inner reality’ and ‘cannot appear in consciousness except in the form of images and contents’ (Cowan, 1982). Likewise, Naumberg (1958) proposes that ‘fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words’. While the visual phenomena



which IDT draws out do readily fit in with a psychodynamic perspective, they can also be related to a psycho-physical research perspective. The conceptual and physiological division of the mind into left brain and right brain (Corballis, 1991; Schore 2001a) offers a useful model for distinguishing different modes of perception and mental functioning. In essence the left brain focuses on factual detail, and processes data cognitively, logically and specifically, whereas the right brain takes in the big picture in a glance, and processes data affectively, experientially and situationally. Schore (2001a) states 'the right prefrontal cortex attenuates emotional responses at the most basic levels in the brain', and proposes that the client's 'affectively charged but now regulated right brain experience can then be communicated to the left brain for further processing'. This effect, which must follow a right-brain then left-brain temporal sequence, allows for the development of linguistic symbols to represent the meaning of an experience, while one is feeling and perceiving the emotion generated by the experience. The objective left hemisphere can thus process subjective right brain communications, which allows for a linkage between the non-verbal implicit and verbal explicit representational domains. This in turn facilitates the 'evolution of affects from their early form, in which they are experienced as bodily sensations, into subjective states that can be verbally articulated' (Stolorow & Atwood, 1992). These different functions of the mind are reflected in the theory and practice of different therapeutic modalities. The cognitive and analytic therapies tend to be left brain in their approach (e.g. CBT and Transactional Analysis), while the expressive and

Diagram 3



affective therapies tend to be right brain (e.g. Psychodrama and Gestalt therapy). IDT uses a rotating sequence of 'words, images and feelings' to systematically and repeatedly alternate between left brain and right brain functions. By striving to keep the client relatively free from being dominated by either left brain or right brain functioning, by either the conscious or the unconscious, and by either an inner or an outer focus, IDT strives to help clients achieve an integrative way of functioning that produces insight and psychological resourcefulness.

IDT and expressive theories of therapeutic change

There are many expressive therapies, involving art, drama, music, sand tray, play, movement and dance (Arlow, 2005; Blatner, 2005). All share the practice of using, beyond mere talk, some sensory means of expression to give shape and form to the client's experiences. This allows internal experience to be externalised, and gives the client a physical experience of being separate from, but in relationship to, their own material. The creation of such a 'significant form' (Langer, 1967) or 'analytical third' (Ogden, 1986) allows greater self-reflection, and provides important therapeutic leverage. In the case of IDT, this 'significant form' takes the shape of a worked-up page that has become psychologically 'charged'. IDT is clearly a form of expressive therapy and, inasmuch as it involves the making and use of images on paper, it may be considered to fit under the broad umbrella of art therapy. However, it has several distinctive characteristics that do not match some of the orthodox art therapy definitions or requirements, and these are discussed next. Following on from her earlier definition, Schaverien (1992) describes art therapy as having two main fields of psychological emphasis – the process of creatively making 'art', and the use of the resultant product for analysis and diagnosis. In the case of the former, Schaverien holds that therapy involves 'the making of pictures, drawings or clay models', reinforcing the view of Dalley (1984) that 'the essence of art therapy lies in the therapeutic outcome of the activity of creating something'. By contrast, IDT does not focus on creating art products or artistic imagery,

and IDT practitioners do not need art making or art appreciation as part of their professional training. IDT pays no attention to the aesthetic or creative structure of the client's expressive work, and does not attend to issues of design intent, or the client's ability to draw. Stick figures and gingerbread men are more than enough for IDT to move into therapeutic endeavour. Whereas an art therapy session will seek image making, an IDT session may produce pages of writing and no drawing. These written words still provide visual material for the client to interact with. IDT practice will generally produce several pages in a session, as the client is encouraged to move on to the next page in order to keep up with newly emerging material, rather than stay and 'complete' or 'finish' a half-formed drawing. The IDT page is simply a tool, not a product, and is often torn up, cut, burned, buried or otherwise disposed of. This contrasts with the viewpoint of Dalley, the British art therapist and author, who emphasises that, 'Any theoretical approach to art therapy must take into account the concept of creativity, which has its roots in all art processes' (Dalley, 1984). In addition, while IDT will support a client to cathartically express their release of feelings onto a page as part of a bigger therapeutic process, IDT is generally not offered as a medium for the client's free and uninterrupted use of the page for creative self-expression, followed by a conversation about the process. IDT is an interactive drawing-talking-and-writing technique in which the counsellor actively interrupts and reflects the client's cues back to the client as they emerge, in a way that seeks to move the client into more substantive and deeper material. If we consider that the affectively charged act of expressing oneself is a right brain activity, and the thoughtful conversation that ensues is a left brain activity (Schore, 2001a; see below), then most art therapy practices tend to keep right and left brain functions separate. By contrast, IDT works in quite a structured way to activate both functions simultaneously and continuously through the session.

Within the second arm of art therapy, noted above, many therapists engage in a psychoanalytic interpretation of the client's art work and process, in part to explain to the client what is happening for them, and in part to assess and diagnose

the client's psychological condition or developmental history in order to report to the authorities (e.g. childhood sexual abuse) or to formulate treatment plans. There is a battery of tests and manuals available to guide the interpretation of clients' drawings (Furth, 1988; Kubler-Ross, 1970; Leibowitz, 1999; Lowenfeld & Brittain, 1987). In contrast, IDT generally discourages such diagnostic interpretation, because it risks the counsellor becoming prescriptive (e.g. red means anger; left side of the page shows your past; a knot in a tree indicates abuse at that proportional age; schizophrenics make fragmented pictures; the sword is about your masculine side), and it risks bringing the client out of their therapeutic process – away from inner unconscious (right brain) and into their conscious heads (left brain). For example, IDT has noticed that if a client draws, say, a red tree, sometimes the deep red would have been simply the first dark crayon they happened to find or, even if it was a deliberate choice, today red may mean 'magical', whereas two weeks ago red could simply have been 'my favourite colour'.

The case for cognitive meaning making or interpretation in art therapy is made by Dalley (1984) who advocates that 'the therapist must help the client make sense of his or her own painting', and again, 'The therapist must therefore first ask the client to attempt an explanation of the content and meaning of his or her work, which can then be further explored and understood through interaction with and possible interpretation by the therapist.' Such interpretation fits with the long tradition of content focused psychoanalytic talking therapy (Arlow, 2005). That contrasts with Winnicott (1971) who wrote, 'If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this more than I used to enjoy the sense of having been clever.' In similar vein, Jung suggests that it is the transformative powers of the unconscious Self (see below) that bring about personality development, not the pursuit of conscious understanding: 'We must be able to let things happen in the psyche. For us, this is an art of which most people know nothing. Consciousness is forever interfering, helping, correcting, and negating, never leaving the psychic processes to grow in peace. It would be simple enough, if only simplicity were not the most difficult of all things.' (Jung, in Jacobi, 1953.)

Core elements in IDT practice

The IDT working relationship

As noted above, the role of the IDT counsellor is to assist the client layer

their internal world onto the page, activate their imagery, observe this as represented on the page, develop or modify the material and, finally, internalise the transformed or reframed content (see diagram 3). This process, using IDT as a distinctive modality, enables the counsellor to facilitate a process of therapeutic change that is recognisable in most forms of counselling or psychotherapy (Egan, 1998).

IDT is interactive, with the counsellor actively participating and partnering the client in the process of drawing out and deepening the work. Homework is commonly employed and, on occasions, the counsellor may diagram the client's talk when they are unable or unwilling to do their own mark-making. The presence of potent images and provocative words on the page has been found to have a strong attraction for both client and counsellor. For the client it is like relating to an alter ego or 'analytical third' (Ogden, 1986), where 'the picture affects the person who made it' (Schaverien 1992). By the same token, the counsellor has to make a special effort to resist being distracted by personal reactions to the visual impact of the client's drawing. This may be seen as an interesting variation of counter-transference (Kuhns, 1983), where it is the client's drawing the counsellor reacts to, rather than the client per se.

Projection

In contrast to a psychoanalytic definition of projection as a defence mechanism (where denied aspects of oneself are displaced onto another person), IDT uses projection in its original pre-Freudian sense as the ordinary attribution of value onto an object which does not in itself have that value. For example, in session crayons are attributed with qualities (e.g. 'Choose a brave colour'), and selected words and images are projected from an internal state of subjective feeling out onto the page, where they can be looked at more dispassionately and objectively. In addition to working with the content on the page, the paper itself may be given projected value as a symbolic object to be used in therapeutic ritual, like shredding and burning, or framing and displaying. The mind operates by creating internal representations of the world out there; enabling us in a glance to evaluate our investment in it (e.g. 'Is it safe or dangerous, stimulating or devoid?'). As Wittling (1997) declared, the right hemisphere contains 'a unique response system preparing the organism to deal efficiently with external challenges'. IDT views projection as a psychological filter that determines perception. For example, if I am feeling depressed or angry I will tend to see the things in my environment



that I dislike. In contrast, if I am feeling in a buoyant mood, I will find many things in the very same environment to appreciate. Projection biases what we are looking for, and perception is what we see, so we inevitably process environmental information in an inherently value-laden pre-structured way (e.g. smiles are good, swamps are dangerous). From this viewpoint, projection is not necessarily defensive, but simply a perceptual function – the organism mediating between stimulus and response. Projection shapes our world-view, and shapes the way the client puts that world on the page. The IDT counsellor deliberately encourages the use of projection as a therapeutic tool.

Introjection

IDT accepts that significant external-world events may be introjected (Ferenczi, 1909) as value-laden experiences, and stored in our memory. From there, these imprints influence our world-view, sense of identity, expectations, behaviour and relationships. Allan Schore (2001b), in affirming John Bowlby's attachment theory, notes that real life events are 'indelibly and permanently shaped [in the infant's mind] in a way that affects the way that the personality would develop over the life span' and that 'the success or failure of attachment relationships in early life has a profound and life-long effect'.

When an IDT client transfers such stored experiences from memory out onto a page, the opportunity arises to modify the drawing in a way that can transform the implications of the experience and change perception. The visually evident and affective reframing of that particular experience may then be introjected from the page back into the client's mind – to reduce the impact of the original introjection, and allow a psychological healing to occur. Changes to the drawing may be a mechanism that achieves changes in the client themselves.



Different levels of work

As clients add more and more to the page, it is noticeable that the perspective of their self-disclosure deepens and changes in a consistent and recurring order. IDT has mapped these as shown in diagram 3.

In this diagram, each layer downwards widens the context for the preceding layer.

Midway through the level changes the client finds him- or herself 'crossing the line', denoting a natural and spontaneous shift from surface-level issues down to deep-level issues. This distinction is borrowed from Noam Chomsky (1957) who, in addressing issues of political and social change, postulated that 'surface structure' matters are relatively easy to identify and address, in contrast to 'deep structure' matters which are much more obscure, intransigent and resistant to change. Although change can be more readily effected 'above the line', IDT postulates that it does not have a major structural impact on the client's personality system, whereas a more significant outcome is achieved from changes that occur 'below the line'. IDT therefore seeks to work at the deepest level that is safely available to the client.

Above the line, the client has a primarily factual left brain perspective, speaking mostly about external world issues, recounting her or his perceptions on life events, talking about others, and accessing conscious material. In contrast, below the line the client functions from a right brain perspective, with the focus shifting to his or her internal world condition and experiences of life, describing self, and accessing material from more unconscious sources. In IDT it has been found that clients in crisis or in a fragile condition will generally not move to deeper levels while in that condition. Because each of the four levels has quite a different client focus, it is seen to come from a different part of the client's psychological structure, with a different

therapeutic objective, and therefore requires a different way of relating to the client. It has been found in IDT practice that clients can change levels several times in one session, so IDT counsellors have to remain light on their feet, ready to move with the client.

Parts work

In IDT, internal and external conflicts appear to highlight different 'parts' of ourselves.

As clients 'cross the line' (see Diagram 3) their presentation typically shifts from initial black-and-white judgements (e.g. 'I hate him!') to a more considered or multi-sided account (e.g. 'Part of me still loves him'). When produced in image form, such parts typically show up as differently characterised 'sub-personalities' (e.g. scary person, frightened person, helpful person), as finite objects (e.g. table, chair, book, drink, quiet place), as discrete forces or landscapes, or as abstract shapes of different colour and character. 'Parts' appear to equate to different feelings, values and roles. In IDT they often come in sets, with one part directly or indirectly bringing in a thematic counterpart (e.g. a drawing of a tree is often followed by a variety of ecological accessories).

Many clients find that IDT allows them ready access to a 'wise part' of themselves that is insightful and judicious in its perceptions.

Working with metaphor

In IDT a metaphor symbolises an association of personally meaningful affect, experience or perception to another entity or situation (e.g. 'I feel like my sanity is hanging by a thin thread'). It has been observed in IDT practice that above the line (see Diagram 3) the client tends to present their work literally and specifically, and below the line their presentation often takes the form of metaphor. In itself metaphor is neither positive nor negative. Metaphor

may be considered as the language of the unconscious (Henzell, 1984; Stone & Everts, 2006) and is commonly expressed in visual-kinaesthetic terms. Metaphors are therefore inherently drawable (e.g. 'I'm stuck! I'm here because I've come to a crossroads in my life, and don't know which way to go.') Developing the metaphoric scene is an easy and immediate way of bringing out other aspects which up to then had been either outside the client's awareness, too disabling to be currently talked about, or of a quality beyond the capacity of mundane words to describe adequately (e.g. spirituality, trauma). The use of visual metaphor can offer an effective projection that creates a distancing and depersonalising experience that seems to increase the client's sense of safety to engage particular therapeutic work.

John Henzell (in Dalley, 1984) quotes Goodman (1976) identifying that metaphor 'runs in the direction of the less important to the more'; in other words that metaphors establish a direction or turn in the client's perceptual system. 'Thus a metaphor, to be effective, is concerned with more than just simple truth or analogy; the comparison effected by it must scandalise current perceptions and by so doing jolt them into a new frame of reference' (Goodman, 1976). IDT's use of visual metaphors provides a useful tool to get past blocks in language or cognition.

Archetypes

As a deeper level of metaphor, the world of visible archetype and symbol can be seen to emerge between the client's levels of underlying issues and intrapsychic issues (see Diagram 3), providing a potent resource for clients working at depth. Archetypes are 'systems of readiness for action' (Jung, 1927, p. 31). 'Material which enters consciousness does not do so randomly, but fits into meaningful contexts, allowing us to

maintain the organization of experience, which is ordered archetypally into themes with common affective and ideational significance' (Corbert, 1997). 'A situation feels archetypal when it is saturated with affect' (Sedgwick, 2001).

Jung (1927) cautioned that the form an archetype takes is not the archetype per se.

Nevertheless it is the form that clients produce that we have to work with. In IDT practice these have been found to manifest spontaneously but often indirectly (e.g. a disembodied watering can that hovers on the page providing gentle water to a young plant, but not yet shown to be held by The Gardener, who is there implicitly, but currently residing off the page, out of awareness). There are overt and well-recognised archetypal characters (e.g. King, Child, Hand of God) that come up a lot, and there are covert archetypes that are more idiosyncratic and client-specific (e.g. He-Who-Spends-His-Life-Waiting). There are archetypal characters, environments, accessories, forces, relationships and situations. In IDT these are not taken lightly or imposed upon the client. Working with archetypes in an IDT manner does not involve psychoanalytic interpretation, but simply that of developing the situational scene, so that the client can enter the scene with affective experience; to acknowledge and address the archetype, while simultaneously looking at the scene from the outside.

Core self

If clients layer deeper still onto the page, they can enter a level of work that seems to be very fundamental to their sense of self. Jung's model of the Self, as presented by Sedgwick (2001), is 'a sort of special agent or core within the collective unconscious, whereas the ego or consciousness is more limited'. In contrast to this view of a singular overarching principle, IDT client experiences suggest there may be two aspects to this 'core self'. One is personal and typically expressed in structural terms (e.g. 'I'm feeling quite empty inside. It's as though I've lost myself!') The other is more transcendent and typically experienced as timeless, ageless, genderless, issueless and non-dual. In contrast to the former, this second sense of core self is not feeling-full or value-laden, but more of a 'this-is-ness' – a value-free but existential fact of existence, accompanied by a deep sense of knowing. Despite a common lack of talk and conceptual clarity at this deep level, the IDT client can silently, slowly and mindfully keep a powerful and sustained drawing process going on paper.

Summary

IDT has developed in New Zealand over the last 15 years into a distinctive

therapeutic modality, employed by a wide range of helping professionals and their clients. As clients progressively layer their inner world onto a page, the therapeutic focus changes and deepens through four distinctive levels, each of which produces a different set of psychological phenomena. As drawings are modified and reframed, the client introjects the changes on paper, helping to modify the original negative imprinting, and creating a mechanism for therapeutic recovery.

The relatively brief synopsis of IDT presented in this article highlights its consonance with various psychodynamic perspectives on client functioning, with particular aspects of art therapy as a creative modality, and with psychological research on brain function. A number of core aspects in the way IDT operates have been noted, though space does not permit a description of the therapeutic stages through which IDT progresses.

This is the first article on IDT in the formal professional literature, and much beckons to be done. Many of IDT's tenets require more detailed and critical analysis. The examination of metaphor in IDT by Stone and Everts (2006) represents a modest start in this process. Experimental validation of the large amount of positive anecdotal evidence of the widespread relevance and effectiveness of IDT is urgently needed. The survey of IDT practitioners by Everts and Withers (2006) provides a foundation on which further studies can be built. In all, the publication of this article and its companions marks a significant stage in the development of IDT as a formally recognised and unique therapeutic modality.

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Engaging diversity in counselling education through dialogic teaching: A model developed with Hong Kong students for creating space for transformative learning

Across societies, varying degrees of global integration and dramatic internal changes are impacting knowledge and the values within cultures. However, little has been written about the processes that bring about transformative learning for the student who is confronted with these factors. Leahy & Gilly (2009) note that transformative learning 'is about what the learner does, feels and experiences, such as feeling disoriented, critically reflecting on assumptions and frames of reference, engaging in dialogue, or integrating images from [their] subconscious' (p. 23).

How does one create a 'holding space', where 'participants learn how to develop a collective capacity to hold the creative tension between different ideas, conflicting emotions and different ways of knowing?' (Gunnlaughson, 2007). What are the challenges for both students and teachers that will enable them within this liminal space to undergo transformation? In particular, when working with Chinese students, whose whole learning experience has been one of 'receiving' information, can they be engaged in a dialogic encounter where they can begin to tap into their own rich source of implicit cultural knowledge and mine it, work with it and transform it into a new wisdom that they can apply in their counselling? To accomplish this

may be an amalgamation of Eastern and Western ideas, while capturing their unique Chinese perspective.

The author will explore the dialogic process taken with a group of Hong Kong counselling students. This paper will examine the nature of the dialogic encounters and what the students themselves learnt and felt about this journey. One of the difficulties faced is something intrinsic to the university culture in Hong Kong and that is that they must study in English. That means that what they read goes through a process of double translation, which must take place before they can reconceptualise and integrate what they have learnt. As counsellors they will be working in their own language, so that it is vitally important for them to consciously engage in this transforming process. The goal is that the experiences of these Chinese students will become a model for engaging diversity in all counselling education.

Introduction

Teaching theories and systems of counselling to Chinese students in Hong Kong is indeed a challenge. Most of the current theories of counselling in text books that explain counselling evolved in North American and European contexts. Chinese students in Hong Kong have grown up in a place and era of rapid

global integration and change, with the return of Hong Kong to China after a long colonial occupation by the British, an occupation which deeply impacted the culture of Hong Kong and its values. Hong Kong was also taken over by the Japanese. Not only were there these influences but American values were brought back by those who studied in the States and returned. As a result Hong Kong has become a melting pot of diverse ideas, customs, values and rapidly changing systems of thought. In addition, large migrant groups from India and Africa bring an added dimension of diversity. The learning experience of Hong Kong students is varied, being taught by both Chinese and non-Chinese teachers, sprinkled with modernism, Western TV and cinema; yet at the same time, there is a strong and deeply rooted Chinese philosophical background and tradition coming from a combination of Confucianism, Taoism and Buddhist philosophies. These values have been passed down by families and teachers and are so deeply embedded that most often they are in the unconscious and students have a culturally split personality. As Chiu and Hong (2006) note,

With globalization, new values, beliefs and practices associated with the global culture may gain popularity in the economic sphere (e.g. in work settings

and the market place). Meanwhile local cultural traditions may retain their authority in other domains of life (e.g. family and international domains). Thus, instead of homogenizing culture, globalization may lead to pluralization of cultures via the meeting of global and local cultures in one locality (p. 291).

Many of the students who are accepted to the counselling and psychology department in the university where I teach, actually want to develop a career in the counselling field. How do educators provide a transformative education program for these students, such that they develop the ability to reflect critically and question ideas that they read or are taught? This is especially true for those who have grown up within an education system where their whole experience has been one of 'receiving information' and reproducing it in order to achieve the grades expected if they are to succeed, "Based on the theory of transformative learning, we view the process of reflection as a critical component in taking the perspective of another and, in so doing, see one's own meaning-making process in a new way" (Wasserman & Gallegos (2009, p. 156). Not only do students need to reflect and question; they also need to dialogue with the content, forming a learning context. This context must allow for both local and global perspectives while allowing them to challenge their educators and each other.

I will begin by looking at the nature of transformative and dialogic teaching and learning and then provide examples from students who have engaged in this reflective process and how doing so transformed their thinking and learning.

Transformative educating and learning

Cranton & Wright (2008) cite Boyd (1991) and Boyd-Myers (1989) as authors who applied Jungian psychology to shed light on the process of transformative

learning. 'Rather than reflection, they described discernment as the central process in transformation. In [their reported] view, transformation is a personal inner journey of individuation – learning through the psychic structures that make up the Self' (p. 35). As Cortwright (1997) noted, knowing is to participate in the creation, not just digest others' material (p. 57). This notion is central to transformative learning for student counsellors, who as professionals will engage their clients in processes of personal transformation, only to the degree that they have participated successfully in this journey themselves. Cortwright also says that 'therapeutic work is facilitated when the psychic field supports and enhances the client's self-exploration' (1997, p. 57). The more psychically aware the therapist is, the more he or she is able to be present to the client. 'Empathy may be limited only by the therapist's self-awareness' (Cortwright, 1997, p. 59). Achievement of this level of awareness, calls for a learning that contains a 'soul-centred psychology' (Dirkx, 2000); or a learning atmosphere that engages mind, body and soul. Soul-based teaching and learning is about "contemplation; reflection; intuition; metacognition; knowing the true, the beautiful, and the just; dreaming; imaging with arts-based, philosophical, ethical and social justice curricula that feature a capacity for sufficient depth and complexity" (McEady, 2009, citing Reynolds & Piirtila, p. 60). Bassett (2005, p. 7) refers to four dimensions of emerging wisdom: discerning, respecting, engaging and transforming. Discerning is akin to reflecting, insight, holistic thinking and the ability to see into complexity. Respecting relates to empathy and the ability to take multiple perspectives. Engaging is concerned with involvement and commitment to action. Transforming is the self-awareness that comes from self-knowledge and self-acceptance. All our dimensions are also aspects of enlarging consciousness. In other words, wisdom is not a state but a series of actions or a process. In the Asian context, Wang and Ping (2008) stress that inner experience is a prerequisite for meaning (p. 136).

Learning involves the entire body and mind and further requires a continuous process of internalization. The Chinese words Ti-hui mean to understand experientially, as if one has encountered or met in person, that which is to be understood. These two words indicate that one has to use the body first, and then the mental process of reflective thinking can begin (p. 39)

These authors go on to say that there

must be an intrinsic connection between prior knowledge and new knowledge for real transformative learning to take place. Helping students to make this link can only happen through a dialogic relationship with the students. 'Dialogue becomes the medium for critical reflection to be put into action, where experience is reflected on, assumptions and beliefs are questioned, and habits of mind are ultimately transformed' (Taylor, 2009, p. 9). To do this requires building a sense of community within the classroom and creating trust and openness. Guilar (2006) suggests that a learning community 'is intersubjective in nature when all parties relate to one another as having a sense of agency and a unique perspective'. In other words all elements – teacher, student and content are intersubjective. We need to add the element of context, as this is crucial to how dialogic learning and teaching takes place.

Students and teachers together, dialogue not only with each other via content but also with the context in order to co-create new meaning. In particular, when an aspect of the context is multicultural, reflection on the way in which one's own cultural values influence perception and meaning making is crucial. As Valisner and Han (2006) note, '...culture is not an essence within the minds of people from the given society, but an organizing principle of each and every human mind, in any society. It is thus everywhere – always in action, but usually rarely noticed. We do not notice the most basic and ordinary facets of living' (p. 3). Context also includes 'the surroundings of the immediate learning event, the personal and professional situation of the learners at the time (their prior experience), and the background context that is shaping society' (Taylor, 2009, p. 11). Chaudary (2008) argues that we need another dimension, that of interobjectivity in order to address the dialogue between local and global positions and to examine how one's prevalent beliefs affect the way a society views people outside that context. For example, how Hong Kong Chinese view mental illness will help determine whether or not people seek counselling.

In short, we are not just teaching to give information, or to help students memorise facts about counseling theories. As Miller (2009) notes,

Education is not the passing of information from one person who has it to someone who does not. It is not the trading of databases. Rather, the subject matter is a vessel into which the professor and the student place themselves together. And then they see what happens. They observe and take note. It is like alchemy.

One cares for the process in the alchemical vessel (p. 33)

Hence, the process of dialogic teaching and learning requires a significant paradigm shift for Chinese students. It also demands that the lecturer form a relationship with them that fosters a willingness to engage in what may be a disorienting process for them. It is so radically different from their passive learning experiences. Dialogic also implies that the same process can be disorienting for lecturers who are no longer the sole reservoirs of knowledge. As Wasserman & Gallegos (2009) note, '[s]tories of the self and other are often so deeply embedded that for significant shifts to occur in the dynamic of relationships, transformative learning must occur in relationships and the culture of organizations rather than merely for individual' (p. 157).

Examples of dialogic learning from some counselling students in Hong Kong

In attempting to engage students at a dialogic level, I began by talking to them about the meaning of dialogue. I established this by exploring the concepts of social constructivist perspective on learning and getting them to reflect through writing what this meant to them. Some students were more capable of this self-reflection than others and it took time to get students to write their own thoughts and feelings about the topic rather than just repeat what had been given them. Encouraging them to share this with class mates was best done in small groups rather than in the larger group. In reading more about dialogic teaching and learning I found that Gravett and Petersen (2009) had followed a similar approach with a higher education faculty in South Africa. We also explored what their beliefs were about learning – this uncovered the common theme that 'Chinese are passive' and therefore 'we don't engage much or want to talk out'. Asking the students to then read the chapter on 'The Self in Chinese Culture' from Sun's (2008) book *Themes in Chinese Psychology*, followed by again writing a self-reflection report, enabled them to reflect on their own heritage and how much they acted from these beliefs without realizing it. The subsequent group dialogue demonstrated that they were becoming more aware of how traditional Chinese values of relationship still affected many of them. At the same time, they began to realize that they had been influenced very much by the more Westernized ideas of individualism. They concluded that living in Hong Kong indeed had influenced their values and behavior. Further dialogue stimulated



by questions from the lecturer and from fellow students led them to look more deeply at how they lacked consciousness of being so influenced.

In one course students examined the psychology of relationships as a precursor to learning about counselling people with relationship difficulties. The texts used were *Interpersonal Communication* (Wood, 2010) as well as *Themes in Chinese Psychology* (Sun, 2008). The latter was again a means to help students to reflect on Chinese values and practices in relationships that were so much part of their daily functioning, but of which they were largely unconscious. First, students were asked to read sections from both books and then write a self-reflective report about how the ideas expressed in the texts were being lived in their own lives. Then students formed groups to dialogue with each other about what they had discovered for themselves. In an article recently published in the *Asia Pacific Journal of Counselling and Psychotherapy* (2010), some of their insights and ideas were listed:

The dynamics in the Chinese Hong Kong family are really complicated and much different from what is described in the text book. I really need to understand my culture more.

The Chinese are concerned about harmony and they won't express their discontent, so it's difficult to build up good or trusting relationships. How can we change this?

I thought I was HongKongese and very westernized. I didn't realize before that I am influenced by so many Confucian values in my relationships. Only after exploring these ideas did I notice that I

actually relate to others from my Chinese background.

It's a pity that even many journals and books mix up ideas about Chinese relationships with Hong Kong relationships as though they are the same. They assume that Hong Kong culture is the same as mainland China. We need to explore more how local Hong Kong culture, and colonialism, has influenced relationships in Hong Kong. (Moir-Bussy, 2010, p.166).

One concept in Chinese relationships is that of yuan:

Yuan is basically a traditional Chinese system of causal attribution in which the occurrence, nature, duration, and content of a relationship are considered to be somehow predestined or inevitable, and something over which people have limited control. The concept of yuan is complex and carries various shades of meaning depending on the perspective it is viewed from... generally speaking, it can be regarded as a form of fatalism or fatalistic determinism (Sun, 2008, p. 92).

One student reflected on this in her own family and said:

The more I grow and learn, the more I see how wisdom can be exploited by people. Take my parents as an example. My parent's relationships had deteriorated ever since the financial turmoil of 1997. They have not spoken with each other for years, and they barely look into the eyes even when they meet. One day I asked my father why they were not divorced and he said, "Why? Do we have to? Perhaps this is the way it is, there is nothing we have to change". When I asked my mother why they were not divorced she said, "I still love your father but this is how it is". Their



vulnerability and passiveness shocked me and that was when I realized how harmful it is when Yuan is misused and misunderstood by people, as I believe that yuan implies more than passivity (4th year student).

She went on to say that she felt people simplified their relationship using yuan because maybe they were afraid and it was a way of getting rid of the pain.

As students dialogued in groups about what they had learned from their own families and their relationship experiences, they discovered that they had learnt so much more about the psychology of relationships. This change resulted from their new consciousness and new level of awareness and that led to action – a desire to do something about family and work relationships that were causing them difficulty.

Transformative learning always leads to action, it is evolving. Students don't just get filled with information. Rather, they co-create meaning and understanding about the topic in question, (in this case relationships), not knowing where it will lead them, if they are prepared to let go of pre-conceived assumptions in order to try something new. As a lecturer engaged in this process, I too, was in that alchemical space with them undergoing transformation and change along with them. Isn't this what counselling is about and what we are preparing ourselves and our students for.

Another group who engaged in dialogic teaching and learning were students in a Positive Psychology class. Again it took time to encourage them to engage, but at the end some of the comments were rewarding:

I loved the lively teaching method with more interaction between teacher and students. We shared and we listened to each other in a different way.

In Positive Psychology the teaching is different from other academic subjects. It provided us a chance to think, share, feel and listen... it let us reflect on our self and learn from changing our thinking. After this I started to think and behave in a more positive and joyful way. I used to feel a lot of stress and could not relax myself. Now I have more confidence and energy to solve problems and work now.

I think the teaching was quite interactive. We had many discussions and that made the learning not just one dimension. We didn't just study knowledge and remember facts. We had reflection when we discussed and really applied what we are learning in our daily lives.

Challenges in establishing a dialogic teaching approach in Hong Kong

There are many challenges in attempting this kind of cross cultural teaching. I am a Western teacher with Chinese students. Most of the students know me and have studied with me before so it was not difficult to build trust. However, their learned habit of passivity in class, and the stress students feel to get the information they need to pass exams often prevails. Their stress comes from many angles including the high pressure from parents that they perform well in order to get the job that will bring status to them and their family. Hence it is crucial to challenge this notion and encourage engagement at a deeper level.

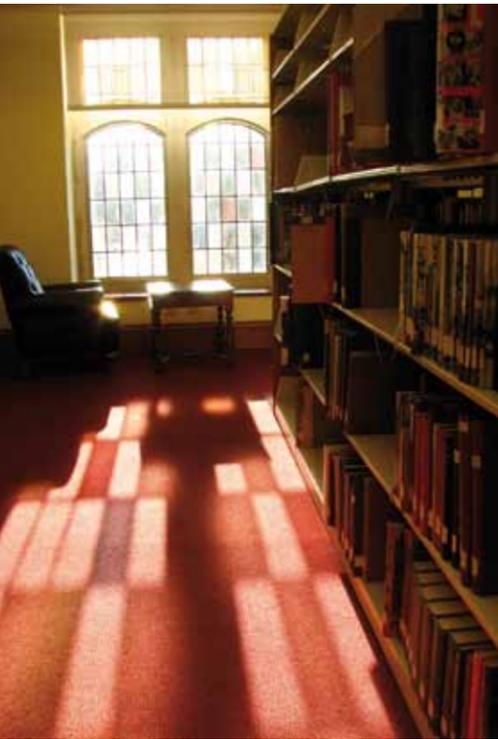
English language poses some difficulty, mainly because ideas are heard in English, then conceptualized, translated into Chinese, and then before they can respond, translated back into English so they can share their ideas. There are some concepts that cannot be translated adequately, and dialogue is the only way to generate a common understanding.

The lecturer as well must have a willingness to let go of preconceived ideas. Therefore it is another challenge. Chinese students tend to see the lecturers as having a higher authority and so act in a deferential manner towards them. To transform their existing ways of doing and thinking, students need to come to a new awareness and 'old views, knowledge perceptions, and experience need to be examined in the light of either the existing situation or new demands' (Gravett & Petersen, 2009, p. 101). To a degree, this means challenging students to move to 'the edge of their comfort zone, their learning edge' (p. 101), and this can be achieved through critical reflection.

Another aspect which sometimes makes it difficult for students to engage in dialogue is their ethnocultural model of Chinese face (lian/mian). They had the idea that if they speak up and the answer is not correct they will lose face in front of their peers and so they remain silent in order to avoid this. Jia (2001) suggests that this ethnocultural model needs transformation by using a social constructionist model. He claims that the ethnocultural model hides a 'hierarchical substance of the rhetoric of harmony as a cultural ideal of the lian/mian culture and undesirable social consequences' (p. 168); consequences such as 'inequality, injustice and loss of individual rights [which] warrants an ethical transformation of the lian/mian culture' (p. 168-9). Some of the cultural values he sees as embedded in the social constructionist model include 'equality in lieu of harmony', 'open-endedness and flexibility in lieu of closure, certainty and rigidity', 'pluralism in lieu of homogeneity', 'personhood with individual agency in a nexus of relationships, in lieu of personhood constituted only by a nexus of relationships' (p/ 169). He concludes by saying that

This model works towards helping create a new type of Chinese personhood which is reflective and critical in thinking, open-minded and pluralistic, moderate and pragmatic, confrontational and consensual; a personhood which has a strong sense of equality and individual agency in the nexus of relationships (p. 170).

This is indeed a radical challenge and one needed if we are to develop a dialogical model of teaching and learning.



new meanings with new experiences. It has the potential for the changing of change' (Bunkers, 2000, p. 213). Exploring ways of helping Chinese students to engage in a dialogic teaching and learning model, rather than in a passive receiving information model, is indeed a challenge. From the brief examples cited, we can see that such transformation for students is possible and that they are able to take it into their work as counselors. As they engage in dialogic conversations with others and within themselves, a deep appreciation of their own rich philosophical tradition emerges and a new awareness of how they can integrate this with counselling theories they learn from non-Chinese sources emerges. Appreciation of diversity grows and cultural differences are seen as strengths rather than opposing forces.

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Finally, a further challenge is that generally the Chinese organizational culture does not support a dialogical model; the organization promotes a culture of compliance, with both students and lecturers required to meet prescriptive methods of teaching. McEady (2009) notes that '[f]orcing teachers to follow decisions and prescriptive methods of higher education authorities and policymakers is antithetical to an education born out of praxis of creative reflection, action and transformation' (p. 58). This prescriptive method of teaching is supported by the high demand for examinations and the need for students to memorise large chunks of information in order to meet the exam requirements. Reflective thinking that leads to new awareness and transformation cannot be measured by examinations in a course such as counseling. Dialogue includes narration, speculation, analysis, imagination, discussion, argument, questioning. Students and lecturers listen respectfully, think about what they have heard, give other people time to think and show great respect for alternative viewpoints. Dialogue is a co-creation of meaning and understanding and hence is transformative learning. Such a model challenges the status quo of existing organizational structures.

Conclusion

'Dialogue is an energizing exchange with others and the universe creating

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Ann Moir-Bussy is currently Assistant Professor in the department of Counselling and Psychology at Hong Kong Shue Yan University. She has extensive experience in counseling and counselor education both in Australia and Hong Kong. Ann's interest in cross cultural issues stems from her experience of working for many years with Indigenous Australians and later with Chinese students in Hong Kong. She is developing a model of dialogic teaching with her students in Hong Kong engaging them in a process of indigenizing and reconceptualising what they have learnt in counseling for their own context. Ann is Vice President of the Australian Counselling Association and is Head of the Academic and research Division of the Asian Professional Counselling Association.

Register of ACA Approved Supervisors

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
NSW					
Martin Hunter-Jones	Avalon Beach	02 9973 4997	MA, A. d. Ed Ba Psych, Philos	\$100	Face to Face, Phone, Group
Jennifer Cieslak	Bathurst	02 6332 4767	Mast. Couns., Grad Dip Couns, Supervisor Trng	\$77	Face to Face, Phone, Group
Patricia Newton	Dee Why/ Mona Vale	02 9982 9988 or 0411 659 982	RN, Rmid, Grad Dip Couns, Cert CISMFA Trainer, Cert Supervision	\$100	Face to Face & Group
Carol Stuart	Bondi Junction	02 9387 7355	Dip. Prof. Counselling, Supervisor Trng, Workplace Trainer	\$88, \$70 (conc.)	Face to Face, Phone
Heide McConkey	Bondi Junction	02 9386 5656	Dip Prof, Couns. Prof. Sup (ACCS)	\$99 ind, \$33 Grp	Face to Face, Phone, Group
Thomas Kempley	Central Coast	0402 265 535	MA Counselling, Supervisor Training	\$55 ind, \$75 Grp	Face to Face, Phone, Group
Lyndall Briggs	Kingsgrove	02 9554 3350	"Dip. Clin. Hypno., Clin Supervisor, Master Practitioner of NLP, Dip. Nutrition," Cert. IV Workplace Training & Assessment	\$66	Face to Face, Phone, Group, Skype(Web)
Samantha Jones	Lindfield	02 9416 6277	Clinical Hypnotherapist, Supervisor Trng	\$90 Ind, \$40 Grp	Face to Face, Group (2hrs)
Lidy Seysener	Mona Vale	02 9997 8518	Cert Couns & Psychotherapy Prof Sup (ACCS), Masters NLP	\$150	Face to Face, Phone, Group
Brigitte Madeiski	Penrith	02 4727 7499	Dip Prof, Couns. Dip Womens Dev, Dip PSC, Superv. Trg (AIPC)	Neg.	Face to Face, Phone, Group
Patriciah Catley	NSWv	02 9606 4390	Dip Couns., Dip. CI. Hypno, Supervisor, Mentor, EN NLP	\$90	Face to Face
Elizabeth Lodge	Silverdale	02 4774 2958	Dip. Coun, Dip. Psych, Dip. Hyp	\$70	Face to Face, Phone, Group
Grahame Smith	Singleton	0428 218 808	Dip Prof Counsel (Workplace) (Realationships), Dip Career Guidance, Supervisor Training (AIPC), Cert IV Training & Assessment	\$66	Face to Face, Phone, Group, Web
Donald Marmara	Sydney	02 9413 9794	Somatic Psych. Cert. Dev. Psych	\$120	Face to Face, Phone, Group
Dr Randolph Bowers	West Armidale	02 6771 2152	PhD., Med Couns. CPNLP,GCHE, BA,CPC, CMACA, RSACA	\$80	Face to Face, Phone, Group
Jacqueline Segal	Bondi Junction & Castle Hill	02 4566 4614	MA Applied Science, Supervisor Trg (AIPC)	\$120	Face to Face, Phone, Group
Karen Daniel	Turramurra	02 9449 7121	Expressive Therapies & Sandplay Therapy, Supervisor. Traing., (ACCS)	\$90 1hr/ \$150 2hrs	Face to Face
Rod McClure	Bondi Junction	02 9387 7752	Supervisor Training (ACCS), Psychotherapist	\$110	Face to Face, Phone, Group
Brian Edwards	Forresters Beach	0412 912 288	B. Couns UNE, Dip Counselling	\$65	Face to Face, Phone, Group
Brian Lamb	Hamilton	02 4940 2000	B Couns, Supervisor Training	\$88	Face to Face, Phone, Group
Lorraine Dailey	Maroota	02 9568 0265	Masters Applied Science Supervisor Clinical	\$90	Face to Face, Phone, Group
Heidi Heron	Sydney	02 9364 5418	CMACA, BA Psych (Hons), PsyD Psych, NLP Trainer, Clinical Hypnotherapist, AIPC Supervisor	\$120 ind/ \$75 grp/2 hrs	Face to Face, Phone, Group, Web
Michael Cohn	NSW	02 9130 5611 or 0413 947 582	B.Com, LL.B, Grad Dip Couns (ACAP), Master Couns (UWS)	\$100	Face to Face, Phone, Group
Deborah Rollings	Sutherland	0404 884 895	BA (Social Work)	\$90	Face to Face, Phone, Group
Susan Rosevear	Invergowrie	02 6772 9973 or 0428 752 347	347 Diploma of Counselling; Supervision training,	\$50	Phone, Group, Face to Face
Gwenyth Lavis	ALBURY	0428 440 677 or 02 6026 6141	Professional Supervisor training(July, 2007); Graduate Diploma of Counselling (May, 2005), Advanced Dip of Counselling and Family Therapy	\$85	Phone, Group, Face to Face

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
QLD					
Christine Perry	Albany Hills & Beerwah	0412 604 701	Dip. T., B. Ed. MA Couns, Cert IV Ass & Work Trng	\$66	Face to Face
Carol Farnell	North Maclean	0410 410 456	B Psych (H), B Bch Sc	\$100	Face to Face, Phone, Group
Myra Cummings	Durack/Inala	0412 537 647	Dip Prof. Couns. Prof. Supervisor Training (AIPC)	\$66	Face to Face, Phone
Cameron Covey	Eumundi	07 5442 7107 or 0418 749 849	Grad Dip. (Couns.), BA (Beh.Sci), Prof. Sup (AIPC)	\$88 Org \$66 Ind	Face to Face, Phone, Group
Judy Boyland	Springwood	0413 358 234	Dip Prof Couns., Supervisor Trg (ACCS) Cert. Reality Therapist, M Ed	\$75	Face to Face, Phone
Philip Armstrong	Grange	07 3356 4937	B. Couns., Dip Psych, SOA Supervison (Rel Aust)	\$88 Ind \$25 Grp	Face to Face, Phone, Group
Gwenda Logan	Kallangur	0438 448 949	MA Couns., B. Soc Sc., IV Cert Workpl Ass & Trng, JP (C/Dec)	\$100	Face to Face, Phone, Group
Beverley Howarth	Mitchelton	07 3876 2100	Dip Prof. Healing Science, CIL Practitioner	\$120	Face to Face, Phone, Group
Kaye Laemmler	Bundall	07 5570 2020	Dip Prof. Couns., Bac.Soc.Sci. Counselling, Relationships & Communication, SOA Supervision (Re.Aust)	\$85	Face to Face, Phone, Group
Dr. David Kliese	Sunshine Coast	07 5476 8122	Dip. Prof. Couns. Prof. Sup (AIPC), Dip Clin Hyp.	\$75	Face to Face, Phone
Yildiz Sethi	Hamilton	07 3268 6016	B.Ed. Grad Dip Couns, Dip Hypnotherapy, B Ed, Grad Dip Couns, Dip Hypnotherapy, NLP Pract, Family Constellations, Brief Therapist, Prof. Sup, Educator ACAP	\$80 Ind \$40 Grp	Face to Face, Phone, Group
Dawn Spinks	Birkdale/Capalaba	0417 633 977	BA Hons (Psych & Education), MPH, MACA (Clinical)	\$110	Face to Face, Phone
Dr. Jason Dixon	Grange	0416 628 000	PhD, M.Soc.Sc (COUNS), Counsellor Education and Supervision/Community Mental Health Counselling	\$121	Face to Face, Phone, Dist (via video conferencing)
Dorothy Rutnarajah	Point Vernon	07 4128 4358	Master of Counselling	\$110	Face to Face, Group
Catherine Dodemont	Grange	07 3356 4937	B SocSci (ACU), Mcouns, ACA accredited Supervision Workshop, TAA40104, Pre-Marriage Educator (Focuss), CMACA	\$95	Face to Face, Phone, Sml Group, Long Dist, Phone
Roni Harvey	Springwood	07 3299 2284 or 0432 862 105	Master Counselling, Dipl Appl Sci Comm & Human Serv, Cert IV Workpl Ass & Tray, JP skype	\$70	Face to Face, Phone, Group
Alison Lee	Maroochydore/West End/Eumundi	0410 457 208	Masters Gestalt Therapy	100 Indiv \$70 grp	Face to Face, Phone, Group
Lyn Baird	Maroochydore	07 5451 0555 or 0422 223 072	GD Counsell, Dip Psych, SOP Supervision, Ma Soc.Sc (Pastoral Counselling), RN, Dip CCFT, Cert IV TAA	\$77	Face to Face, Group
Sharron Mackison	Caboolture	07 5497 4610	Dip Couns, Dip Clinical Hypnotherapy, NLP Pract, Cert IV WPA&ST	\$80 Ind \$25 Grp	Face to Face, Phone, Group
Frances Taylor	Redland Bay	07 3206 7855 or 0415 959 267	Dip. Prof. Couns., Dip Clin Hypnosis, Dip Multi Addiction	\$70	Face to Face & Phone
Heidi Edwards	Gympie	07 5483 7688 or 0466 267 509	B.Bsc; CMACA; MCCA; Prof.Supv.(AIPC); Fac MHFA	\$99	Face to Face & Phone
Stacey Lloyd	Aspley	0417 644 650 or 07 3420 4127	MA (Couns), BA (Psych), Dip.Bus (Mgmt), Cert IV Trng & Asst	\$100	Face to Face, Phone, Group
Virginia Roesner	Kawungan	07 4128 2202	M.Edu;B.Sci (Psychology); CMACA; Prof Supr (AIPC)	\$88	Face to Face
Valerie Holden	Peregian Springs	0403 292 885	M Couns, B Couns, Prof Supervisor Trg	\$80	Face to Face, Group
Brenda Purse	Shelly Beach	07 5493 2333 or 0402 069 827	M Couns, B. Couns Prof Supervisor Trg	\$90	Face to Face, Group
Linda Hanson	East Ipswich	07 3281 2747 or 0407 640 229	Master of Counselling (Supervision)	\$100	Face to Face, Group, Phone

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
QLD					
Maartje (Boyo) Barter	Coorparoo/Wynnum	0421 575 446	MA Mental Health, Post Grad Soc Wk, BA Soc Wk, Counsellor & Gestalt Therapist	\$80 to \$95	Face to Face, Group, Phone
VIC					
Deborah Cameron	Albert Park	03 9893 9422 or 0438 831 690	M.Couns (Monash), SOA Supervisor Training, M Spec Ed (Spnds) (Deakin) B.A./ (S.Sc) (Deakin)	\$99	Face to Face, Phone, Group
Claire Sargent	Canterbury	0409 438 514	BA Hons Psychologist	\$110	Face to Face, Phone, Group
Veronika Basa	Chelsea	03 9772 1940 or 0417 447 374	MA Prelim (Ling) BA, Dip Ed, Dip. Prof Counselling, Cert IV in C.Supervision, Cert IV in TAA, MACA, MSCAPE	\$90 Ind \$35 Group	Face to Face, Phone, Group
Miguel Barreiro	Croydon	03 9723 1441	BBSoc (Hon) Psychologist	\$90	Face to Face, Phone, Group
Geoffrey Groube	Heathmont	03 99729 3652 or 0425 786 953	Dip. Prof. Couns., Prof. Supervisor Trg (AIPC)	\$75	Face to Face, Phone, Group
Elena Zolkover	Hampton	03 9502 0608	ACA Supervisor, Loss & Grief Counsellor, Adv Dip Couns Swinsburn, BSW Monash	\$80 Ind \$20 Grp	Face to Face, Phone, Group
Molly Carlile	Inverloch	0419 579 960	RN, B.Ed. Stud., Dip Prof Couns, Supervisor AICD Dip	\$100	Phone
Berard Koe	Keysborough	0403 214 465	Teach Cert, BA Psych, MA Past Couns.	\$70	Face to Face
Hans Schmid	Knoxfield	03 9763 8561	Dip. Prof. Couns. Prof. Superv. Trg. (HAD)	\$70	Face to Face, Phone
Sandra Bowden	Rowville	0428 291 874	Dip. Prof. Couns., Prof. Supervisor Trg (ACCS)	\$60	Face to Face & Phone
Judith Ayre	St Kilda East	03 9526 6958	Dr Coun & Psych, Dip Clin Hyp., Gr.Dip Coun., Gr.Dip Conf. Res., B.A.	\$70	Face to Face
Barbara Matheson	Narraweena	03 9703 2920 or 0400 032 920	Dip. Appl Sc (Couns.) AAI, Prof. Sup (ACCS)	\$70 Grp \$20 Discent for FVC membs	Face to Face, Phone, Group
Rosemary Caracedo-Santos	Ocean Grove	03 5255 2127	Dip Prof Couns, Cert IV Health Clinical Hypnosis	\$66 Ind \$35 Grp	Face to Face & Phone
Joanne Ablett	Phillip Island	03 5956 8306	M Counselling, Back Ed, Dip & Adv. Dip. In Expressive Therapies, Prof Spvsr	\$80	Face to Face, Phone, Group
Zoe Krupka	Seddon	0408 880 852	Cert Prof Supervision	\$100	Face to Face, Phone, Group
John Hunter	Kew East	03 9721 3626	Bach Counselling, Supervisor Trg	\$100	Face to Face, Phone
Graeme Riley	Gladstone Park	0423 194 985	Master of Ministry; Graduate Diploma Pastoral Counselling; Diploma of Ministry; Clinical Pastoral Education (1891,1988,1987)	\$75 Ind \$100 Grp	Face to Face, Group
Roslyn Wilson	Knoxfield	03 9763 0033 or 0422 120 114	Supervisor Training; Dip. Prof. Couns, Dip of Holistic Counselling, Dip of Expressive Therapies	\$70	Phone, Group, Face to Face
Jenni Harris	South Yarra	03 9490 7599 or 0406 943 526	MA(MIECAT)Supervision; Adv. Supersion traning Nada Miocevic; Grad Dip in Experimental & Creative Arts Therapy	\$80 indi \$90 Grp	Phone, Group, Face to Face
Cheryl Taylor	Port Melbourne	03 8610 0400 or 0421 281 050	Certificate IV in Counselling Supervision-RTA & BECS; Dip of Teaching, Cert in Counselling an Psychotherapy, Accredited Telephone Counselling, Grad Dip in Christian Counselling, Neuro-Linguistic Programming	\$88	Group, Face to Face
Michael Woolsey	Seaford	03 9786 8006 or 0419 545 260	Registered ACA Supervisor, Bach Social Welfare, Dip Prof Couns, Cert IV Assessment & Training	\$70	Phone, Face to Face
Suzanne Vidler	Braybrook	0411 576 573	Clinical Supervision training (LA Trobe Uni), Grad Dip, Psy, MA Cous., BA B.Sc;	\$100	Phone, Face to Face, Group
Dr. Patricia Sherwood	Brunswick	08 9726 1505 or 0417 977 085	B. Soc. Wor. Adv. Dip in Buddhist Psy & Coun, Adv Dip in Holistic Coun, Grad Dip in Arts, Dr. of Philosophy, M. of Arts preliminary	\$50 - \$90	Face to Face, Phone, Group

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
SA					
Carol Moore	Old Reynella	08 8232 7511	Dip. Prof. Couns. B. Bus HRD, Prof Supervisor	\$99 Ind \$35 Grp	Face to Face, Phone, Group
Moirra Joyce	West Croydon	0432 764 151 or 08 7225 4319	B. App Sc (Soc Wrk), Cert Mediation, Cert Fam Ther, Cert Couple Ter, Supervisor Trng	\$100	Face to Face, Phone, Group
Anne Hamilton	Gladstone	08 8662 2386 or 0416 060 835	RN, RPN, MHN, Grad Dip H Counselling, Supervisor (ACA), Master NLP, Coaching and Timeline Therapy	\$90	Face to Face, Phone, Group
Dr. Nadine Pelling	Adelaide	0402 598 580	M.A. Ph.D Psychologist & Counsellor	\$100	Face to Face, Phone, Group
Maurice Benfredj	Glenelg South	08 8110 1222	Grad Dip Hlth Couns, Dip Couns and Comm, Adv. Dip. Appl. Soc Sc, Bed, MA	\$90	Face to Face, Phone, Group
Carol Moore	Old Reynella	08 8232 7511	GradDipSocSc(Couns); B Bus {HRD; Dip. Prof.Couns.Prof Super Trg.	\$99/hr Ind \$35/2hr Grp	Face to Face, Phone, Group
Dr. Chris White	Gilberton	08 8344 3837 or 0414 884 637	M.B.; B.S.; F.R.A.N.Z.C.P. (Ret); DSc. (Psych); C.M.A.C.A.; M.A.I.P.C.; A.M.I.T.A.A.; M.R.E.A.A.	\$100	Phone, Group, Small Group, Face to Face, Long distance
WA					
Christine Ockenfels	Lemming	0438 312 173	MA. Couns., Grad Dip Couns. Dip.C. Couns. Sup Trng (Wasley)	\$66	Face to Face, Phone
Dr. Kevin Franklin	Mt Lawley	08 9328 6684	PhD (Clin Psych), Trainer, Educator, Practitioner	\$100	Face to Face
Carolyn Midwood	Sorrento/ Victoria Park	08 9448 3210	MA. Couns. NLP, Sup Trg, Dip Prof Couns. Cert IV Sm Bus Mgt	\$110	Face to Face, Phone, Group
Eva Lenz	Fremantle	08 9418 1439	Adv. Dip. Edu. Couns. M.A., Religion, Dip Teach	\$80/\$60 Con HltCareCrd	Face to Face, Phone, Group
Lillian Wolfinger	Yokine	08 9345 0387	Professional Supervision	\$60	Face to Face, Phone
Deidre Nye	Canning Vale	08 6253 8190 or 0409 901 351	Supervisor Training; Trainer in NLP; TLT®; Hypnosis NLP Supervision, Dip Prof Couns	\$80	Face to Face, Phone, Group
John Dallimore	Fremantle	0437 087 119	COA Of Supervision (CCC) B. Couns B. Appl. Psych	\$90	Face to Face, Phone, Group
TAS					
David Hayden	Howrah	0417 581 699	Dip Prof Counselling, Supervisor Trg (AIPC)	\$80	Face to Face, Phone, Group
Michael Beaumont-Connop	Newstead	0429 905 386	Master of Social Work, Gra.Dip. Social. Sci. Bachelor of Arts MNZAC	\$100	Face to Face, Phone
NT					
Margaret Lambert	Brinkin	08 8945 9588 or 0414 459 585	Dip.T, B.Ed, Grad.Dip.Arts, Grad.Dip. Psych., B. Beh.Sc.(Hons).	\$80 Ind \$130 Grp	Face to Face, Phone, Group
Rian Rombouts	Millner	08 8981 8030 or 0439 768 648	Dip Mental Health, Dip Clin Hypno, Supervisor Trg	\$88	Face to Face, Phone
ACT					
Brenda Searle	Canberra/Region	02 6241 2765 or 0406 376 302	Grad Dip of Community Couns., Adv Cert of Clinical Hypnotherapy, Dip of Prof.Couns, Supervisor Trg (AIPC)	from \$50 to \$80 (nego)	Face to Face, Phone, Group
Ingrid Wallace	Chisholm	02 6247 0655 or 0417 447 374	MA (Counselling), Grad Dip of Community Counselling, Adv. Practitioners' Cert in Clinical Hypnotherapy	\$100	Face to Face, Phone, Group
HONG KONG					
Ann Moir-Bussy	Hong Kong	852 2806 4144		\$500HK	Face to Face, Group
SINGAPORE					
Laurence Ho Swee Min	Singapore	65 9823 0976	Masters of Arts (Applied Psychology), Grad Diploma in Solution Focused Brief Therapy,	\$70-\$90	Face to Face, Group



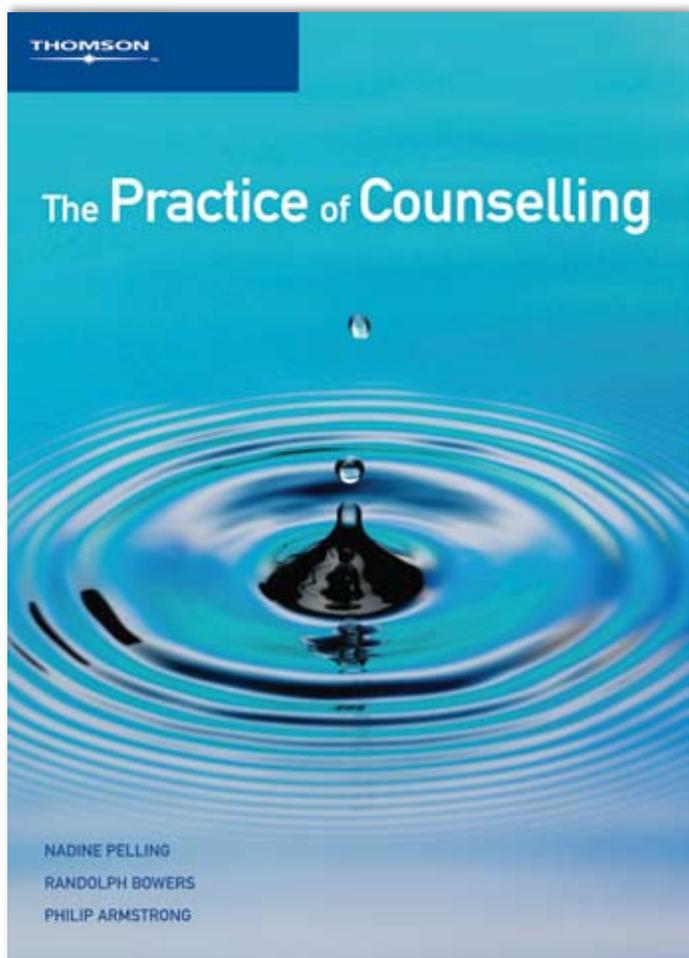
ACA Charter of Confidentiality

Counselling is an unregulated industry, therefore the public can only be guaranteed appropriate practice by counsellors who abide by a Code of Conduct. All ACA registered counsellors must practice by the ACA Code of Conduct. Part of the Code of Conduct is client confidentiality. This Charter explains confidentiality and the client's rights. Your counsellor should be displaying his or her current membership certificate as a member of the Australian Counselling Association (ACA), which is the peak professional association of counsellors in Australia. Clients should be asked to sign a consent form prior to counselling. As a client of a counsellor, you have a right to expect that:

- You will be treated with respect.
- You will receive a clear explanation of the service you will receive.
- Your consent for any service will be sought by the counsellor prior to the service commencing and as it progresses.
- You will receive an explanation about the nature and limits of confidentiality surrounding the service.
- You will receive competent and professional service.
- You will receive a clear statement about fees.
- You will be clear about the outcome that you and the counsellor are working toward.
- You will receive an estimate of the number of sessions required to achieve the outcome.
- You will receive a service free from sexual harassment.
- You will be shown respect for your cultural background and language tradition:

If you have any concerns about the conduct of your counsellor you should contact ACA on 1300 784 333.

NEW AUSTRALIAN TEXTS

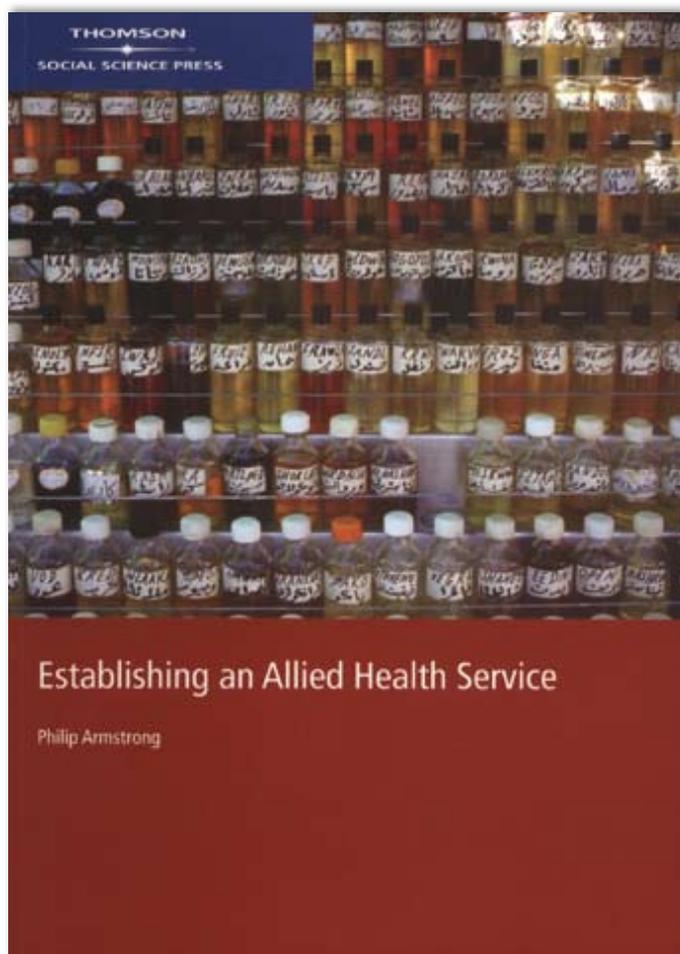


Pelling, Bowers and Armstrong *The Practice of Counselling*

The Practice of Counselling is an outstanding Australian text that addresses a wide spectrum of contemporary issues faced by practising counsellors. It is designed to cover a comprehensive range of issues for the practising counsellor and for students of counselling, including integrative approaches to the field, social and political issues, cross-cultural counselling, cultural diversity, Indigenous issues; and counselling in various contexts including grief and loss, crisis work, and issues in supervision.

It is imperative professional counsellors and psychotherapists understand the social and cultural influences that impact clients. This understanding is equally essential for the teaching and learning process. This text explores best practices in the areas of counselling interventions to address some of the most challenging issues facing practitioners today. Offering solid, innovative, state-of-the-art guidance and models, this text helps students to learn and engage in critical thinking much more readily as the literature reflects their own environment and experiences.

An essential text that helps the counsellor understand the client's world-view while assisting the student to explore the transition from theory into practice.



Armstrong *Establishing an Allied Health Service*

Establishing an Allied Health Service is designed for anyone planning to set up a professional services business. Whether the business is counselling, massage or physiotherapy, this practical book takes small-business owners through all the primary issues related to running a successful business.

Features include:

- How to put together a business plan
- How to market your business
- How to work through administration issues

Establishing an Allied Health Service is based on the author's thirteen years of experience as a small-business owner and feedback he has received from his nationally acclaimed workshop 'How to Build a Successful Practice'.