

## **The Collective Conscious**

### **Response to the White Paper**

#### **Background**

We, *the treating clinicians in the psychological and mental health field, who have been left out of discussions* – regarding mental health and the Australian population’s wellbeing – are coming together to put forward our perspective on the future of mental health in our great country to treatment, wellbeing and the future of humanity.

**Our VOICE and NARRATIVE has been removed by the APS** and the Clinical Psychologists within the APS. We do ‘the good work’ for the whole of the Australian community. It is our belief that there is now an ‘ethnocentrism’ of Clinical Psychology in Australia, that has resulted in the Australian public being hoodwinked into believing that psychology is the best method in treatment for counselling and mental health treatment in Australia. Professional, clinical counsellors, generalist psychologists and clinical psychotherapists have been therefore removed from this narrative and out of the national debate of mental health.

For the mental health field we argue that it is compassion that we need to show to each other – in treating our clients and each other – not just merely ‘treatment’.

**We NEED TO THINK BIG PICTURE** for everyone’s sake.

It is our firm belief that the current system needs **RADICAL** change, if we are to embrace change, technological change, the future and the future directions of our nation. Instead, radical change needs to include compassion, empathy and connection – which are the cornerstones of human attachment, bonding and love. We would like to extend this theory into the way that the clinicians in the field work – in not that dissimilar way to the way in which New Zealand has taken on a wellbeing budget. If we are to do this, we cannot remove the voices further afield, like those who work in wellbeing and prevention – the counsellors, psychotherapists and coaches in the broader mental health field.

The current mental health debates often miss out on the whole mental health clinician debate. Our group, the Collective Conscious, is concerned about the future of treatment, due to only a small proportion of professionals, the Clinical Psychologists.

We are suggesting that we as a nation need to ‘wake up’ to ourselves.

The issue over the years in Australia has been that Clinical Psychologists have taken over the narrative of the broader mental health field. This is extremely problematic for properly and degree-trained counsellors, psychotherapists, social workers, psychiatrists and other mental health specialists.

Clinical Psychologists do not own the mental health field. Clinical Psychologists have

become increasingly divisive, money-focused and not focused enough on the wellbeing of their clientele. Instead, the focus on evidence-based practice has meant the client-focus – that is required – is not being the number one concern.

Regularly, the rest of the mental health field picks up the pieces from poor treatment from Clinical Psychologists. Anecdotal stories from many in the field suggest that a large proportion of clients will initially seek treatment with a Clinical Psychologist, only to find themselves not obtaining the treatment they need – and these clients end up in other mental health clinicians' offices.

If we are to be even-handed in our approach towards Mental Health Care, it's essential to consider all mental health clinicians, not just Clinical Psychologists in the broader mental health narrative.

First though, it's important to set the scene – in the form of some history of psychology and how we found ourselves in this place right now.

Below you will find a brief history of psychology, and our group proposal of what is required to engender care of clientele of the mental health field, now and into the future.

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## Historical Overview and Context of Psychology

### 1. *Tabula Rasa*

"Tabula rasa is a Latin phrase often translated as *clean slate* in English and originates from the Roman tabula used for notes, which was blanked by heating the wax and then smoothing it"(https://en.wikipedia.org/wiki/Tabula\_rasa).

#### 1.1 Psychology and neurobiology - nature versus nurture

"Psychologists and neurobiologists have shown evidence that initially, the entire cerebral cortex is programmed and organized to process sensory input, control motor actions, regulate emotion, and respond reflexively (under predetermined conditions).[8] These programmed mechanisms in the brain subsequently act to learn and refine the ability of the organism.[9][10] For example, psychologist Steven Pinker showed that—in contrast to written language—the brain is "programmed" to pick up spoken language spontaneously.[11]

There have been claims by a minority in psychology and neurobiology, however, that the brain is tabula rasa only for certain behaviours. For instance, with respect to one's ability to acquire both general and special types of knowledge or skills, Michael Howe argued against the existence of innate talent.[12] There also have been neurological investigations into specific learning and memory functions, such as Karl Lashley's study on mass action and serial interaction mechanisms.

Important evidence against the tabula rasa model of the mind comes from behavioural genetics, especially twin and adoption studies (see below). These indicate strong genetic influences on personal characteristics such as IQ, alcoholism, gender identity, and other traits.[11] Critically, multivariate studies show that the distinct faculties of the mind, such as memory and reason, fractionate along genetic boundaries. Cultural universals such as emotion and the relative resilience of psychological adaptation to accidental biological changes (for instance the David Reimer case of gender reassignment following an accident) also support basic biological mechanisms in the mind.[13]"

([https://en.wikipedia.org/wiki/Tabula\\_rasa](https://en.wikipedia.org/wiki/Tabula_rasa))

##### 1.1.1 Social pre-wiring

"Twin studies have resulted in important evidence against the tabula rasa model of the mind, specifically, of social behaviour.

The social pre-wiring hypothesis refers to the ontogeny of social interaction. Also informally referred to as, "wired to be social." The theory questions whether there is a propensity to socially oriented action already present before birth. Research in the theory concludes that newborns are born into the world with a unique genetic wiring to be social[14].

Circumstantial evidence supporting the social pre-wiring hypothesis can be revealed when examining newborns' behaviour. Newborns, not even hours after birth, have been found to display a preparedness for social interaction. This preparedness is expressed in ways such as

their imitation of facial gestures. This observed behaviour cannot be attributed to any current form of socialization or social construction. Rather, newborns most likely inherit to some extent social behaviour and identity through genetics[14].

Principal evidence of this theory is uncovered by examining twin pregnancies. The main argument is, if there are social behaviours that are inherited and developed before birth, then one should expect twin fetuses to engage in some form of social interaction before they are born. Thus, ten fetuses were analyzed over a period of time using ultrasound techniques. Using kinematic analysis, the results of the experiment were that the twin fetuses would interact with each other for longer periods and more often as the pregnancies went on. Researchers were able to conclude that the performance of movements between the co-twins were not accidental but specifically aimed[14].

The social pre-wiring hypothesis was proved correct, *"The central advance of this study is the demonstration that 'social actions' are already performed in the second trimester of gestation. Starting from the 14th week of gestation twin fetuses plan and execute movements specifically aimed at the co-twin. These findings force us to predate the emergence of social behaviour: when the context enables it, as in the case of twin fetuses, other-directed actions are not only possible but predominant over self-directed actions."*[14]

([https://en.wikipedia.org/wiki/Tabula\\_rasa](https://en.wikipedia.org/wiki/Tabula_rasa))

## 1.2 Computer science

"In computer science, tabula rasa refers to the development of autonomous agents with a mechanism to reason and plan toward their goal, but no "built-in" knowledge-base of their environment. Thus they truly are a blank slate.

In reality autonomous agents possess an initial data-set or knowledge-base, but this cannot be immutable or it would hamper autonomy and heuristic ability.[citation needed] Even if the data-set is empty, it usually may be argued that there is a built-in bias in the reasoning and planning mechanisms.[citation needed] Either intentionally or unintentionally placed there by the human designer, it thus negates the true spirit of tabula rasa.[15]

A synthetic (programming) language parser (LR(1), LALR(1) or SLR(1), for example) could be considered a special case of a tabula rasa, as it is designed to accept any of a possibly infinite set of source language programs, within a single programming language, and to output either a good parse of the program, or a good machine language translation of the program, either of which represents a success, or, alternately, a failure, and nothing else. The "initial data-set" is a set of tables which are generally produced mechanically by a parser table generator, usually from a BNF representation of the source language, and represents a "table representation" of that single programming language"

([https://en.wikipedia.org/wiki/Tabula\\_rasa](https://en.wikipedia.org/wiki/Tabula_rasa))

## 2. Innatism

*"Innatism* is a philosophical and epistemological doctrine that holds that the mind is born with ideas/knowledge, and that therefore the mind is not a "blank slate" at birth, as early

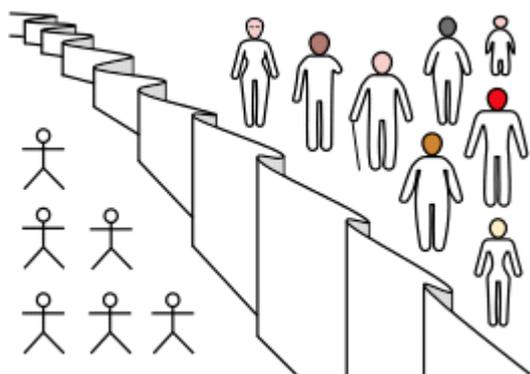
empiricists such as John Locke claimed. It asserts that not all knowledge is gained from experience and the senses. Plato and Descartes are prominent philosophers in the development of innatism and the notion that the mind is already born with ideas, knowledge and beliefs.[1] Both philosophers emphasize that experiences are the key to unlocking this knowledge but not the source of the knowledge itself. Essentially, no knowledge is derived exclusively from one's experiences as empiricists like John Locke suggested.[2]"

<https://en.wikipedia.org/wiki/Innatism>

### 3. *Pu*

"Pu is a Chinese word meaning "unworked wood; inherent quality; simple" that was an early Daoist metaphor for the natural state of humanity, and relates with the Daoist keyword ziran (literally "self so") "natural; spontaneous". The scholar Ge Hong (283-343 CE) immortalized pu in his pen name Baopuzi "Master who Embraces Simplicity" and eponymous book Baopuzi" ([https://en.wikipedia.org/wiki/Pu\\_\(Taoism\)](https://en.wikipedia.org/wiki/Pu_(Taoism)))

### 4. *Veil of ignorance*



"Symbolic depiction of Rawls's veil of ignorance. The citizens making the choices about their society make them from an "original position" of equality and ignorance (left), without knowing what gender, race, abilities, tastes, wealth, or position in society they will have (right). Rawls claims this ensures they will choose a just society"

[https://en.wikipedia.org/wiki/Pu\\_\(Taoism\)](https://en.wikipedia.org/wiki/Pu_(Taoism))

### 5. *Psychological nativism*

"In the field of psychology, nativism is the view that certain skills or abilities are "native" or hard-wired into the brain at birth. This is in contrast to empiricism, the "blank slate" or tabula rasa view, which states that the brain has inborn capabilities for learning from the environment but does not contain content such as innate beliefs. This factor contributes to the ongoing nature versus nurture dispute, one borne from the current difficulty of reverse engineering the subconscious operations of the brain, especially the human brain.

Some nativists believe that specific beliefs or preferences are "hard wired". For example, one might argue that some moral intuitions are innate or that color preferences are innate. A less established argument is that nature supplies the human mind with specialized learning devices. This latter view differs from empiricism only to the extent that the algorithms that

translate experience into information may be more complex and specialized in nativist theories than in empiricist theories. However, empiricists largely remain open to the nature of learning algorithms and are by no means restricted to the historical associationist mechanisms of behaviorism" [https://en.wikipedia.org/wiki/Psychological\\_nativism](https://en.wikipedia.org/wiki/Psychological_nativism)

## 6. Major paradigm shifts within psychology

I am going to start where it all began....

### 6.1 Psychoanalytic Theory: two of the most prolific theorists of this paradigm

6.1.1 Sigmund Freud was the "grandfather" of psychology. Take what you will from his theory, but there is no disputing that parts of his theories have withstood the test of time.

6.1.1.2 The conscious, subconscious, unconscious.

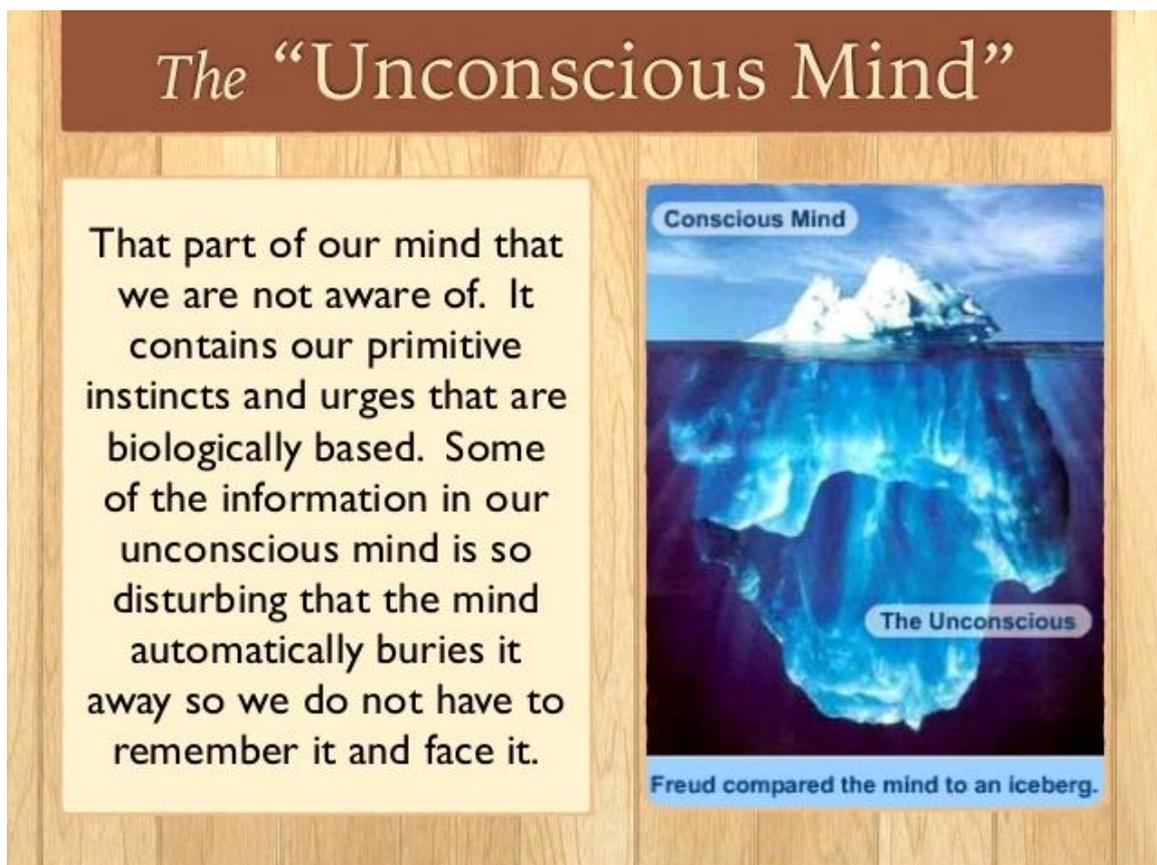


Figure 2 . The Unconscious Mind

<https://www.bing.com/images/search?view=detailV2&ccid=oDxZAYV6&id=D4638B5AB2673197A20387F4731190A207401BE2&thid=OIP.oDxZAYV6DtozGzbyjhJf0wHaFj&mediaurl=http%3a%2f%2fimage.slidesharecdn.com%2fsigmundfreud-150412070746-conversion-gate01%2f95%2fsigmund-freud-motivation-3-638.jpg%3fcb%3d1428840534&exph=479&expw=638&q=Sigmund+Freud+Theory+Unconscious+Mind&simid=607994439718405914&selectedIndex=5&ajaxhist=0>

Freud believed that it was the first seven years of a person's life that shaped their personality as an adult. He discussed anxiety and how he believed that it originated from traumatic experiences in our younger years. He believed that these experiences lie in the murky depths of the unconscious and could lead to issues in our conscious mind as adults.

6.1.2 Carl Jung was a student of Freud's who didn't agree with components of Freud's theory.

#### 6.1.2.1 The collective unconscious.

The "collective unconscious" (German: kollektives Unbewusstes), is a term coined by Carl Jung, refers to structures of the unconscious mind which are shared among beings of the same species. According to Jung, the human collective unconscious is populated by instincts and by archetypes: universal symbols such as The Great Mother, the Wise Old Man, the Shadow, the Tower, Water, the Tree of Life, and many more.[1]

Jung considered the collective unconscious to underpin and surround the unconscious mind, distinguishing it from the personal unconscious of Freudian psychoanalysis. He argued that the collective unconscious had profound influence on the lives of individuals, who lived out its symbols and clothed them in meaning through their experiences. The psychotherapeutic practice of analytical psychology revolves around examining the patient's relationship to the collective unconscious.

Psychiatrist and Jungian analyst Lionel Corbett argues that the contemporary terms "autonomous psyche" or "objective psyche" are more commonly used today in the practice of depth psychology rather than the traditional term of the "collective unconscious." [2]

Critics of the collective unconscious concept have called it unscientific and fatalistic, or otherwise very difficult to test scientifically (due to the mythical aspect of the collective unconscious).[3] Proponents suggest that it is borne out by findings of psychology, neuroscience, and anthropology" [https://en.wikipedia.org/wiki/Collective\\_unconscious](https://en.wikipedia.org/wiki/Collective_unconscious)



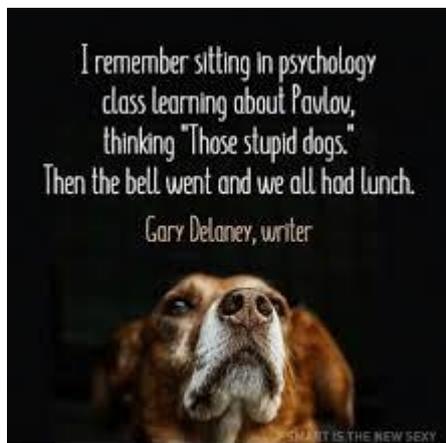
## 6.2 The Behavioural Perspective

6.2.1 "Behaviorism is an approach to psychology that emerged in the early 20th century as a reaction to the psychoanalytic theory of the time. Psychoanalytic theory often had difficulty making predictions that could be tested using rigorous experimental methods. The behaviorist school of thought maintains that behaviors can be described scientifically without recourse either to internal physiological events or to hypothetical constructs such as thoughts and beliefs. Rather than focusing on underlying conflicts, behaviorism focuses on observable, overt behaviors that are learned from the environment.

Its application to the treatment of mental problems is known as behavior modification.

Learning is seen as behavior change molded by experience; it is accomplished largely through either classical or operant conditioning (described below).

The primary developments in behaviorism came from the work of Ivan Pavlov, John B. Watson, Edward Lee Thorndike, and B. F. Skinner" <https://courses.lumenlearning.com/wsu-sandbox/chapter/psychological-perspectives/>



### 6.3 The Cognitive Perspective

The cognitive approach examines internal processes (i.e., problem solving, memory, language). Cognitive theory focuses on the scientific method, rejecting introspection and psychoanalytic themes. Paradoxically, it does accept the existence of internal mental states.

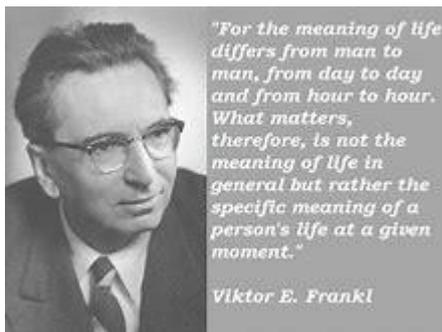
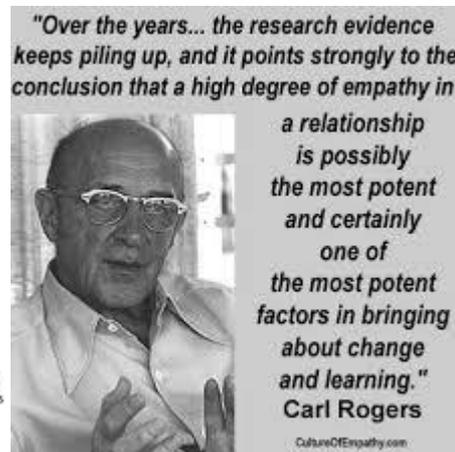
#### Piaget's Theory

| Stage                | Age Range  | Description                                                                                                                                                                               |
|----------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sensorimotor         | 0-2 years  | Coordination of senses with motor response, sensory curiosity about the world. Language used for demands and cataloguing. Object permanence developed                                     |
| Preoperational       | 2-7 years  | Symbolic thinking, use of proper syntax and grammar to express full concepts. Imagination and intuition are strong, but complex abstract thought still difficult. Conservation developed. |
| Concrete Operational | 7-11 years | Concepts attached to concrete situations. Time, space, and quantity are understood and can be applied, but not as independent concepts                                                    |
| Formal Operations    | 11+        | Theoretical, hypothetical, and counterfactual thinking. Abstract logic and reasoning. Strategy and planning become possible. Concepts learned in one context can be applied to another.   |

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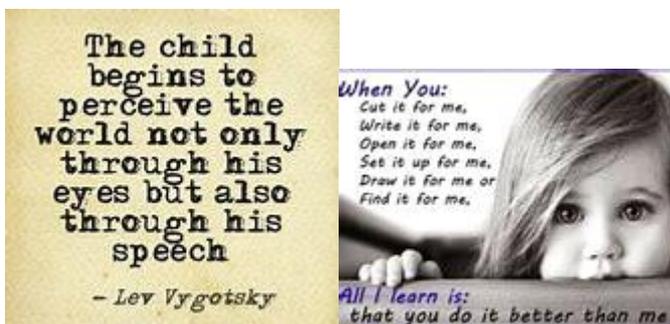
## 6.4 The Humanistic Paradigm

6.4.1 The Humanistic approach broke away from these more measurable constructs and drew on Eastern philosophies such as existentialism. This set of theories is seen as a more holistic approach in that it recognises free will and an innate drive for self-actualisation. Criticised due to its subjectivity and lack of evidence base.



## 6.5 The Sociocultural Perspective

6.5.1 With concepts similar to that of the collective unconscious, this perspective focuses on how our behaviour is effected by our surroundings, social and cultural factors. This paradigm is often used to focus on the mental health of immigrants. This includes such issues as racial, gender, sexual orientation amongst other marginalised minority areas.

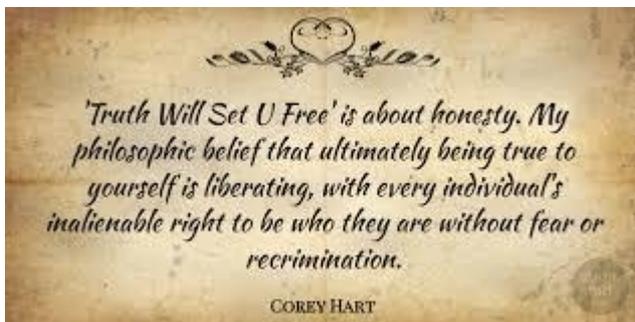


### The purpose of play

- Developmental psychologist Lev Vygotsky thought that, in the preschool years, play is the leading source of development.
- Through play children learn and practice many basic social skills.
- They develop a sense of self, learn to interact with other children, how to make friends, how to lie and how to role-play.

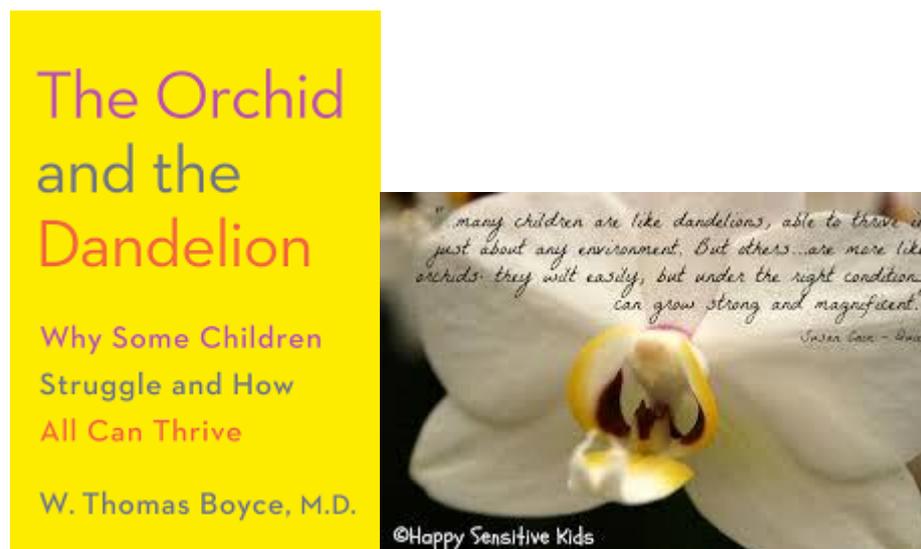
## 6.6 Social Psychology perspective

6.6.1 Social psychology is the essential component to this perspective is that it studies individuals within their social context and how this impacts on their behaviour.



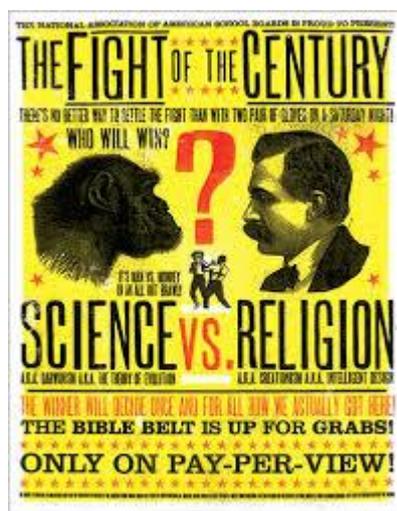
## 6.7 The Biological Perspective

6.7.1 Working biologically - As the name suggests, this looks at the biological, physiological and genetic factors and how this can explain human behaviour.



## 6.8 Evolutionary Theory perspective

6.8.1 Evolutionary theory suggests that evolution is the basis of all wars throughout civilisation.



## 6.9 Positive Psychology perspective

6.9.1 Positive psychology – Martin Seligman the "father of positive psychology". His theory of learned helplessness shifted to his theory of learned optimism. This was based on an interaction with his daughter. He tells the story of how his daughter, told him "if I can stop whining you can stop being a grouch".

## 6.10 Attachment theory



In multiple theories, the family system has been proposed as correlates of children's way of thinking about their current and future relationships. For example, this has been proposed within attachment theory (Bowlby, 1969, 1973, 1980), motivational theories that describe people's need to belong (Baumeister & Leary, 1995), the need to relate to others (Skinner & Wellborn, 1994) and the fear of abandonment (Wolchik et al., 2002).

There are two theories that have been very influential among researchers interested in the family as associated with children's development of their conceptions and expectations of interpersonal relationships. First, attachment theorists have attempted to explain the importance of early relationships with primary caregivers as being focal for the development of conceptions of relationships and relationships with others outside the family (Antonucci, 1991; Hazan & Shaver, 1987; Simpson & Rholes, 1998). A second theory, social cognitive theory, has also been influential because of its emphasis on the processes involved in the development of social cognitions and the content of relationship perceptions and cognitions (Berscheid, 1994; Whitaker, Beach, Etherton, Wakefield, & Anderson, 1999).

### *Attachment Theory*

Attachment theory is based on the premise that, in order for young infants to survive, their basic needs must be met and this is facilitated by forming attachments with caregivers (Hazan & Shaver, 1994).

Attachment theory uses the terms mental representations or internal working models to describe children's development of internal representations of themselves and others that follow from early relationships with caregivers (Collins, 1996). Infants are expected to begin the process of developing mental representations of the self, others and the social world, and come to think about themselves and others as either more or less worthy and lovable (Bowlby, 1973). It is thought that these representations are initially developed through repeated interactions with a caregiver in early infancy and toddlerhood. These processes, in turn, structure how the infant forms expectations for whether her/his needs will be met and she/he will subsequently behave according to these expectations in this relationship and in later relationships (Bowlby, 1969, 1973, 1980).

The quality of children's relationships with caregivers is expected to influence their internal working model of relationships. These models, in turn, are expected to have implications for the formation and maintenance of relationships across the lifespan. Although individuals' mental models of interpersonal relationships have the potential to be influenced or revised by new experiences, attachment theory nevertheless emphasises that these mental representations begin in early childhood and are fairly stable into adolescence and adulthood (Hazan & Shaver, 1994). Thus, attachment theory implies that early experiences with acceptance and rejection by caregivers would form the foundation of internal working models for future relationships.

Even more specifically, attachment theorists propose that, in early infancy, children learn to adjust their behaviour according to how their primary caregiver responds to their distress. If the caregiver is consistently available, responsive and meets the infant's needs then they are expected to develop a secure internal working model whereby they expect that others are safe, will meet their needs and will accept and support them (Bowlby, 1973).

When a caregiver is inconsistent with their availability and responsiveness to the child's needs, the child will develop an insecure internal working model where they learn to doubt that others will meet their needs and begin to anticipate and expect rejection. These early working models have a strong influence on the young child's thoughts, feelings and behaviours and form the basis for representations of self and others in future relationships (Bowlby, 1973).

Relationship expectations and related cognitions have been described as one component of the internal working model within attachment perspectives. However, the broader conceptualisation of an internal working model not only includes these relationship expectations, but also includes how people more generally view themselves, others and their relationships with others.

Attachment theorists commonly suggest that internal working models of relationships come from interactions with important and close others, and these working models can affect children's attributions and behaviours in current and future relationships (Bowlby, 1973). One likely set of mechanisms accounting for these linkages are expectations of acceptance and rejection that people have when interacting with others (Downey, Lebolt, et al., 1998). Downey, Lebolt, et al. have described how the growing concentration on theoretical aspects of internal working models has resulted in a more prominent focus on children's relationship expectations of either rejection or acceptance.

Recent attachment research has focused on the continuity and discontinuity of attachment in close relationships from infancy to early adulthood. One proposed mechanism of this continuity over time and across relationships is the relatively stable expectation of acceptance and avoidance of rejection that evolves from close relationships and relational experiences in infancy, toddlerhood and childhood (Bergevin, 2003). Researchers have assessed attachment patterns over time and demonstrated that attachment representations/internal working models of relationships remain relatively stable with age if there is an absence of significant negative attachment related experiences (Albanese, 1996; Bergevin, 2003; Hamilton, 2000; Lewis et al., 2000; Waters, Merrick et al., 2000; Waters, Weinfield et al., 2000).

Five life events, namely parental divorce, parental loss, life threatening illness to either parent or child, parental mental health problems and physical or sexual abuse by a family member have generally been classified as negative attachment related experiences that can prompt changes in internal working models (Hamilton; Waters, Merrick et al.; Waters, Weinfield et al.). In one 20-year longitudinal study following 50 participants from age 12 months to 21-22 years, it was found that change in attachment classification was more likely to occur after a significant change in the caregiver environment as compared to those who did not experience a significant change in the caregiver environment (Waters, Merrick et al.).

The environmental changes most strongly associated with changes in attachment patterns were the five life events previously discussed. These stressful life events were significantly more likely to be related to secure infants being classified as insecure in adulthood. It was reported that if no significant environmental change occurred, 85% of those classified as secure in infancy were also classified as secure in adulthood. When a significant environmental change did occur, only 33% of those classified as secure in infancy were also classified as secure in adulthood.

There are two other recent longitudinal studies of attachment patterns that have shown that divorce and family problems are associated with relationship expectations. First, in a study of 84 children measured at one year of age, 13 years and 18 years, it was reported that 17% of the sample had experienced parental divorce over the 18-year time period (Lewis et al., 2000). These researchers found that those whose parents had divorced were more likely to be classified as insecure at 18 years regardless of their attachment at one year of age, whereas those from an intact family were more likely to be classified as secure. It was found that divorce, rather than attachment classification at one year of age, predicted adjustment problems in adolescence.

Second, another study assessed 30 participants at 1, 3, 6 and 17 to 19 years of age (Hamilton, 2000). This study found that parental divorce was the most frequently occurring negative life event, with half of the sample reporting a history of parental divorce. Negative life events, namely parental divorce, parental loss, life threatening illness to either parent or child, parental mental health problems and physical or sexual abuse by a family member, were found to be associated with the maintenance of insecure attachment, and a high degree of marital conflict was also associated with an insecure attachment classification.

### *Cognitive Relational Schemas*

In recent years, Downey and her colleagues (e.g., Downey & Feldman, 1996) have drawn from both attachment theory and social cognitive theory to conceptualise individuals' expectations of relationships and anticipated responses from others. Whereas attachment theory refers to internal working models of relationships to provide an understanding of how

expectations in relationships develop, other theorists use other terms, such as “cognitive relationship schema” to refer to individuals’ representations and expectations of the social world based on past experiences (Baldwin, 1992).

In general, relationship schemas are cognitive representations of how the self and others tend to behave in relationships (Baldwin). This has led to investigation of the processes involved in the formation and maintenance of cognitive relationship schemas based on how individuals perceive, interpret, store and recall information (Bless, Fiedler, & Strack, 2004).

Schemas are expected to be triggered relatively automatically and become more salient as they are repeatedly activated. When activated, these schemas have a predictable impact on an individual’s behaviours and cognitions. Based on their relationship schemas, individuals are likely to perceive information according to past experiences, interpret ambiguous information consistent with their expectations and filter only the information that is highly relevant to that schema (Baldwin). Schemas often represent expectations about an individual’s own behaviour, others’ behaviours and the interaction of the two, which often leads to the confirmation of prior expectations even when the interaction is ambiguous (Berscheid, 1994).

Researchers investigating children’s social cognitions have predominantly focused on social-information processing and children’s aggressive behaviour as an index of children’s social adjustment. Much of this research has been based on Crick and Dodge’s (1994) reformulated social-information processing model of children’s adjustment. Of significance, the majority of these studies have focused on children aged 9 to 12 years. According to this model (Crick & Dodge), the way children mentally perceive and process social cues during interactions with others impacts on their behaviour in these situations. They proposed that a mental representation of past events is stored in long-term memory. This memory is incorporated with other memories into a general mental structure, known as schemas, which facilitate the understanding of future social cues. Children rely on schemas to help interpret situations or internal cues experienced in social situations.

#### *Theoretical Foundations of the Collective Conscious*

Researchers with an attachment perspective view the early interpersonal relationship between caregiver and infant as focal whilst theorists interested in cognitive relational schemas place less emphasis on the origins of schemas, concentrating instead on the more proximal processes. Despite these differences, both theoretical perspectives generally provide a sound basis for making hypotheses about how expectations come from experiences in close and important interpersonal relationships. The theories are similar in identifying the self and others, and the interaction of the two, as being important. Moreover, in each perspective, there is a recognition of how an individual’s view of the social world is based on past experience and there is a description of how repeated activation of models or schemas result in their increasing relevance and salience (i.e., they become stronger and less resistant to change over time). This becomes clearer by understanding the processes involved in the interpretation of early relationships, the value placed on these interactions, the expectancies of interpersonal relationships and the strategies used to cope with behaviours of significant others.

### **6.11 Family Factors and Children’s Mental Health and Well-Being**

There are a number of bodies of research that support a focus on divorce, children’s parenting experiences (e.g., hostile or neglectful parenting), and parent conflict/dyadic adjustment as

correlates of children's relationship expectations. Most of this research has focused on children's functioning in the areas of internalising and externalising problems (Fauber, Forehand, McCombs-Thomas, & Wierson, 1990; Jekielek, 1998; Lutzke, Wolchik, & Braver, 1996). In general, divorce, problem parent-child relationships or parenting, and interparental conflict have negative implications for children. Of most relevance to the current studies, all have been shown to be important to how children come to view their relationships with others, whether they expect others to be accepting or rejecting, and whether they are worthy of positive regard from others.

#### *Divorce*

Although there is a large body of research investigating the impact of divorce on children's adjustment (e.g., see Amato, 2001; Amato & Keith, 1991 for a review), there is a much more limited literature on divorce and children's relationship expectations. Most of the research that has been conducted included university or adult samples, rather than children, and relied upon retrospective reports of divorce in the family of origin during childhood or adolescence.

Some researchers have reported that adult children of divorce have more negative beliefs regarding relationships than those from intact families (Boyer-Pennington, Pennington, & Spink, 2001; Gabardi & Rosen, 1991; Jennings, Salts, & Smith, 1991; Long, 1987; Wallerstein, 1987). Studies conducted with young adults have also found that those from divorced families have lower expectations and less positive attitudes towards relationships than young adults who grew up in intact families (Boyer-Pennington et al., 2001; Gabardi & Rosen; Jennings et al., 1991; Long; Wallerstein). However, these findings pertain only to expectations of marriage; that is, respondents were asked questions only in regard to their attitude towards marriage. Attitudes toward marriage included such aspects as expected age for marriage, expectations about whether they would marry, whether their future marriage would be good/bad, successful/unsuccessful, wise/foolish, interesting/dull, honest/dishonest and valuable/worthless (Long), whether they held fears for betrayal in relationships, being abandoned, that their future marriage would not last (Wallerstein), of forming intimate relationships (Gabardi & Rosen). Also whether they held expectations of marital success (Jennings et al.), doubts as to whether they would enjoy living exclusively with one person in marriage, how happy they would be in marriage, whether they worry that their partner would not live up to their expectations, likelihood that their marriage would end in divorce, and how much control they perceived they would have over the success of their future marriage (Boyer-Pennington et al.).

Children of divorce are at risk of developing negative general models of relationships. In one study of university students (mean age 19.7 years) who were currently involved in a serious relationship, it was found that females from divorced families had a relatively more negative view of themselves in terms of relationships compared to females from intact families, but there was no group difference in other domains such as social skills, academic achievement, physical appearance and general self worth (Henry & Homes, 1998). Specifically, females from divorced families had more negative expectations about relationships, felt more helpless about interpersonal difficulties, were higher in fear of abandonment, had less optimism in their ability to resolve relationship problems, and were more likely to interpret, and react to, ambivalent behaviours from their partner as a sign of rejection compared to females from intact families. It was argued that differences in cognitions about relationships and associated behaviours between females who experienced divorce as children and those who came from intact families may be due to both the divorce and, since most lived with their mothers, the change in the father-daughter relationship following divorce (i.e., the impact of the father leaving the home and the potential for a deteriorating relationship with the father following

divorce). Although sensitivity to rejection was not measured in this study, the authors did speculate that females who experienced divorce in the family of origin might be more sensitive to rejection due to the experience of their father leaving the home.

In contrast to the findings for females in this study, no group differences were found when male university students who experienced divorce were compared to males from intact families (Henry & Holmes, 1998). Males had more positive expectations towards relationships than females and the authors argued this may be because the relationship with the opposite sex parent was critical. Therefore, since most children remain with their mother, boys' relationships with their mother may have protected them from the disruption in the family environment that is expected to be most salient for the development of negative expectations of relationships.

In summary, research focusing on divorce and relationship expectations has predominantly focused on adults' retrospective account of their childhood experiences of divorce and expectations about marriage, rather than relationship expectations in general. Although the study described focused on young adults and their romantic relationships, it provided some evidence to suggest that divorce may be associated with children's relationship expectations. The preceding study also suggested there may be gender differences in these expectations. However as this previous study was based on adults' retrospective accounts and there are no studies specifically measuring children, no specific gender differences were hypothesised in the current study.

#### *Parent-Child Relationships and Parenting*

Typically, parents are the primary attachment and care-giving figures during childhood and adolescence (Furman & Simon, 1999). This makes the parent-child relationship critical for many aspects of development. This belief has resulted in literally thousands of studies on parenting and parent-child relationships. It is impossible to summarise them all, but drawing from the literature investigating divorce, interparental conflict and the parent-child relationship in combination, the parent-child relationship has been investigated by measuring parental warmth (Fauber & Long, 1991; Hetherington, Cox, & Cox, 1982; Tschann, Johnston, Kline, & Wallerstein, 1989), parental acceptance/rejection (Fauber et al., 1990; Fauber & Long; Lutzke et al., 1996; Tschann et al., 1989), psychological control/psychological autonomy (Fauber et al.; Fauber & Long), harsh/lax discipline (Fauber et al.; Fauber & Long; Hetherington et al., 1982), communication (Hetherington et al.; Lutzke et al.), and emotional security (Black, 1994; Tschann et al.). Although there are many terms used interchangeably to describe the parent child relationship, for example, parenting styles, dimensions, qualities and behaviours, children's perceptions of parenting qualities were assessed in the current studies and these are referred to as *parenting*.

Researchers do tend to agree that particular qualities of the parent-child relationship are better predictors of child socio-emotional and behavioural outcomes than is the composition of the family (Hines, 1997; Langley, 1997). Although only measuring child variables retrospectively, Hazan and Shaver (1987) found parental divorce was unrelated to the parent-child attachment relationship after accounting for the associations between attachment and parent-child relationship factors. In their study, using a convenience sample of adults (mean age 36 years, range 14 to 82), they found parental divorce during childhood did not predict whether they were classified as secure, anxious/ambivalent or avoidant in adult attachment styles in relation to their most important romantic relationship. Perceptions of the quality of the relationship with their parents and their parents' relationships with each other were the

best predictors of adult attachment type. Others also have posited that the parent-child relationship may be more important than the act of divorce (e.g., Hines).

The rejection sensitivity model implies that parenting has an impact on relationship expectations. This model proposes that rejection sensitivity develops as a consequence of parental rejection (Downey et al., 1997). Although no studies could be located that measured childhood accounts of parenting and rejection sensitivity, rejection sensitivity has been linked to parenting through adults' retrospective accounts of their parents during their childhood. When sampling university students, rejection sensitivity has been associated with their reports of experiences of parental violence (Feldman & Downey, 1994), parental emotional neglect (Downey et al.), and parental psychological control (Zimmer-Gembeck & Wright, 2007). Interpersonal sensitivity has also been linked to adults' retrospective accounts of parenting experienced in childhood. Perceptions of parental care and overprotection have been found to be associated with one of the subscales of interpersonal sensitivity (fragile inner self) using the Interpersonal Sensitivity Measure (Wilhelm, Boyce, & Brownhill, 2004). Whilst not directly related to children's relationship expectations per se, parenting has also been linked with different aspects of the peer relationships. Parenting has been associated with social expectations of peer support (Liu, 2006), involvement with peers, quality of peer relationships (Dekovic & Meeus, 1997), attachment relationship with friends (Markiewicz, Doyle, & Brendgen, 2001; Wilkinson, 2004) and views of friendships (Furman, Simon, Shaffer, & Bouchey, 2002).

Of direct relevance to the current research, another study examined family structure, parent-child relationships and expectations of relationships (Langley, 1997). In this study with university students aged 18 to 35 years, those who had a parental death prior to 14 years of age ( $n = 29$ ) were compared to those who had experienced parental divorce prior to 14 years of age ( $n = 59$ ) and those raised in an intact family ( $n = 41$ ). The expectation was that adults who had experienced parental loss through either death or divorce as children would have poorer socio-emotional functioning, including relationship expectations, compared to those from intact families. This particular study reported no difference between adults who had experienced loss of a parent through divorce or death as children compared to those from intact families on social anxiety, depression proneness, sociotropy, autonomy and attachment styles. When including perceived quality of parental care (i.e., affection, emotional warmth, empathy and closeness, emotional coldness, indifference and neglect), it was found that warm parenting, regardless of family structure, was important in maintaining social optimism. Overall, the retrospective perception of the parent-child relationship was more strongly associated with the relationship expectations of loss or rejection than family structure.

The intervention literature provides further support for the importance of the quality of parent-child relationships rather than the experience of divorce when studying children's cognitions, emotions and behaviours. For example, one widely studied program, The New Beginnings Program, has the aim of optimising children's outcomes following divorce by focusing on improving the quality of the parent-child relationship (Dawson-McClure et al., 2004; Hipke et al., 2002; Tein et al., 2004; Wolchik et al., 2002; Wolchik et al., 2000). Whereas this program does not examine children's relationship expectations, there is evidence that high quality parent-child relationships can protect children against the possible negative effects of divorce.

Although there have been no studies of *children's* relationship expectations, parent-child relationships and family structure among children, there is evidence that parenting qualities

are associated with children's mental health, behavioural problems and other aspects of socio-emotional functioning. Baumrind (1991) is one widely cited researcher who identified a style of parenting characterised by parental warmth, democratic parent-child interaction and parental limit setting as consistently associated with positive developmental outcomes in young and older children. More recent empirical research also supports these findings in adolescents. For example, in a sample of 175 adolescents aged 13 years, it was found that parental warmth significantly predicted decreases in externalising problems and increases in self-esteem, whilst greater parental psychological control was associated with more internalising problems (Doyle & Markiewicz, 2005). In another study of 272 children in grades 9 to 11, parenting characterised by warmth, non-punitive discipline and consistency was related to higher self-esteem and life satisfaction and lower depression in children compared with indulgent parenting, described as low in levels of demandingness and high in levels of responsiveness, and neglectful parenting, depicted as low in levels of demandingness and low in levels of responsiveness (Milevsky, Schlechter, Netter, & Keehn, 2007).

Generally, it is clear from the literature that multiple dimensions of parenting are associated with children's socio-emotional functioning and behaviour. Parental control is one widely researched parenting dimension that has been defined in multiple ways, known as a multi-forms approach, although it has been suggested that this approach needs refining (Grolnick & Pomerantz, 2009). Grolnick and Pomerantz suggested distinctions be made between parental control and other terms such as autonomy support, structure and chaos to reduce the ambiguity and inconsistent findings yielded by taking a multi-forms approach to studying parental control. These authors also recommended empirical research on parenting needed to be linked to broader theories of child development to gain a better understanding of how parents shape children's development and how children contribute to this process.

In a recent study that attempted to organise the many dimensions of parenting, Skinner, Johnson, and Snyder (2005) employed a framework that conceptualised parenting styles using a motivational model. Although parenting strategies are multifaceted, these authors identified six dimensions of parenting that were considered crucial to understanding the diverse ways that parenting can impact on children's development. The first dimension, involving love and affection, was labelled parental warmth. The second was structure and consistency, whereby the parent provided consistent limits and guidelines for the child. Last, autonomy support was described as important, and defined as a democratic style of parenting where children are encouraged to be independent in their way of thinking. The three other dimensions of the framework identified negative parenting behaviours. These were rejection, chaos and coercion. Rejection included overt criticism and displays of signs of disapproval toward the child. Chaos included erratic, inconsistent and unpredictable parenting behaviours. Coercion included behavioural and/or psychological control where parenting is restrictive and over-controlling.

There is evidence that these six dimensions are associated, but that they form six separate factors and are differentially associated with a range of child and adolescent outcomes (Johnson, 2004). However, no previous research has examined whether these parenting dimensions are associated with children's relationship expectations. Using these six dimensions will assist in highlighting the importance of distinguishing between the different components of parenting to gain a greater understanding of the parent's role in children's socialisation processes. The current study also will test the validity of using these six dimensions as a framework for measuring parenting.

When discussing the effect of divorce and parent-child relationships on children, there has been an almost exclusive focus on whether divorce and negative parenting processes contribute to children's maladjustment, with very little attention on what parents can do to promote optimum relationship expectations in their children. The current research studies were designed to assess children's positive *and* negative views of relationships. It was expected that not only would negative parenting measures be associated with children's pessimistic views of relationships, but positive parenting measures would be linked to optimistic views. Three positive factors and three negative dimensions of parenting were measured. These have been linked to positive versus negative outcomes, respectively, in past research (Johnson, 2004). In the current research, it was expected that children who had parents high in warmth, structure and autonomy support would have more optimistic expectations of relationships. Conversely, children who perceived their parents to be relatively more rejecting, chaotic, and coercive were expected to have more pessimistic expectations of relationships. In the context of these hypotheses, children from separated/divorced families and children living with two biological parents were compared, and the unique contributions of family structure and the six parenting dimensions to relationship expectations were tested.

#### *Interparental Conflict*

Divorce often covaries with interparental conflict (Emery, 1982; Grych & Fincham, 1990). Hence, an important extension of research on divorce and children's adjustment has been the inclusion of a measure of interparental conflict. Research on interparental conflict and children's adjustment shows that negative associations exist within both intact and divorced families, and the differences in children's adjustment found between those from intact and divorced families may be accounted for by interparental conflict. For example, among intact families, interparental conflict has been linked to children's depressed/withdrawn behaviour, antisocial behaviour, impulsive/hyperactive behaviour and behaviour discipline problems at school including suspension or expulsion (see Peterson & Zill, 1986; Turner & Barrett, 1998). Within the divorce literature, considerable research has examined the impact of interparental conflict on children's adjustment. In one meta-analysis (Amato & Keith, 1991), interparental conflict was found to have a more powerful direct effect on children's well-being than divorce per se.

In cases of very high interparental conflict, divorce may even improve children's well-being. In a review of research conducted predominantly in the 1960s and 1970s, Emery (1982) found evidence to support the view that interparental conflict, rather than the separation or divorce of parents, may be the main influence on children's adjustment problems following divorce. Emery suggested that in high conflict homes, divorce may lead to a less damaging environment for the children's psychosocial development, as it will reduce this conflict. To support this view, Emery discussed how research has found more behavioural problems in children following divorce as opposed to the death of a parent. More behavioural problems were also found in children from high conflict intact families compared to children from low conflict divorced homes, and in children from divorced families whose parents were engaged in conflict following the divorce compared to those children from divorced families where there was no conflict. In addition, many of children's problems were prominent well before the experience of divorce. Although there were many limitations in the research reviewed (e.g., an over-reliance on clinical populations), even as early as the 1960s and 1970s there was emerging evidence to suggest that interparental conflict may be more important to understanding children's adjustment than divorce, and that a good parent-child relationship

with at least one parent may buffer against the negative effects found for parental discord on children's adjustment problems.

In a review investigating interparental conflict and children's adjustment conducted nearly a decade later, Grych and Fincham (1990) critiqued Emery's (1982) review, stating earlier research did not use specific or reliable and valid measures to assess interparental conflict and did not focus on factors that may explain the association between interparental conflict and children's adjustment problems. Of the 19 studies examined in this later review, eight investigated the effects of interparental conflict on divorce; four included intact families as a comparison group. Eleven papers investigated intact families, three of which used clinical as opposed to non-clinical samples. Grych and Fincham found, of the 19 studies, 15 provided evidence for the association between interparental conflict and children's adjustment problems, and found that the more frequent, overt and intense the conflict the worse these problems were. In addition, they stated the content and resolution of the conflict was also important. Similar to the suggestion in Emery's review, Grych and Fincham hypothesised that the parent-child relationship may mediate and/or moderate the relationship between the conflict and children's adjustment problems.

More recently, research designs and measurement techniques have improved and researchers have continued to report that more interparental conflict comes with poorer child psychosocial functioning (Burns & Dunlop, 2002; Jekielek, 1998; Richardson & McCabe, 2001; Riggio, 2004). In one longitudinal study of adolescents aged 6 to 14 years, it was found that those whose mothers had self-reported high levels of conflict within the intact family when first measured, and had subsequently experienced divorce over the next four years, reported lower levels of anxiety and depression/withdrawal than those who reported similar levels of interparental conflict and remained in the intact family environment (Jekielek).

These results were found regardless of whether the children had experienced divorce within the last two years or the divorce had occurred two or more years earlier. The lowest level of anxiety and depression was found for those who had low conflict in the intact environment and no family disruption over the four years.

In a longitudinal study of adolescents between the ages of 13 and 16 years, it was found that degree of conflict, but not family structure, predicted adolescents' emotional adjustment and self concept (Burns & Dunlop, 2002). The authors of this study found that interparental conflict also had long term effects and that these effects were similar for children from intact families and those from divorced families. Yet, there was no support for the hypothesis that children from high conflict intact families had worse psychosocial functioning than children from high conflict divorced families. They also found no support for the proposition that children from low conflict divorced families had lower psychosocial functioning than those from low conflict intact families.

*Interparental conflict and parent-child relationships.* The studies on interparental conflict and family structure have shown how these two factors are important to consider when studying children's adjustment. Other studies have shown the importance of considering both of these factors along with the parent-child relationship as a third important correlate of children's adjustment and well-being. Researchers including family structure, interparental conflict and the parent-child relationship in their studies have generally found (a) a unique main effect for the parent-child relationship on children's adjustment, (b) that the parent-child relationship mediates the association between interparental conflict and children's adjustment, or (c) that the parent-child relationship moderates (i.e., changes) the association between interparental

conflict and children's adjustment (Amato, 1986; Hetherington et al., 1982; Fauber et al., 1990; Fauber & Long, 1991; Lutzke et al., 1996; Tschann et al., 1989). A mediating role of the parent-child relationship may be most likely, as it is often the case that when the parent-child relationship is included in analyses, interparental conflict has only indirect effects on children by adversely affecting the parent-child relationship (Fauber et al.; Fauber & Long). Quality of parenting also has been found to have a greater impact on children's adjustment than interparental conflict (Lutzke et al.).

One study of particular relevance to the current research, due to the age of the sample used, was conducted with sixth grade students (mean age 11 years), and found that when considering interparental conflict and the parent-child relationship, family structure did not predict sixth graders' psychosocial functioning (Black, 1994). This study did not find a mediating relationship for this sample, instead finding that even when controlling for the parent-child relationship, interparental conflict significantly predicted children's rating of their psychosocial functioning. The lack of a mediating relationship may be explained by methodological issues. This sample appeared to be well-functioning and had low rates of interparental conflict which may have contributed to the non-significant mediation effect of the parent-child relationship. It may be that low levels of interparental conflict do not threaten the parent-child relationship.

#### *Relationship Expectations, Family Structure, Parent-Child Relationships, and Interparental Conflict*

In the current thesis, associations were examined between children's relationship expectations, family structure, interparental conflict and parenting qualities. Research conducted to date has generally investigated these factors in relation to children's internalising and externalising symptoms. Only two studies were found that included outcome variables that shared some conceptual overlap with relationship expectations. However, both of these studies focused on later adolescence/young adults rather than younger children.

The first of these two studies is a previously reviewed study conducted by Burns and Dunlop (2002). The primary outcome in this research was described as wariness about long term relationships, marriage and family life, which was assessed ten years later (ages 23 to 26 years). Overall, compared to those who grew up in intact families, those who experienced divorce as adolescents were more wary about relationships when in their mid-20s, regardless of the level of interparental conflict self-reported when they were adolescents. However, among participants who had not experienced divorce, greater involvements in their parents' conflicts when they were adolescents was associated with greater wariness about relationships when they were in their mid-20s.

In a second study of divorce, conflict and relationship expectations, participants were between the ages of 18 and 32 years (Riggio, 2004). Of these participants, 401 had grown up within intact families and 165 had experienced parental divorce when they were an average age of 9.4 years. It was anticipated and found that those from divorced families would experience lower anxiety in close relationships. The author suggested that this may be because they had less fear of having to terminate an unsuccessful relationship, due to witnessing their parents' divorce. In addition, the results showed that young adults from high conflict families compared to low conflict families had greater anxiety in personal relationships. The parent-child relationship, especially the relationship with the father, also covaried with relationship anxiety. For young adults from intact families and divorced

families, a positive relationship with their father was associated with less anxiety in personal relationships, whilst their relationship with their mother was not significantly associated with anxiety.

In summary, these two studies of older adolescents and emerging adults indicated that family structure, parent-child relationships and interparental conflict are interrelated. They also suggest that parent-child relationships and interparental conflict may mediate and/or moderate associations between family structure and relationship schemas in the form of expectations of social rejection or acceptance.

### *Summary and Study Aims*

Although theoretical foundations exist, and there are multiple studies of relationship expectations that have included university students or adults, the potential for research with children has been limited by a lack of instruments designed to measure a range of both positive and negative relationship expectations. Whether in studies of adults or in the few studies of children, research on relationship expectations has primarily focused on negative expectations with little examination of whether a low level of negative expectations is a good indicator of positive expectations or whether negative and positive expectations should be assessed separately and considered as different, but related constructs. One aim of the current studies was to develop measures of negative (rejection, pessimism) and positive (acceptance, optimism) relationship expectations of children. Based on the optimism and pessimism literature within personality theory (Scheier & Carver, 1985), the current research contributes to our understanding about whether optimistic views and pessimistic views are two empirically separable constructs or a single bipolar construct. After the measure of children's optimistic and pessimistic expectations of relationships (COPER) was developed and validated, it was used to determine whether children's relationship expectations were associated with their experiences within the family. Associations between relationship expectations, family structure, interparental conflict and multiple dimensions of parenting qualities were investigated.

Three studies were conducted with children between the ages of 9 and 12 years. Study 1 consisted of two phases and focused on measurement development. The new measure tapped optimistic and pessimistic relationship expectations, and the measure was expected to have two subscales with one reflecting optimistic and the other reflecting pessimistic relationship expectations. Phase 1 of Study 1 focused on generating items based on interviews with children. In Phase 2 of Study 1, a large pilot study was conducted to test all items and the measure was finalised for Study 2.

The objective of Study 2 was to validate the new measure using a range of constructs to determine convergent and discriminate validity. A moderate correlation between subscale scores for optimistic and pessimistic views was expected. In addition, scores on each subscale were expected to show differential associations with a range of other scales.

In the third and final study, a large community sample of children participated. Children completed questionnaires that gathered information on their demographics, and included questions pertaining to family structure, interparental conflict, parenting qualities, and the new measure of optimistic and pessimistic relationship expectations. The purpose of this study was to compare the relationship expectations of children from intact and divorced families and determine whether this difference and relationship expectations were better explained by considering interparental conflict and parenting.

### 6.12 *New wave theories, mindfulness overview*

Mindfulness-integrated Cognitive Behavioural Therapy's name changed from Mindfulness-based Cognitive Behaviour Therapy (MCBT) and Mindfulness-based Cognitive Therapy recently due to the confusion between the two different acronyms and the fact that therapists found the use of these acronyms interchangeably (Mindful Works, 2008). So, for the purpose of this paper, the acronym MiCBT will be used for all mindfulness therapies used within a cognitive behavior therapy approach framework.

Mindfulness therapies appear to have commenced with Kabat-Zinn's work of Mindfulness-based Stress Reduction (MBSR), (Lau & McMain, 2005). It was William James who suggested that in the 20<sup>th</sup> Century Buddhism and Eastern traditions would become a large influence on Western psychology (Lau & McMain, 2005). As far as Lau and McMain (2005) believe, the musings of James have been realised, in relation to the cognitive behavioural therapies, that Eastern philosophies have been readily accepted with the integration of mindfulness techniques across the therapeutic divide.

Mindful Works (2008) describes mindfulness training as “generalised metacognitive and interoceptive exposure and response prevention” (Mindful Works website). In other words, mindfulness looks at the small, subtle sensations of learnt experiences, especially relating to automatic thoughts, and endeavours to develop awareness and acceptance of thoughts as they are, instead of as truth.

### 6.13 Somatic psychotherapy

Although situated in the broad family of psychotherapeutic treatments, *Somatic Psychotherapy* is a unique discipline. *Soma* is a Greek word meaning “the living body” therefore Somatic Psychotherapy adds a significant dimension to verbal psychotherapy by including bodily experience as correlative, causative and caused by psychological experience. It is grounded in the belief that not only are thought, emotion and bodily experience inextricably linked (creating a *bodymind*), but also that change can be brought about in one domain of experience by mindfully accessing another.

Like other contemporary psychotherapies, emphasis is placed on the uniqueness of the individual, and the qualities present in the particular therapeutic relationship formed by each therapist-client dyad. The work of somatics is guided by several philosophies and more recently by research in Infant Development, Neurobiology, and Attachment theories. All of which converge in several areas, most notably in their agreement that:

- Mind and Body are not separate entities but mutually influencing aspects of the overall organism, and
- there is an innate capacity of the human '*bodymind*' to move towards healing and growth given the appropriate therapeutic environment.
- That interpersonal interaction in the form of respectful, safe and appropriate relationships positively and directly influence and mediate/regulate the '*bodymind*'.

Retrieved from <http://somaticpsychotherapy.asn.au/about-us/what-is-somatic-psychotherapy/>

### 6.13 Trauma informed care

The Five Guiding Principles are; safety, **choice**, collaboration, trustworthiness and **empowerment**. Ensuring that the physical and emotional safety of an individual is addressed is the first important step to providing Trauma-Informed Care. Retrieved from

<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

### 6.14 Future-focused care

Future-focused care needs to incorporate the somatic, the trauma-informed, and consider the latest in mindfulness practice, which includes a multitude of studies regarding how the brain can be re-wired through meditation. It is essential that we consider technology in future-focused care. Ethics and accountability are also essential to be thought through if we are to be really considering where humanity is going. Old paradigms will not work in the future, if we are to take on technology and future inventions in the way that we have in the past.

So, it is our proposal – within the Collective Conscious group – that we need more integrative practitioners, that combine the holistic elements of health – which could include, diet, psychology, health, affects of trauma and the knowledge that trauma is stored in the body (as is suggested by Van der Kolk).

## 7. Ethics

The current system of Medicare Benefits and the subsequent rebates is not working. Suicide rates are up and clinicians are burnt out in the field.

Ethically, it's a problematic minefield where there are 'the haves' and 'the have nots' in the mental health clinician field. On the ground, elitism has proliferated the helping professions and broader mental health field. It has been unfortunate, though an ensuing arrogance now comes along with the position and title of Clinical Psychologist. It greatly disempowers the rest of the profession if there is only one particular group with a direct line of communication with the government – and all other clinicians in the field have been shut out of such discussions.

This is problematic ethically and professionally. For example – there are anecdotal examples of psychologists in the field claiming for couples and relationship therapy, when they are not trained in such therapeutic process. Relational approaches are often left off of the psychology courses. The focus on evidence-based practice has meant that the client is being forgotten about in the general and overall outcomes of mental health practice.

Please see below for examples of the fractured nature of our field.

### **APA President Address 1998**

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Following is the President's Address from The APA 1998 Annual Report, appearing in the August, 1999 American Psychologist.

#### **THE PRESIDENT'S ADDRESS** MARTIN E. P. SELIGMAN, PhD

When I was elected president of our Association, I was both humbled and challenged by what I saw as an opportunity to enlarge the scope of our discipline's work. For I believed then, and do still hold, that there are two areas in which psychology of the late 20th century has not played a large enough role in making the lives of people better.

One area that cries out for psychology's attention is the 20th century's shameful legacy of ethnic conflict. (Even as I write this piece, the world community is struggling with the plight of some half-million refugees from Kosovo.)

The second area cries out for what I call "positive psychology," that is, a reoriented science that emphasizes the understanding and building of the most positive qualities of an individual: optimism, courage, work ethic, future-mindedness, interpersonal skill, the capacity for pleasure and insight, and social responsibility. It's my belief that since the end of World War II, psychology has moved too far away from its original roots, which were to make the lives of all people more fulfilling and productive, and too much toward the important, but not all-important, area of curing mental illness.

With these two areas of need in mind -- relieving ethnic conflict and making life more fulfilling -- I created two presidential initiatives during my time in office, as described below.

## THE MILGRAM EXPERIMENT

...nothing is bleaker than the sight of a person striving yet not fully able to control his own behavior in a situation of some consequence to him.

~ Stanley Milgram  
Obedience to Authority, 1974



A teacher holding the hand of the learner on the shock plate in the "Touch Proximity" condition.

Beginning in the 1960s, Stanley Milgram performed a series of experiments designed to uncover just how susceptible to authority we are. How far would we as individuals go when compelled by an authoritative figure to act in ways which contradict our fundamental moral standards? The findings of these experiments surprised and

## Staff



### Prof. Chris Del Mar

Chris is Professor of Public Health at the Centre for Research in Evidence-Based Practice, Bond University. He teaches evidence-based practice and shared decision making, and research on synthesising evidence, using systematic review and meta-analysis methods, as well as primary research, using randomised trials, and observational study designs. Specific areas include acute respiratory infections, any self-limiting disease including infections, skin cancer, and antibiotic

resistance, in primary care. He has a national and international reputation in antibiotic overprescribing in acute respiratory infections, evidence-based medicine and systematic review, and randomised controlled trials, in both clinical medicine and health services research.

## World-renowned Queensland virus expert revived on Gold Coast beach

By **Toby Crockford**

February 12, 2019 – 10:52am



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### TODAY'S TOP STORIES

PRESS FREEDOM



A world-renowned respiratory virus expert from Queensland's Bond University is fighting for life in hospital after he was revived by lifesavers on a Gold Coast beach at the weekend.

Professor Christopher Del Mar, 69, was pulled lifeless from the water at Miami Beach by off-duty volunteer surf lifesavers about 5.45am on Sunday.

Surf Life Saving Queensland said Professor Del Mar, who was surfing at the time, only regained consciousness after CPR efforts from lifesavers were successful.



POLITICS FEDERAL HEALTHCARE

## Psychologists demand 'universal access' to mental health treatment

By **Dana McCauley**

June 5, 2019 – 11:45pm



11 View all comments

The Australian Psychological Society has issued a list of demands for Health Minister Greg Hunt's Medicare review of mental health treatment, calling for "universal access" to address the nation's rising suicide rate.

The society's chief executive Frances Mirabelli said the system of delivering psychological services within Medicare required "urgent updating to ensure all members of the community can access the care they need".



The Psychological Society says this approach should apply to psychotic disorders, childhood conduct disorders, borderline personality disorder and recurrent or persistent depressive disorders, and emphasises the heavy economic costs of leaving such conditions untreated.

It called for an increase to the rebate for psychological therapy services, while maintaining its support for a two-tiered system under which psychologists endorsed by the Psychology Board of Australia in a specific area of practice get a higher rebate and treat more complex patients.

The two-tiered system is [vehemently opposed by registered psychologists who feel unfairly disadvantaged by the lower rebate, and argue that restricting access to clients deemed to have more "complex" problems would make psychological treatment inaccessible due to workforce limitations.](#)

## Medicare review of psychologists derailed by professional stoush

By [Dana McCauley](#)  
January 9, 2019 – 3:50pm



225 [View all comments](#)

### TODAY'S TOP STORIES

UNIVERSITY



A federal government review of Medicare-funded psychological services has been derailed by a fierce debate within the profession, after concerns were raised that proposed changes would prevent vulnerable Australians from accessing rebates for therapy sessions.

Health Minister Greg Hunt has agreed to put the review of mental health Medicare Benefits Schedule items on hold while the Australian Psychological Society (APS) appoints an expert committee to mediate the battle between clinical and other psychologists within its ranks.

APS chief executive Frances Mirabelli, who joined the organisation in August, said the peak body was reviewing its position following outcry from non-clinical psychologists.

## 4. Flexibility, access and choice in mental health services

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The Government's response to *Contributing Lives, Thriving Communities – Review of Mental Health Programs and Services* (1) recognised that services provided through the Better Access program have been the biggest drivers of advances in treatment rates since the program's inception in 2006. However, it also acknowledged that Better Access is a "one size fits all" program and may not be the most efficient pathway for everyone with a diagnosed mental health illness.

While the MBS is also a "one size fits all" program, the Reference Group agreed that there is sufficient scope to tailor services for populations in need. This became a focus of the Reference Group's recommendations. This theme is relevant not just to the recommendations contained in this report, but also to the current challenges and future directions of mental health care delivered through the MBS.

The Reference Group identified the following issues:

- **Access and choice in service provision:** A common theme, evident across several submissions and embedded throughout numerous discussions within the Reference Group, was the need to ensure that consumers have adequate access to mental health
-

#### 5.2.4 Rationale 4

This recommendation focuses on resolving an outstanding debate within the mental health provider community, which concerns access to, and rebates for, different Better Access items for patients within the MBS. It is based on the following:

- Several different professions provide services focused on treating patients with mental health concerns under the MBS. With the aim of improving treatment and management of mental illness in the community, Better Access relies heavily on mental health professionals from a range of professional backgrounds to provide appropriate services to meet these needs.
  - By design, there are a number of constraints attached to the MBS Better Access items related to the treating practitioner's type of training, accreditation and registration. For example, social workers must be a member of the Australian Association of Social Workers (AASW) and certified as meeting the relevant standards.
  - Items are currently grouped by service type and profession, such:
    - Registered clinical psychologists currently access items 80000–80021 for psychological therapy services.
    - Non-clinically endorsed registered psychologists, occupational therapists with mental health training and accredited mental health social workers currently access items 80100–80135 for FPS.
    - GPs who meet the appropriate credentialing requirements currently access items 2721–2727 for FPS.
    - Mental health nurses do not have MBS Better Access items, but they received
-

as well as psychological services under GP Management Plans (GPMPs).

- Other mental health professionals such as counsellors and psychotherapists registered under the Australian Register of Counsellors and Psychotherapists (ARCAP) do not have MBS Better Access items.
- Members of the Reference Group disagreed on whether the current item and rebate structure should be changed. Members disagreed on the implications:
  - of different training and qualifications and, in the case of psychology, areas of practice endorsement for access to items and rebates
  - of Australian Health Practitioner Regulation Agency (AHPRA) registration and protected titles for access to items and rebates, and
  - on whether additional professions should be eligible to provide services under the MBS Better Access items.
- The Reference Group agreed that these questions were not resolvable within the timeframe and resources available to the Reference Group. Part of this disagreement reflects a debate within the psychology community that extends beyond the structure of the MBS. Members noted that a review of the evidence and arguments for and against the various perspectives would require significant resources to process and evaluate. The Reference Group agreed that there was a risk of not progressing with recommendations on other important topics related to mental health services within the MBS if this topic became the focus of the Reference Group.
- The Reference Group agreed that this is a critical issue and that the new working group or committee tasked with resolving the issue should be formed carefully, giving due
- The Reference Group agreed that this is a critical issue and that the new working group or committee tasked with resolving the issue should be formed carefully, giving due consideration to membership. The Reference Group agreed that resolution of this issue is a matter of urgency, given the influence of MBS rebates on patient access to mental health services.

# The Future of Psychology in Australia

A blueprint for better mental health outcomes for all Australians through Medicare

White Paper, June 2019

The APS Board of Directors developed principles to guide the MBS consultation process. These guiding principles are:



#### Client and outcome focused

Submissions will be underpinned by the clear view of APS members that client and community needs are the priority, including contemporary and long-term positive health and economic outcomes for Australia. Client wellbeing including practice integrity and optimum practice standards will be promoted at all times.



#### Client equity and fairness is protected within the system

APS members support an MBS system that is just and equitable for the community. Equity is one of the two key considerations in good policy development (the other being efficiency). Access through affordable and available service provision is a key factor in providing equity across the health system. The MBS system should therefore ensure access for different groups within our society regardless of geography, cultural considerations, and income and education levels.



#### Cost-effective delivery

Recognising the Medicare system supports a broad range of important areas in Australia's health sector, the APS supports cost-effective provision of services in promoting the long-term financial sustainability of the Medicare system. Cost-effective does not mean providing the cheapest service or model, but the method that will, in the most cost-effective way, maximise beneficial outcomes for clients and the community over the long-term.



#### Simplicity

The system should be simple to understand, administer and use. The greater the complexity of a system, the higher the transaction and administration costs for those providing services, in turn impacting costs for clients. Complexity can also provide unnecessary barriers for clients to the system benefits.



### Best practice

The APS recognises the importance of evidence-based practice and the fundamental role of early intervention in preventing deterioration of mental health. The APS acknowledges that mental health research is continually developing, and ongoing education of practitioners is important.



### Stepped care

The APS recognises the Australian Government's Stepped Care approach is central to mental health service delivery in Australia.



### Accountability, measurement and evaluation

Data collection and availability within strict privacy rules will assist the sector and Government in providing the best possible services. The APS and its members recognise the importance of program and service evaluation in continuous improvement of the MBS system.



### Flow-on and longer-term impacts

All policy models are likely to contain both positive and negative unintended consequences or flow-on impacts. The benefits and costs to the clients, the sector and the economy more broadly will be carefully considered. As part of these considerations, it is important that recommendations are integrated and cannot be segmented by Government.

## White Paper development process

From December 2018 to May 2019 the APS undertook a member consultation process to gather feedback to enhance the delivery of psychological services within Medicare.

The APS Board of Directors established an APS MBS Expert Committee to represent members' views and formulate recommendations for change. The APS Board of Directors developed guiding principles for this consultation process (Table 1). The purpose of these principles was to underpin any model developed.

The MBS Expert Committee considered member submissions and survey results to produce a Green Paper for consultation with members.<sup>13</sup> With the assistance of the APS policy team, the committee incorporated member feedback to develop final recommendations to be considered by the APS Board of Directors. The MBS Expert Committee was able to reach consensus on most of the recommendations in this White Paper. There are some areas where Committee members were unable to reach consensus. The APS Board of Directors took the findings of the Committee and, guided by the principles, produced the recommendations in this White Paper.

the delivery of mental health services within Medicare.<sup>31</sup>

**a. Supportive Therapy**

Therapies that can be provided by other medical and allied health professionals. Supportive therapy includes activities such as establishing, maintaining and supporting relationships with clients and relatives, using techniques, such as counselling and stress management and basic behavioural techniques.

**b. Psychological Therapy**

Therapies and assessments can be provided by all psychologists as they require a high level of knowledge and skill. This therapy includes undertaking an increased range of psychological interventions to include all Level I evidence-based therapies as described by the NHMRC guidelines.<sup>32</sup>

**c. Advanced Psychological Therapy**

The psychologists who can provide this type of therapy are those with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia and the Australian Psychology Accreditation Council. These activities require expert psychological intervention, in circumstances where the client has a complex, comorbid or treatment resistant mental health disorder, which requires high level clinical

**Recommendation One:  
Amend the Better Access  
Framework**

- Separate the psychology workforce from medical and other allied health professionals who provide mental health services as an adjunct to their profession.
- Three levels of mental health interventions are available to clients as follows:
  - a. **Supportive Therapy** provided by medical and other allied health professionals.
  - b. **Psychological Therapy** provided by all psychologists.
  - c. **Advanced Psychological Therapy** provided by psychologists with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia and the Australian Psychological Accreditation Council.
- Clients being treated by provisionally registered psychologists are eligible to receive a rebate.

**Low Intensity Disorder Pathway**

**Referral criteria:** Client can be referred to the *Low Intensity Disorder Pathway* if they do not meet criteria for the *High Intensity Disorder Pathway*.

**Number of sessions (maximum):** Clients referred for this pathway can access up to 20 sessions per year, with a review after each 10 sessions.

**Eligible Providers:** All psychologists can provide Psychological Therapy to clients referred through this pathway.

**High Intensity Disorder Pathway**

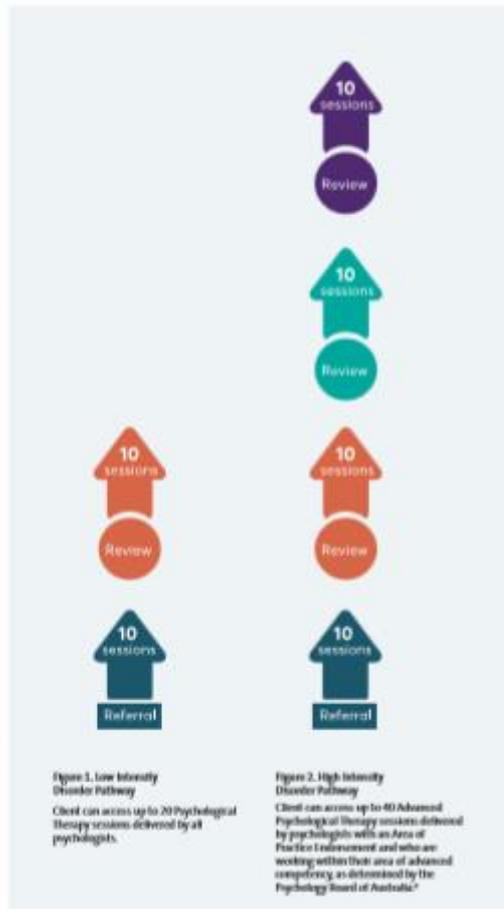
**Referral criteria:** The *High Intensity Disorder Pathway* is limited to clients diagnosed with the following diagnoses:

- Eating Disorders<sup>31</sup>
- Psychotic Disorders<sup>31</sup>
- Conduct Disorders<sup>31</sup>
- Borderline Personality Disorder<sup>31</sup>
- Recurrent and Persistent Depressive Disorders<sup>31</sup>

**Number of sessions (maximum):** Clients eligible for this referral pathway can access up to 40 sessions per year, with a review after each 20 sessions.

**Eligible Providers:** Psychologists with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia, can provide *Advanced Psychological Therapy* to clients referred through this pathway.

Clients initially referred through the *Low Intensity Disorder Pathway* can transition to the *High Intensity Disorder Pathway* at any time within the first 20 sessions upon review by a medical practitioner.



<sup>31</sup> Eating Disorders, Psychotic Disorders, Conduct Disorders, Borderline Personality Disorder and Recurrent or Persistent Depressive Disorders.

sector. This includes providing universal access to evidence-based psychological treatment and expanding access to a range of services for young people through *headspace*. Psychological services have also been provided to hard-to-reach groups through a range of primary care organisations (Primary Health Networks). Although these reforms have improved access to services, we are yet to see the impact of these reforms.

Professor Patrick McGorry is the Executive Director of Orygen, Professor of Youth Mental Health at the University of Melbourne, and a Founding Director of the National Youth Mental Health Foundation (headspace). He is a world-leading researcher in the area of early psychosis and youth mental health, and has been directly involved in research and clinical care for homeless people, refugees and asylum seekers.

His work has played a critical role in the development of safe, effective treatments for and innovative research into the needs of young people with emerging mental disorders, notably psychotic and severe mood disorders. He has also played a major part in the transformational reform of mental health services to better serve the needs of young people with mental ill-health.

### **Biographical details**

Professor Ian Hickie is Co-Director, Health and Policy at The University of Sydney's Brain and Mind Centre. He is an NHMRC Senior Principal Research Fellow (2013-2017 and 2018-22), having previously been one of the inaugural NHMRC Australian Fellows (2008-12). He was an inaugural Commissioner on Australia's National Mental Health Commission (2012-18) overseeing enhanced accountability for mental health reform and suicide prevention. He is an internationally renowned researcher in clinical psychiatry, with particular reference to medical aspects of common mood disorders, depression and bipolar disorder in young people, early intervention, use of new and emerging technologies and suicide prevention. In his role with the National Mental Health Commission, and his independent research, health system and advocacy roles, Professor Hickie has been at the forefront of the move to have mental health and suicide prevention integrated with other aspects of health care (notably chronic disease and ambulatory care management).

### **Disclosure of external interests**

- Co-Director, Health and Policy at Brain and Mind Centre, The University of Sydney
- Commissioner in Australia's new National Mental Health Commission(2012-18)
- Member of the Medical Advisory Panel for Medibank Private (2014-17)
- Board Member of Psychosis Australia Trust
- Leads an investigator-initiated study of the effects of agomelatine on circadian parameters (supported in part by Servier)
- Board member of headspace: the national youth mental health foundation (ended 2102)
- Professor Hickie has led projects for health professionals and the community supported by governmental, community agency and pharmaceutical industry partners (Wyeth, Eli Lilly, Servier, Pfizer, AstraZeneca) for the identification and management of depression and anxiety.
- Professor Hickie has received honoraria for presentations of his own work at educational seminars supported by a number of non-government organisations and the pharmaceutical industry (including Servier, Pfizer, AstraZeneca, and Eli Lilly).

Dear Mr **Hunt**

Thank you for taking the time to read this email.

I have just read the article stating you were having a round table meeting with Mr Morrison and Mr McGorry. I am sorry about your own lived experience with mental health. I too have a lived experience. I have previously sent you a 60 page report I sent the MBS review. I am one of the case studies at the end.

I wanted to ask you to please speak to others besides Mr McGorry. He has vested interest and it is a conflict of interest due to Headspace. If you speak to consumers and allied health workers in the field you would find that although Headspace is a great idea, it is not working. The staff are jaded and there is a high turnover so consumers aren't getting continuity of care. I feel it would be a grave mistake to put more mental health funding in that direction.

I am only one person but there are many like me who work with psychiatrists, GPs, other allied health workers, workcover, insurance companies and so forth, collaboratively. We are currently doing it for free as there is no provision for it through Medicare and we would never put the cost on the client. I bulk bill my patients on a case by case basis dependent on their circumstances. I don't make very much money this way but that's not why I became a psychologist. I would have done medicine and become a psychiatrist if I wanted to make money. We all know pharmaceutical companies are where the money is.

I would please ask you to speak to other psychiatrists who have different ideas and no vested interest like Mr McGorry. I know some other prominent psychiatrists that would love to be involved, I am sure.

Thank you for your time.

### **Qualifications**

Thank you for your email of 24 May 2019 to the Psychology Board of Australia (the Board).

Firstly, let me acknowledge your admirable commitment to helping others. Psychology is a profession that is focused on other people, specifically helping people, communities, and society in general to find solutions to real life problems and improve their quality of life. Your description of your career outlines how you have focused on this commitment in several areas including: corrections, acute care, research, teaching and private practice. The complexity of the client presentations of those you help is clear, as is how hard you work. Thank you for your contribution to this important work.

### **General registration**

I note that your qualifications include completion of a 4+2 internship program and a PhD. I also note that you believe that 'my qualifications aren't good enough'.

As you are no doubt aware there are several pathways to general registration, including the 4+2 pathway, the 5+1 pathway, the higher degree pathway (Masters, professional doctorate, combined degree), and overseas pathway.

The Board does not view one pathway as more important than another. Under the [National Law](#), all people who demonstrate they meet the requirements and competencies of the [General registration standard](#) are registered in the same category - general psychologist – regardless of what pathway they choose to undertake.

Psychology training is lengthy and demanding. Balancing work and life responsibilities can be challenging. I would encourage you to be proud of the path you have chosen to gain general registration, and of your commitment to research.

### **Diversity of the profession**

Psychologists as experts in human behaviour have always worked across a diverse and distinct range of settings – including health, emergency services, education, correction, defence, disability and welfare services, the legal system, elite sport, and industry.

### Diversity of the profession

Psychologists as experts in human behaviour have always worked across a diverse and distinct range of settings – including health, emergency services, education, correction, defence, disability and welfare services, the legal system, elite sport, and industry.

The required competencies to be able to safely practice in diverse settings requires both a diverse workforce, and training that allows for the development of diverse competencies. To maintain our skills and ensure we practice within our area of competence it also requires investment in continuing professional development (CPD).

In addition, there are opportunities for psychologists who wish to engage in further formal or informal training to do so throughout their career. We support life-long learning and keeping up-to-date with evidenced-based practice.

**Psychology Board of Australia**

www.psychologyboard.gov.au | G.P.O. Box 9958 | Melbourne VIC 3001 | psychologychair@ahpra.gov.au

I believe that the Board supports diversity in the profession through the various pathways to general registration, through area of practice endorsement, and by allowing for flexibility for meeting ongoing CPD requirements.

### 4+2 internship pathway is being retired

The Board recently announced that the 4+2 internship pathway to general registration will be retired. For more information please see the [Board's website](#).

Please be aware that the retirement of the 4+2 internship will not affect your general registration as a psychologist. You will continue to be eligible for general registration under section 53(d) of the [National Law](#).

Retirement of the 4+2 internship as a pathway for general registration is for *future new* registration only. Because the 4+2 internship pathway was recognised as a pathway to registration at the time you were first registered, you will not be affected by retirement of the 4+2, even if you have had a period of non-practicing registration or your registration has lapsed for a period of time.

### The role of the Board

I note that you have some dissatisfaction with your remuneration as a psychologist. Please be aware that the [National Law](#) outlines the powers of a National Board. Issues of remuneration are outside of the Board's purview. Remuneration for psychologists is, for example, the responsibility of employers, industrial relations agreements, funding bodies, or set by the psychologist themselves. I note that you have previously forwarded to me a copy of your submission to the Medicare Benefits Schedule (MBS) review. This is the appropriate forum to provide feedback on any issues of eligibility or remuneration regarding Medicare-funded services.

Yours sincerely



Yours sincerely



**Rachel Phillips**  
Chair, Psychology Board of Australia

Sent: Thursday, 6 June 2019 1:59 PM  
To: Media  
Cc: Frances Mirabelli; psychologychair@ahpra.gov.au; greg.hunt.mp@aph.gov.au  
Subject: White Paper

Could I please have a copy of the white paper.

Thank you  
Kind regards

Frances Mirabelli <F.Mirabelli@psychology.org.au>  
Thu 6/06/2019 2:03 PM  
You; Media; psychologychair@ahpra.gov.au; greg.hunt.mp@aph.gov.au



Sure you will get it if you are still a member shortly.

Kind regards

Frances Mirabelli  
Chief Executive Officer  
The Australian Psychological Society Limited  
a: L13, 257 Collins Street | Melbourne | VIC 3000  
p: 03 8662 3318  
w: psychology.org.au

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Original Message

## 8. The Start

Where to start.... at the beginning....this all started as a result of the MBS Review.

Recently, one of our members, in the last 4-6 weeks, has researched and put together "the pink paper" for the MBS Review.

Whilst that was finished, we weren't satisfied.

So here we are....

Today, we read the APS "white paper". Some things we agree with, some things are great. Others are not so good and continue to contribute to the segregation within our already fractured profession.

The APS have been held accountable by a grassroots group who do not have a "clinical" area of practice endorsement (AoPE). This group does not form part of an organisation or society. They/we came together through social media because we were angry with the state of the profession. Since the inception of Better Access, the profession has been turned upside down and not in a good way. Working within the field of mental health is not easy.

As a community of like-minded individuals we expect egalitarianism. Not only do we expect it, we are outraged when our collective righteousness is threatened. Hence the current state of the profession. We are outraged by the current political climate. It feels like a David vs Goliath battle. And effectively -- it is....

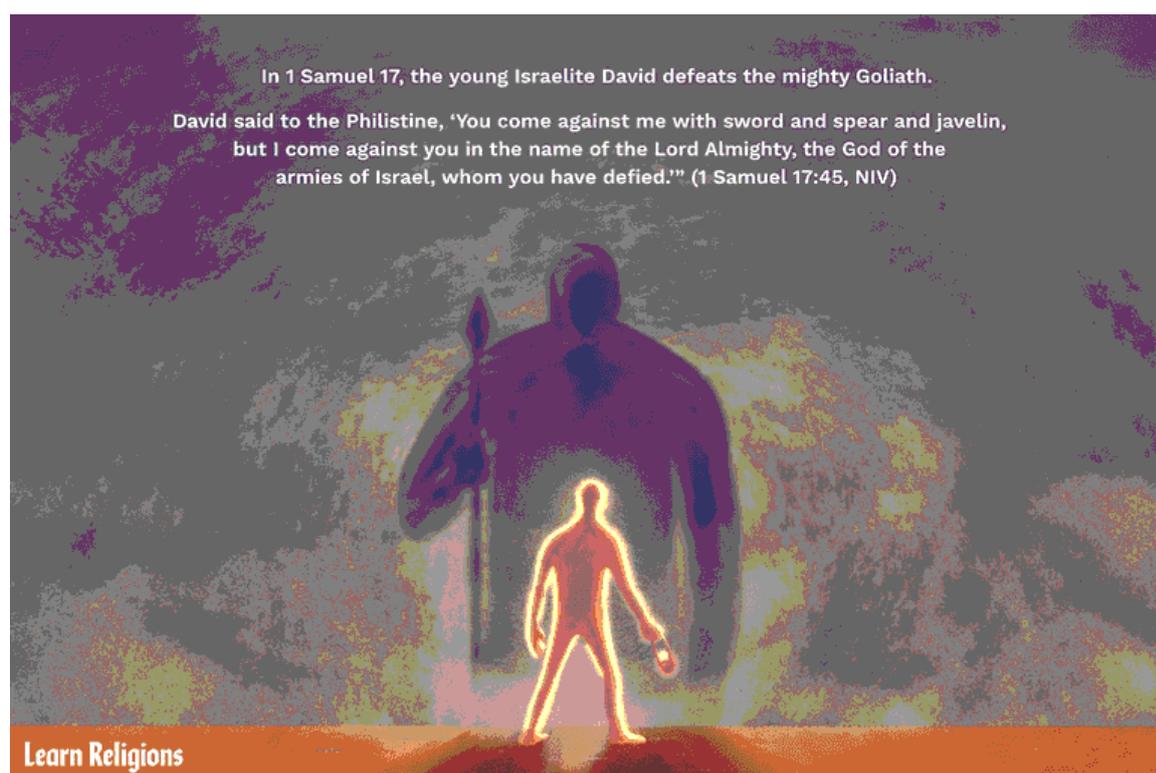


Figure 1. Learn to face your giants with the story of David and Goliath  
<https://www.learnreligions.com/david-and-goliath-700211>

We have found our collective voice and we will not go down without a fight.

## 9. Tying it all together

Essentially, what we have just delivered is a condensed version of a second -year psychology course and incorporated some of the new and emerging fields. Beyond this paper, we need to incorporate more holistic ways of working across the professions and ensure that we are inclusive of all practitioners out in the field – which in turn includes all clientele and patients seeking treatment. A way forward could be something similar to the New Zealand wellbeing measures. It's essential not to just look through one lens in answer to the mental health crisis – and instead ask all of the professions that work in mental health to work together towards a

new future for the Australian people. We need to consider the mind, body and spirit when it comes to the future of mental health in our country. There are a great many professionals and professions beyond the standard psychological approach that could work together towards the collective goal of better wellbeing and a more positive future and hopeful future for the Australian public.

## **10. The future – where we are all heading.... whether we like it or not...**

The future, whether we like it or not – will include technology. Though, we need to consider the broader health and wellbeing at the same time as this. New and emerging technology is coming, and some of the Collective Conscious members are aware of massive and sweeping changes that will be happening, whether the Australian public would like them or not – and these changes could disrupt society. Ethics, accountability and responsibility need to be included in the measures of using technology – as privacy, security and encryption need to be considered, for the client and patient wellbeing and safety.

The Collective Conscious is here to assist clinicians and government pave a new way forward in order to hold compassion and empathy at the forefront in order to have the best outcome for humanity, whilst using the latest research and not old, antiquated methods of old-school psychology.

It is our firm belief, based on the latest research, that the old ways of CBT are not applicable in our current environment of human change – and therefore, we need to use the latest new methods of technology, practice and human services – in order to help broader society adapt to the changes coming. If elitism is allowed to continue, by way of the Clinical Psychologists receiving the rebates, and other clinicians not, then we risk further societal issues – as Collective Conscious members predict the further breakdown of mental health of our society if the APS is allowed to continue unmonitored.

We, at the Collective Conscious movement, call for government to include professional counsellors, psychotherapists, life coaches, psychologists, social workers and all others working in the broad section of wellness, wellbeing and mental health – in order to work towards preventative aims for our collective communities.

# **THE COLLECTIVE CONSCIOUS**

**This paper was prepared in response to the publication of the APS White Paper. The authors are anonymous and not aligned with any association.**

**This paper has been produced to highlight the segregation within the mental health field. Psychologists without an Area of Professional Endorsement are being segregated and left out of important conversations.**

**WHY?**

**The Collective conscious has come together and we will not go away!**