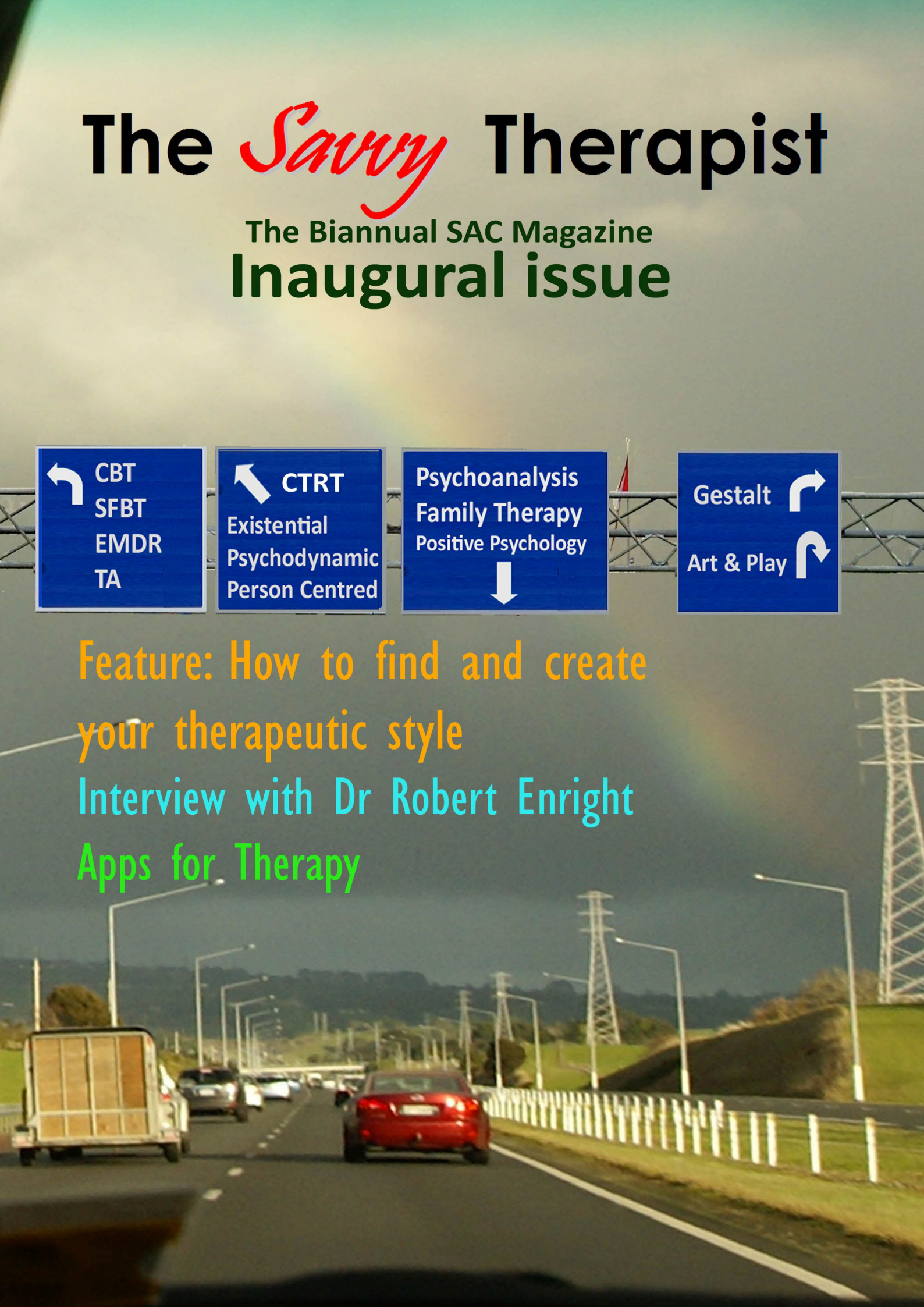
The *Savvy* Therapist

The Biannual SAC Magazine

Inaugural issue



Feature: How to find and create your therapeutic style

Interview with Dr Robert Enright

Apps for Therapy

We hope you share our excitement in launching The Savvy Therapist, a professional e-magazine for SAC members in June and December every year. Behind this issue is a team effort over many months, much debate and discussion to come up with a publication that informs the mental health practitioner of relevant and up to date information about what is happening in the mental health profession. In this first issue, look out for the feature story 'How to find and create your therapeutic style', where Hwee Boon shares 6 steps to find your 'way'. Next up we have the sections Local Savvy and World Savvy, where the team will source for all the news and research recent and relevant to our field, so that you are informed and up to date with the latest developments. The section Expertise calls for an interview with eminent practitioners in each issue so that we can broaden our perspective of theories and practices out there. Tech Savvy is something that we counsellors can try to become, and in each issue, the team will update you some of the technological advances out there that will support our practice. Next up is Life Style, where we can talk about anything related to mental health under the sun. In this issue, Joshi shares about his view of workaholism, which you may or may not agree. Near the end of the issue, we have sections Booklub, Ask the Savvy Therapist, and Last Pageon the ResourceFul page. Booklub by its name indicate that this section will have a book review every issue, while Ask the Savvy Therapist is a section you can write in to ask about counselling related questions. At the moment, Last Page remains an enigma. We may just put anything that catches our fancy: a picture, quotations, a quiz, or something that is evocative. Let's see what the next issue brings.

Looking forward, we want to hear from you, what you like, dislike and want to have on The Savvy Therapist. Email us with your opinion and feedback at savvytherapist@gmail.com. If you feel inspired by the articles in this issue and is itching to write some articles yourself, please also email us to enquire and contribute. We are also happy if you want to join us in producing this e-magazine, whether as a graphic designer, columnist, editor, reporter or researcher. Otherwise, we are just as delighted that you are reading our creation. Enjoy the articles, and see you in the December issue!

SAC Comms Team

SAC
Singapore Association for Counselling

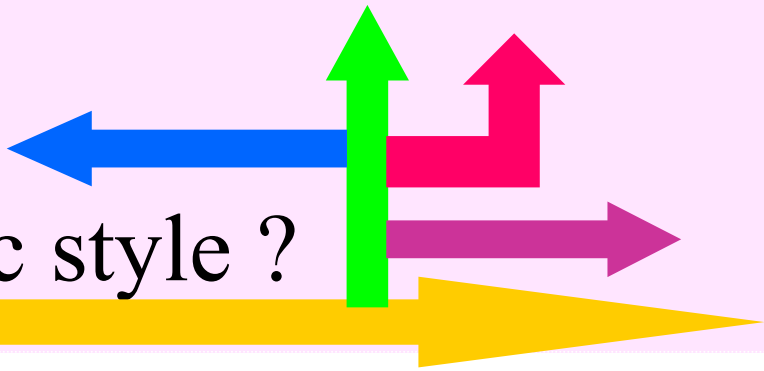
The Savvy Therapist is a biannual e-magazine produced by the membership subcommittee of the Singapore Association for Counselling (SAC) for all its members.

Chief Editor
Toh Hwee Boon

Writers and Contributors
Leonard Moong
Silvia Wetherell
Joshi C
Claudia Lopes
Lily Chee

Content

How to find and create your therapeutic style ?



By Toh Hwee Boon

Having been a counsellor for eight years, I have met many practitioners from courses, workplaces and associations. From various levels, there are some who have found a favourite theory for a while and are going deep to become specialists. There are some others who have change course halfway, or have discovered their 'new love'. There are also those who have been collecting tools and techniques, some in search of the 'best' way, and others who don't feel that there is such a thing as 'the best way'.

I am one of the lucky ones who have found my direction six years ago, and is still refining my therapeutic style. For me, I realize that my therapeutic style is still difficult to describe (being a mix of relational and existential methods that makes use of the here and now in an authentic, direct and equal relationship in gaining awareness of the self and environment and removing past projections and unfinished business, targeted at growing the individual into a well balanced, resilient and self regulating person capable of self actualizing) but is still much clearer than it is say about four years ago. I attribute it much to training and exposure, active practice, reading and also reflection. So how do you develop your therapeutic style? I offer some views from my own experience.

1) Exposure: Find out what is out there

We often start our training in schools that offer broad perspectives in becoming a counsellor, but focuses equipping the counsellor in one or two most popular theories in counselling, such as the cognitive model or the solution focused model. However, there are currently hundreds (400 - 600) types of psychotherapy falling in five broad categories: psychoanalysis and psychodynamics, behaviour, cognitive, humanistic and integrative/ holistic therapy. Having said that, each therapy within a category can differ vastly and if you like how one therapy work of these categories, like play therapy, art therapy and narrative therapy. I will encourage you to expose yourself to at least one therapy in each category, then see how you like or dislike what you learn. Or you can just sign up and attend courses of whatever that appeals to you. If you are like me, who doesn't want to spend too much money learning everything, you can always read about the theories in books or on the internet. From there, you become aware of the different ways that therapists can help people, and allow yourself to drift towards what you are inclined.

2) Read up books from therapists who originate the theories

Here's a question to all of you: for those who have studied Cognitive Behavioural Therapy or Person Centered Therapy, how many have read the books published by Aaron Beck, Albert Ellis, or Carl Rogers? When I did my Masters in Professional Counselling, I learnt CBT from my lecturers, their notes, and also from Corey's textbook (Corey, 2005). This is how Corey describes the therapist's function and role as a person centered counsellor:

"...the therapist must be willing to be real in the relationship with clients. By being congruent, accepting and empathic, the therapist is the catalyst for change. Instead of viewing clients in preconceived diagnostic categories, the therapist meets them on a moment-to-moment experiential basis and enters their world. Through the therapist's attitude of genuine caring, respect, acceptance and understanding, clients are able to loosen their defenses and rigid perceptions and move to a higher level of personal functioning. Clients become less defensive and more open to possibilities within themselves and in the world."

And this was how Carl Rogers described the helping relationship in his article written in 1958. I have extracted excerpts from two of the ten questions he listed.

"... I should like to tell you the kind of questions, which these studies and my own clinical experience raise for me. Some of the tentative and changing hypothesis which guide my behavior as, I enter what I hope may be a helping relationship, whether with students, staff or family and clients. Let me list a number of these questions and considerations.

1. Can I be in some way which will be perceived by the other persons as trustworthy, as dependable or consistent in some deep sense. *... I used to feel that if I fulfilled all the outer conditions of trustworthiness--keeping appointments, respecting the confidential nature of the interviews, etc. - and if I acted consistently the same during the interview, then this condition would be fulfilled. But experience drove home the fact that to act consistently acceptant, for example, if in fact I was feeling annoyed or skeptical or some other non-acceptant feeling, was certain in the long run to be perceived as inconsistent or untrustworthy. ...*

3. A third Question is: ***Can I let myself experience positive attitudes toward another person-attitudes of warmth, caring, liking, interest, and respect?*** *It is not easy...We are afraid that if we allow ourselves to freely experience the positive feelings toward another they may trap us. They may lead to demands on us or we may be disappointed in our trust, and the outcomes we fear. So as a reaction, we tend to build up distance between others - aloofness and "professional" attitude, an impersonal relationship...I believe we...keep ourselves from experiencing the caring which would exist if we recognized the relationship as one between two persons. It is a real achievement when we can learn, even in certain relationships or at certain times in those relationships, that it is safe to care, that it is safe to relate to the other as a person for whom we have positive feelings."*

Of course, Corey had to shrink 56 texts including 14 publications by Carl Rogers into 20 pages of text describing the entire history of Person Centered Therapy (2005 version), while Carl Rogers has the luxury to describe the characteristics of a helping relationship in his articles and books. Reading and following Corey's instructions, we are likely to be effective practitioners following rules of what to do, but because we are not inspired to think of the questions Carl Rogers considered, the practice will not become an art.

There is often so much wealth in knowledge and inspiration when you read the original text written by these therapists,

because they put themselves in as they create the theory and writing. From the writing, you can also get glimpses of who they were as people, alongside with an understanding of the passion behind their theoretical findings. This is something that you can rarely or never find in textbooks. For me, reading an original text feels like getting to know a new person: is he boring, witty, or quick-tempered? Is she sharp, curious or dreamy? If I like the style or agrees with the author's theory, I tend to read on and adapt some findings into my practice. Sometimes I read texts which are long and rambling, and when I yawn I think, 'Yes his ideas are sound, but he sure likes to repeat stuff in a very flowery way.' So I will think that reading an original text by the therapist, especially the important ones, will be a way for you to connect with the theorist/theory, and perhaps get inflamed by their fervour.

3) Read biographies about the therapists who formulated the theory, and criticisms/ perspectives from other therapists

Reading original texts gives you the first hand perspective of why certain counselling theories are formulated, but if you can read biographies or descriptions (gossips?) written by others, you gain a perspective of how the author was viewed, and things that happened in his/ her life that helped directed the preference. Take for instance the view of Carl Rogers in 'The Road to Malpsychia'.

'In his own therapeutic work, Rogers was more subtle than his writings imply; he once told an interviewer that an important component of his treatment strategy was "stealth". Rogers could communicate more with a simple 'uh-huh" than many counselors managed to get across in weeks of pontificating."

In Joyce Milton's chapter about Carl Rogers, I learnt for the first time that Carl Rogers suffered a severe burnout of sorts during his career as a psychotherapist.

'In the case of one female schizophrenic, practising "congruence" led Rogers himself to the brink of nervous collapse. This woman, whom he had treated during his years at Ohio State, showed up one day in Chicago, telling Rogers that she needed to resume intensive therapy. Two or three sessions a week weren't enough for her. She began to appear on his doorstep in the mornings, demanding ever more 'realness' and 'warmth', and turning hostile whenever Rogers showed signs of failing to live up to his own standards of unqualified acceptance. Eventually, Rogers would recall, "I recognized that many of her insights were sounder than mine, and this destroyed my confidence in myself, and I got to the point where I could not separate my 'self' from hers.

One day, facing a dreaded afternoon appointment, Rogers realized that he had reached his breaking point. Turning over the woman's treatment to a colleague, he rushed home and told Helen to throw some belongings in a suitcase. Within an hour they were on the road, headed for Seneca Lake in upstate New York, where they owned a small cabin. Rogers remained in semi-seclusion for six months, recovering his composure with the patient assistance of his wife. He himself would call this his "runaway year."

On his return to Chicago, Rogers entered therapy with Nathaniel Raskin, a colleague at the Family Counselling Center. During these sessions he became aware of his own deeply rooted insecurity, "a feeling that no one could ever love me, even though they might like what I did." In July 1951, summarizing the results of two years of therapy, he concluded that he had become 'much less fearful of giving and receiving love...I think that I see in myself now more freedom in developing into deep emotional relationships with clients, less rigidity, more ability to stand by them in their deepest emotional crisis."

Not everyone takes such a negatively bias view of Carl Rogers like Ms Joyce Milton. Other authors such as Howard Kirschenbaum and Brian Thorpe held different perspectives. Kirschenbaum's article commemorating the 100th anniversary of Carl Roger's birth traced the various insights Carl Rogers derived in his interactions with patients. Here you see how he had used Freudian's theories, observed hypnotherapy, made terrific interpretations but somehow his therapies with different clients still fail until a mother of a troubled boy decided to talk about her own problems with her marriage. This gave Rogers the insight that being clever and skilful is not therapeutic, and it is better to follow the lead of the client to find out what is crucial, painful and deeply buried. With Brian Thorne and selected chapters, you get a view of how contemporaries viewed Carl Rogers and his practice during that time. Martin Buber was not convinced that a meeting or dialogue can take place purely within the experiential world of the client because there is a lack of true reciprocity in the interaction (not I-Thou). There was apparently a famous debate between Rollo May and Carl Rogers where May criticizes Rogers for avoiding the concepts cepts of evil, not dealing with destructive impulses, and being 'too nice'. Rogers in response said that that was what was in the past, and demonstrated using transcripts etc that he has grown in his ability to handle negative and hostile reactions.

From these various publications, I get to 'know' Carl Rogers beyond the ever patient and kind psychotherapist always able to give unconditional positive regard. Nowhere in any counselling books will you read that being 'real and genuine' for an extended amount of time may bring up unresolved issues of your own, and I think it is especially important for therapists to learn that becoming good in therapy is an *ongoing process*, and that theories become more succinct and precise over periods of development. When I read criticisms about Rogers' theories, I also gain perspectives from, in this case the existential lens, and it alerts me to the limits of such practice, and how I can distinguish these two very closely related schools of thought.

More importantly, I gain a more balanced view about the theory and therapist, very useful information that allows me to decide if this is my style of therapy, which is why I think it is good and important to read up biographies.

4) Be aware of whether you like the theory

No matter how we are taught that we "should be a blank slate in therapy to be most helpful to our clients", we are human beings with a sense of what we like or dislike. We like some clients better than others, and we like some theories better than others. I will say that certain theoretical models and even therapies appeal to people of different temperaments: a young, fresh and energetic counsellor will probably find it difficult to practice psychoanalysis. I will think that theoretical frameworks that are aligned to your drives and preference will be easier to use and excel in, than something you find awkward and cumbersome to work with. Unless you are deliberately trying to expand and challenge yourself, using therapeutic models that you dislike will tend to make you feel ineffective and lousy, and may even cause you to quit the helping profession.

5) Be aware of whether you practice with ease and flair

Sometimes we can be dazzled by the halo of the masters and introject our learning without knowing whether we like the method or know how to use it well. Maybe a certain training inspires me so much

Upcoming Changes to Social Policies in Singapore Revealed

In the Committee of Supply debate held on 13 March 2015, the Minister of Social and Family Development Mr Chan Chun Sing and Ms Low Yen Ling, Parliamentary Secretary, spoke about the future challenges as well as changes that will take place in the social policies in Singapore. Below are some of the points that are relevant to the mental health profession:

- The social service office (SSO) network that has been set up will act is a nerve system in coordinating case management between the different VWOs and agencies which may be under different Ministries, so that the person in need will only need to access one point of contact to obtain support for themselves or their families. To do so, the boundaries of all the Family Service Centres (FSCs) as well as the Senior Cluster Networks are first defined and aligned to provide localised, coordinated and integrated services at the town level. Next, the Social Service Net is a new system that will roll out from the second half of Year 2015, first to the SSOs, then the FSCs, and finally the VWOs. By capturing records of all the social interventions and background of the client and family across the entire Social Service sector, the client does not need to repeat his story to many different people from different agencies. This integrated case management approach will help to work towards the MSF vision of having "One Client, One Record; One Sector, One System."

- A Vulnerable Adults Act will be enacted by the end of Year 2015, to help protect adults who are incapable of protecting themselves from harm arising from abuse, neglect, or self-neglect. This act will complement the Mental Capacity Act, which will be amended and updated in the year as well. To implement the Act, common screening and assessment tools will need to be developed, and training programmes created so that the community can help identify the vulnerable adult who may be abused. The law will then allow MSF to conduct social investigations, enter homes and even relocate the vulnerable adults to places of safety. There will also be intervention orders to help those in need if necessary.

- MSF will be increasing VWO programme funding by $16 million starting from 1st April 2015, out of which $12 million will go into the salary increment of the social service professionals between 3 to 19%. There will also be more training courses for these staff by the Social Service Institute, and social workers will also be following the National Social Work Competency Framework that will be rolled out this year. In the family service sector, a Code of Social Work Practice is being developed and implemented across the FSCs in Singapore. This will mean a common languages and common professional standards in practice, so that the records on the Social Service Net can be understood by anyone looking at the case records.

- A new Social Service Fellowship programme will be rolled out in 2015 to recognize high levels of competency and contributions by the accomplished social service professionals such as social workers, therapists, EIPIC teachers, psychologists and counsellors, and tap on their expertise to improve the sector as a whole. MSF expects to appoint around 50 fellows by Year 2017, who will be involved in supervising and mentoring younger professionals in partnership with MSF for Continuing Professional Development.

- A new Community Psychology Hub will be set up in SGEnable (located in Redhill) from the second half of Year 2015. With its initial focus on disability services and later catering to emerging needs such as family and elderly services, MSF will be investing $8million to fund the Hub from 2015 - 2017.

More details can be found at http://app.msf.gov.sg/Press-Room/Speech-at-MSF-Committee-of-Supply-Debate-2015

When I read criticisms about Rogers' theories, I also gain perspectives from, in this case the existential lens, and it alerts me to the limits of such practice, and how I can distinguish these two very closely related schools of thought.

much that I wanted to try out what I learn with all my clients. However, your practice will inform you whether it is suitable. If after five or ten clients, or maybe months after you start practising, both you and your client still find it strenuous and strange to practice using this way, then maybe the 'transplantation' didn't work very well. If you can actively reflect and observe yourself doing therapy, perhaps you can see where certain manoeuvres are totally alien to you, and find better ways to use them.

6) Ground your practice with your personal beliefs

One question I usually ask supervisees is 'Why do clients have problems and come for counselling?' With this, I seek a general description. Some will tell me that it is due to certain lacks during childhood and upbringing, and some others say it's due to a lack of clarity in the source of problems. With this description and your answer to 'How do you help clients with their problems', you can generally tell the belief system you have, and what models are congruent with those beliefs. If you feel that it's childhood and upbringing that cause clients to have problems, you would probably approach the client's issues by providing a corrective attachment and attunement experience to them, rather than coming up with any amount of constructive solutions.

So here are my six suggested steps on how to find and build your therapeutic style. Hope it helps! :) Savvy

Continued on Page 13

Ministry Of Health Answers on How to Create Synergy Between Mental Health Professionals

In the Parliamentary Question and Answer session in January 2015, the Ministry of Health addressed nominated MP Ms Kuik Shiao-Yin questions on how the Ministry (i) encourage synergy between all mental health professionals such as psychiatrists, psychologists and counsellors; (ii) ensure that patients diagnosed with mental illness are followed up on especially if they choose not to return to IMH for follow-up treatment; and (iii) work with employers and insurance companies to encourage the use of medical benefits for employees to offset the cost of mental health counselling or therapy. In response, the ministry replied that the mental health team adopts a multidisciplinary approach to help patients with their needs. A lead clinician is assigned to every patient, who is supported by a team of doctors, nurses and allied healthcare professionals where appropriate. After they are discharged, a post-discharge programme comprising of home visits and telephonic case management is used to ensure that the patients comply with the follow up treatment given. There is also community support given by AIC, which works with VWOs, Social Agencies and Grassroot organizations to manage and care for people with mental health issues, as well as give support to their caregivers. To address concerns about work and insurance support, the Ministry answered that Medishield from 1st March 2013 has included inpatient psychiatric treatment coverage. The Ministry has also had a Workplace Health Promotion Grant which can be used by companies to implement mental health and well being initiatives for their staff.

More details can be found at https://www.moh.gov.sg/content/moh_web/home/pressRoom/Parliamentary_QA/2015/mental-healthcare.html

24% of surveyed Foreign Domestic Workers have poor mental health

Lead by German psychologisy Anja Wessels, the Humanitarian Organisation for Migration Economics (HOME) conducted a Mental Health Survey with 670 Foreign Domestic Workers (FDWs) between November 2013 and May 2014. The results published on 8 March 2015 indicates that 24% of them suffered from poor mental health, while only 38% were treated with dignity by their employers. Singapore has 218,300 FDWs as of June 2014, an estimate of one in five families. In the study, a sense of integration into the employer's family, a sense of privacy and being treated with dignity are protective factors for good mental health, while communication breakdowns due to language barriers, physical and verbal abuse by the employers as well as invasions of privacy and restrictions on communication are the greatest "risk" factors harmful to mental well-being. The report lists several recommendations to protect the mental well-being of FDWs. Apart from the FDW being proactive in seeking help when experiencing mental health problems, employers are also urged not to confiscate the handphone, to treat the FDW with dignity and respect, and allowing them opportunities to communicate with the outside world. Employment agencies can also help by monitoring the well being of these FDWs in their first six months of employment, and having staff who are trained in basic counselling and conflict resolution skills. **More information can be found at http://home.org.sg/around-one-quarter-of-foreign-domestic-workers-surveyed-have-poor-mental-health-home-less-than-half-are-given-weekly-days-off/**

WiSE Study Reveals Prevalence of dementia in Singapore

WiSE is a three year epidemiological study spearheaded by the Institute of Mental Health (IMH) in collaboration with Changi General Hospital (CGH), National University Health System (NUHS), Ministry of Health (MOH), Raffles Hospital and Institute of Psychiatry (IOP), King's College London. In this study, 2565 older adults and 2421 informants were interviewed in depth between August 2012 to December 2013 in 7 languages, using the instruments adapted from the 10/66 protocol, to look at the prevalence and factors associated with dementia and depression among those aged 60 years and above in Singapore. Below are the major findings from the study:

- 10% prevalence of elderly dementia in Singapore
- The older the person, the higher the likelihood of dementia. Prevalence is 18.4 times higher in elderly above 85 years of age, and 4.3 times higher in people aged between 75 - 84 years old as compared to people between 60 - 74 years old.
- Stroke occurrences increase the likelihood of dementia
- Unemployed elderly and those with low education has a higher likelihood of dementia
- 55.7% of elderly with dementia needed care most of the time, and a high number received care from paid help
- Caregivers of people with dementia are significantly more distressed than others

More information can be found at https://www.imh.com.sg/uploadedFiles/Newsroom/News_Releases/23Mar15_WiSE%20Study%20Results.pdf

Now anyone can call IMH 24/7

The magic number: 63892222 is open 24 hours if you require help from IMH. Previously only available to patients, caregivers and mental health practitioners, now anyone who wants to flag cases or want to check/manage symptoms can call. Currently, 10 counsellors who are trained to defuse crises, manage symptoms, and refer callers to the appropriate social services take turns to man the helpline.

Cheong, K. (2014, October 18). Now anyone can call the Institute of Mental Health Helpline, 24/7. The Straits Times. Retrieved from http://www.straitstimes.com/news/singapore/health/story/now-anyone-can-call-institute-mental-health-helpline-247-20141018#sthash.JeJdHjID.dpuf

More Singaporeans developing dementia at a younger age

From 100 cases of young onset of dementia on 2013, the National Neuroscience Institute (NNI) registered 180 new cases of young onset dementia in the past year. This appears to be a growing trend, as 35% of the patients that NNI saw in the last seven years had been diagnosed with young onset dementia. Dementia typically occurs in people who are above 65 years of age, but early onset can start as early as the age of 45, with some rare instances who show symptoms of dementia in their thirties. To better understand the illness, NNI is embarking on a three year study of young onset dementia funded by the National Medical Research Council to study the neuroimages, genetics and lifestyle of these patients. Dr Nagaendran who is the principal investigator remarks that it is a first study to be conducted in South-east Asia, and preliminary findings can be expected in the first half of next year. Meanwhile, NNI has partnered Alzheimer's Disease Association (ADA) to pilot a programme called Early Stimulation, Exercise and Emotional Support for Young Onset Dementia(Esteem). The program launched last December see six patients attending weekly three-hour sessions where they engage in activities such as cooking, art and computer work to keep their minds active, while their caregivers get advice and support from NNI staff in a separate room.

Koh, X. H. (2015, April 25). More People Develop Dementia at a Younger Age. The Straits Times. Retrieved from http://yourhealth.asiaone.com/content/more-people-develop-dementia-younger-

More Marriages Dissolved by the 15th Year

The recent MSF study conducted with the Department of Statistics reports three key observations on the stability of the residents' marriages over time and across cohorts. Recent marriages are 8% more likely to dissolve in their 10th and 15th year as compared to marriages in 1987. Another observation was that younger men (20 - 24 years old) are twice as likely to divorce than older men. There is also good news: Muslim marriages less than 5 years has a lower divorce rate than the previous cohort. This improvement is attributed to better community support such as marriage preparation, enrichment and counselling initiatives. Research and feedback from marriage counsellors report that such programmes improve relationship building skills and overall quality of relationships. Since the start of the counselling programme in 2004, more than 27,000 referrals were made, helping 44% of the Muslim couples not to proceed with divorce.

More information can be found at http://app.msf.gov.sg/Press-Room/MSF-steps-up-efforts-to-encourage-couples-to-attend-Marriage-Preparation-Programmes

New Marriage Prep Program Roll out in May 2015

A free two hour introductory course for marriage preparation implemented in December last year now has a more comprehensive version available for couples. The new 12 hour workshop entitled Prevention and Relationship Enhancement Programme (PREP) is a rigorously tested model based on 30 years of research and developed by Dr Howard Markman and Dr Scott Stanley. This two day workshop covering 12 topics, including communcation, conflict management, commitment and problem solving will be rolled out by MSF in May this year and available free of charge for the first 200 couples who sign up.

http://app.msf.gov.sg/Press-Room/MSF-steps-up-efforts-to-encourage-couples-to-attend-Marriage-Preparation-Programmes

Former Depressed Child Publishes A Picture Story Book to Illustrate Depression

Chia Xun An is a 23 year old polytechnic student who suffered from major depression when he was 10 years old. When he was diagnosed with Borderline Personality Disorder recently, the reactions from people around him aggravated his illness and cause him get worse. During this bad time, Penn the penguin was born. The penguin who had sad flu became a meaningful picture story named 'The Black Box' and has been published to educate others about depression. Xun An also hopes that this will give courage to those suffering similarly, that they are not failures and can continue to live the life more unique than others. Just like the story where even in darkness there is light, Xun An is also seeing light when he will graduate with a diploma in hotel and leisure facilities management this May.

More details can be found at http://yourhealth.asiaone.com/content/student-draws-pain-help-children and http://www.blackboxprojects.net/#!about/c8sp

First Fostering Agency to be Set Up in Mid 2015

To increase fostering capacity, MSF is starting a three year pilot project of appointing Fostering Agencies (FA) who can then help to recruit families, broaden outreach, as well as support foster parents in their parenting efforts. MSF has selected MCYC Community Services Society and Boys' Town to start up the initial FAs. With $8 million funding from MSF over the next three years, MSF targets to increase their fostering capacity from 330 to 600 in the next five years.

More information can be found at http://app.msf.gov.sg/Press-Room/Foster-Care-in-Singapore

Psychodynamic Treatment and Effects

How does Psychodynamic psychotherapy work for depressed patients? Investigators from the Massachusetts General Hospital (MGH) found that patients whose metabolic activity is higher in the right precuneus area tend to finish treatment, with their previously high activity in the right insula decreasing after the treatment. Now the right precuneus area has been previously associated with self-awareness and memory, so perhaps this will become a new marker to predict sucess in psychotherapy?

Roffman J. Witte J.M. Tanner A.S. Ghaznavi S. Abernethy R.S. Crain L.D. Giulino P.U. Lable I. Levy R.A. Dougherty D.D. Evans K.D. Fava M. Neural Predictors of Successful Brief Psychodynamic Psychotherapy for Persistent Depression. Psychotherapy and Psychosomatics, October 2014 DOI: 10.1159/000364906

Dopamine based oscillator may be key to sleep disruption and mania

In a groundbreaking study published in Dec 2014, Blum et al (2014) found the imbalance of an ultradian rhythm generator (oscillator) in the mammalian brains to be the cause of sleep disruption. By disrupting the dopamine transporter gene, the mice used in the experiment had a longer 'wake' period not unlike that of psychostimulant treatment. As these *Slc6a3-/-* mice have been proposed as a model for schizophrenia in other studies, the authors suggest that dopaminergic ultradian oscillator (DUO) dysregulation underlies the rest-activity aberrations associated with schizophrenia. They found that the circabidian (48h) locomotor activity in *Slc6a3-/-* mice similar to the behaviour of schizophrenic subjects, and that treatment with haliperidol (Hal) produces the same outcome in both human and mice. The same 48h cycling between mania and depression observed in bipolar subjects is also an activity cycle aberration, and hence the authors proposed that DUO dysregulation may be a common disease cause.

Blum, I. D., Zhu, L., Moquin, L., Kokoeva, M. V., Gratton, A., Giros, B. & Storch, K-F. (2014). A highly tunable dopaminergic oscillator generates ultradian rhythms of behavioral arousal. eLife, 2014; 3 DOI: 10.7554/eLife.05105

Recession and Effects on Mental Health

In the recent macroeconomics study published on *PLOS One*, Dagher, Chen and Thomas (2015) examined data of 81,313 adults in the United States from 2005—2011 to find out the mental health status of the population designated as pre-recession, during recession and post recession. To their surprise, they found consistent results that the population had better mental health for both genders during the recession. However after the recession, there is worse mental health for people who had not been seeking treatment for depression and anxiety before the recession. Women, especially those who were unemployed or had low household income were more likely to have higher rates of anxiety diagnoses

Dagher, R. K., Chen, J. & Thomas, S. B.(2015). Gender Differences in Mental Health Outcomes before, during, and after the Great Recession. PLOS ONE, 2015; 10 (5): e0124103 DOI: 10.1371/journal.pone.0124103

Offsprings of Stressed Mice Show

By subjecting newborn male mice to traumatic stress (removing them from their mother at irregular and frequent intervals), Professor Isabelle Mansuy and her team found that their offsprings reacts to changing rules on tasks faster and more flexibly than control mice not subjected to stress.

"Our results show that environmental factors change behaviour and that these changes can be passed on to the next generation," explains Mansuy. This finding -- that not only a parent's susceptibility to psychological disorders can be passed on to its offspring, but also its improved goal-oriented behaviour in difficult situations -- might prove to be of value to the clinic. Doctors could help post-trauma patients suffering from depression to build on these sorts of

Group Mindfulness Treatment As Effective as Individual CBT for anxiety and depression

Putting 215 patients on randomized controlled trials (RCT) to receive individual CBT or mindfulness-based group therapy (ten in a group) over a period of eight weeks, the researchers led by Professor Jan Sundquist in southern Sweden found no statistical difference between the recovery of these patients with depression and anxiety issues.

"The study's results indicate that group mindfulness treatment, conducted by certified instructors in primary health care, is as effective a treatment method as individual CBT for treating depression and anxiety," says Jan Sundquist. "This means that group mindfulness treatment should be considered as an alternative to individual psychotherapy, especially at primary health care centres that can't offer everyone individual therapy."

Jan Sundquist, J., Lilja, A., Palmér, K., Memon, A. A., Wang, X., Johansson, L. M., & Sundquist, K.. (2014). Mindfulness group therapy in primary care patients with depression, anxiety and stress and adjustment disorders: randomised controlled trial. The British Journal of Psychiatry, DOI: 10.1192/bjp.bp.114.150243

Improved Goal Oriented Behaviour

strength. The implication of the mineralocorticoid receptor gene could also be a good starting point for potential future medical therapies.

"We are not in any way suggesting that early-childhood trauma is somehow positive," says Mansuy. But she adds that her study on mice demonstrates how extreme stress can affect the brain and behaviour across generations -- negatively, but also in some ways positively.

Gapp, K., Soldado-Magraner, S., Alvarez-Sánchez, M., Bohacek, J., Vernaz, G., Shu, H., Franklin, T. B., Wolfer, D., & Mansuy, I. M. (2014). Early life stress in fathers improves behavioural flexibility in their offspring. Nature Communications, ; 5: 5466 DOI: 10.1038/ncomms6466

Depression and Delusions Before the Onset of Alzheimer Disease

Evaluating data collected from 2416 people ages 50 and above for seven years, Dr Catherine M. Roe and her team found the rate of depression 50% higher in elderly who develops Alzheimir disease as compared to those who didn't. Elderly people who develop Alzheimir disease were also 12 times more likely to develop delusions as compared to the rest. Such noncognitive changes may help to detect dementia in preclinical stages.

Masters M.C., Morris, J.C., & Roe, C.M. (2015). "Noncognitive" symptoms of early Alzheimer disease. Neurology, DOI: 10.1212/WNL.0000000000001238 1526-632X

High Risk of Committing Suicide After Release from Prison

People who have been in prison run a higher risk of committing suicide; 18 times that of the general population. By far the highest risk of suicide comes in the first months after release and among individuals with a history of substance abuse and previous suicide attempts. These are the findings of a register study performed by researchers from Karolinska Institutet in Sweden, being published in the *Journal of Clinical Psychiatry*.

Axel Haglund, Dag Tidemalm, Jussi Jokinen, Niklas Långström, Paul Lichtenstein, Seena Fazel, Bo Runeson. Suicide After Release From Prison. *The Journal of Clinical Psychiatry*, 2014; 1047 DOI: 10.4088/JCP.13m08967

Neuro-inflammation A Possible Cause of Major Depression

Using Positron Emission Topography (PET) to look at the brains of 20 patients with depression and 20 healthy controls, Dr Jeffrey Meyer and his colleagues at the Centre for Addiction and Mental Health (CAMH) in Canada found that there is significant brain inflammation in people who were experiencing clinical depression as opposed to healthy individuals. A higher inflammation level was also correlated to the severity of depression. "Depression is a complex illness and we know that it takes more than one biological change to tip someone into an episode," says Dr. Meyer. "But we now believe that inflammation in the brain is one of these changes and that's an important step forward."

Centre for Addiction and Mental Health. (2015, January 28). New biological evidence reveals link between brain inflammation and major depression. Retrieved March 3, 2015 from http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Pages/New-biological-evidence-reveals-link-between-brain-inflammation-and-major-depression.aspx

Facebook can make us more depressed

In this study published in February 2015, Margaret Duffy and her team found that Facebook is not always good for us.

"Facebook can be a fun and healthy activity if users take advantage of the site to stay connected with family and old friends and to share interesting and important aspects of their lives," Duffy said. "However, if Facebook is used to see how well an acquaintance is doing financially or how happy an old friend is in his relationship--things that cause envy among users--use of the site can lead to feelings of depression."

Researchers surveyed more than 700 US university students, aiming to look at the relationships between the extent of Facebook use and feelings of envy and depression. Although they did not find a significant direct relationship between Facebook use and depression, they found that increased feelings of envy on Facebook is significantly associated with depressed symptoms.

Tandoc, E.C., Ferrucci, P. & Duffy M. (2015). Facebook use, envy, and depression among college students: Is facebooking depressing? Computers in Human Behavior 43: 139.

Dr Enright, the leading expert in the field of forgiveness was teaching at HOPE worldwide in Singapore, and we were very honored to be able to interview the eminent professor Our reporter Silvia Wetherell asked Dr Enright about how forgiveness is used in therapy.

RE – We can look into the use of forgiveness as a practicality in one of these two ways, one is what we call remediation where an adult has been treated unfairly and now isn't feeling well, maybe with anxiety or depression. And working on forgiving those who have been unjust to him or her naturally helps heal that inner world. So, we remediate, we care, we cure the psychological damage done from other's people injustices. Also, forgiveness works in a preventive way, when we work with children to let them learn from stories or story characters with problems, how they forgive to give the students insight and confidence so that they too can forgive others who might push them down on the playground, or brothers that are mean at home. In this way they not only begin to work out on the moral issue of justice which children are trained from the very beginning at home, school and everywhere else, but they also start cultivating a little understanding and talk in terms of mercy, forgiveness and love. This goes alongside justice, softens justice, humanizes justice in such a way that the children grow up and can realize that even those who hurt them are people. Those who are hurt have responsibility from that position, not just the position as the victim. A lot of times we define people by their actions, especially negative actions, but that's not seeing a person widely enough which can lead to condemnation and prejudice. But if we can put the other person fully back together again, through the eyes of forgiveness, then we have the whole person standing with the whole person and maybe things will work out in a way which will never work if they only characterize the person by the mean behaviour.

In a way it helps people to practise small ways of forgiving, so that with a bigger injustice they can become more willing to forgive?

RE – That's exactly correct. What we are trying to do is to help the children build what we call build the forgiveness muscles, so that they gets stronger knowing what forgiveness is, maybe be willing to practice and like it if they try it. Even though the tragedies that happen during childhood are oftentimes less than the kind of injustices that can visit us unexpectedly as adults, we are not always perfect in protecting our children from harm. So we try to let them learn about forgiveness in the quiet protection of schools and families. This has never been tried in the history of the world that I know of, where is a deliberate attempt to educate large numbers of children in forgiveness so that they can make a difference in their society when they become adults. Now if we can start with a small thing that can fortify them and make them stronger so let's say abandonment by a spouse might happen when they are 26, the child will already have laid the foundation of confronting that and understanding people as they truly are when they were 6, 7 or 8 years old. This will lead to better decisions and communication strategies. Rather than lashing out at one another, take stock for a while, hold off, then work on forgiving before approaching the other, because one can communicate the same message very differently when quiet and respectful or when in a rage. The point with forgiveness is to help these children to become adults who communicate in ways that say "I know you are a person; I might not agree with you and you have hurt me and I need some change but I'm asking you person to person rather than person to monster" which sometimes can happen when our thoughts about other people degenerates when we see them less than human.

After attending your workshop, I realised that there are many misconceptions and interpretations as to what forgiveness is. Many counsellors may also have a different perception about what forgiveness is and isn't. Can you demystify some of the most common myths about forgiveness?

RE - I think that first of all people have to realize that forgiving is not to excuse. To excuse is not a moral virtue, whereas justice and forgiveness are moral virtues centered in goodness. To excuse is not necessarily good. When we forgive we don't necessarily forget: we don't let the problem happen again, and we don't take nonsense from others by automatically reconciling with them. We can stand aside and not reconcile, and until a sense of trust of the other person gets built up inch by inch then perhaps there is forgiveness, but this does not mean that we throw justice out. We don't just simply let it go when we are forgiving, we don't let go of injustice. We call it by its name, and that it is wrong. And yet we can see the person as a human being in spite of what they have done. Until people have that clarity in mind they could be really confused and that gets even worse when the counsellor misunderstands what is being communicated. Therefore, we have to start by defining the term and saying that when you have been treated unjustly by another person, you forgive by working to get rid of resentment. That's hard work but also what make a moral virtue. This may not seem fair, and technically it is not fair because it is not part of justice. But if we realize that we are not on the side of mercy we can give the recognition as a human being as someone who deserves respect because they are a person. You can do that while still asking something of that person, asking them for justice. If we are rid of resentment, even if we ask for justice and not get it, we can forgive and be relieved from the toxic resentment that would have been stuck in the heart otherwise.

I found that quite enlightening when you spoke about how forgiveness and pursuing justice work hand in hand. So forgiveness is the internal work but also the part of action to stand up to injustice?

RE – Exactly! The action part is going to the other and saying "I forgive you". But you don't have to do that. There is no rule saying that you have to say a certain thing but if you think that would be helpful and you would like to work on

this relationship it is great. You also actively go and ask the person to change his behaviour that may be ongoing and be hurtful. The action of this person also affects others who live in the community. For example if this happens in your family and your children are seeing continuing injustice one after the other, children will be affected by that. They might think that marriages are a bad thing and be hesitant in starting that kind of relationship.

The theory of forgiveness therapy is very enlightening. How do we use it in practice, and trying to help our client forgive after going through a lot of injustice?

RE – I would say to look beyond what the person is saying and ask yourself this question as their counsellor. You see injustices in this person's life which they are not confronting, maybe because they are not aware that it's actually at the heart of why they are coming in. For example, if someone comes in and say: "I have insomnia, I am sleepless and what I want you to do is to help me relax at night so that I can fall asleep. That is all well and good but that is treating a symptom, not the problem. So the art of forgiveness therapy is to not impose forgiveness one, two, three, four sessions but to hold back and try to get the client better by asking such questions as this: "when you are lying awake what are you thinking about? Is there anything particular that is bothering you? Might it be injustice in your life that is keeping you awake because you are agitated? So, are you willing to talk about that?" Because maybe if we can understand what those injustices are we can actually deal with the insomnia not by dealing with the insomnia but by focusing on the injustices of people who perpetrated the injustices. And we have a way out there "let's talk a little bit more about these injustices to see if it exists, to see if I can help you with that". People are usually very happy to discuss that. You see I never mentioned the word forgiveness. If I say "oh, you have insomnia because you need to forgive" they will probably run. And then maybe the run will help then to exercise and they fall asleep, but probably not (chuckles). We have to be gentle as to when we bring up the idea of forgiveness and it is usually not in the first four sessions. The initial sessions are to build rapport, get to know who the other person is, and get to know the areas of injustice if they exist. If they don't exist then forgiveness therapy is not appropriate. Forgiveness therapy is not appropriate for all cases. Its specialty is when we have been unfairly untreated by others, that's when forgiveness can step in and be a marvellous healing agent.

Can we use forgiveness therapy to help clients subjected to domestic violence or trauma?

RE – There are three areas of research on which we have worked with regards to domestic violence. One is incest in the home, the other is women who are emotional abused by their spouses and finally the women who have fibromyalgia which is a chronic a neuromuscular disease often times related to abuse from childhood. We randomly assign half of these clients to forgiveness therapy, and the other half to be the control group. You can read about these in detail in two of my books, "Forgiveness is a choice" and "The forgiving one". The clients can take up to fourteen months to complete their sessions, and when we do the statistics comparing the two groups, those who have had forgiveness therapy, who come to us with low self-esteem because they don't like themselves had increased self esteem. Anger tends to go down, depression tends to go down, and not just lessen but go to what we call non-depressed status, anxiety tends to go down to normal levels and a sense of hope for the future can get better. And in the case of the fibromyalgia patients, some of the symptoms actually start lessening. So the forgiving actually had an impact on the physical being not just the emotional well-being. But in all of these 3 kinds of conditions women got their lives back because they paradoxically gave mercy to the world.

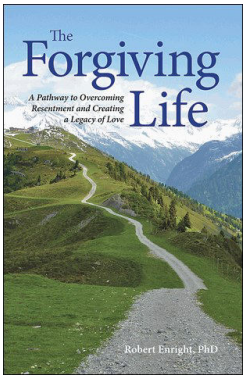
I wonder if the counsellor's own ability to forgive is important to using forgiveness therapy in the therapeutic relationship?

RE – If the counsellor commits to making forgiveness therapy the heart of their clinical practice, I think that is very important. He/she can consider choosing the practice of forgiveness with those who have hurt them in their lives, going back to childhood and taking a look and seeing who has injured them enough that they still have resentment in their heart. Because once they practice this and know the pathway, they are much more likely to give good counsel to the client. If a therapist or a counsellor is untrained in forgiveness and has a lot of anger they might subconsciously pass this to the client instead of giving the client the opportunity to get rid of the toxic anger. And it is all because the counsellor within her or himself hasn't done the work of forgiveness. They are then keeping the door of forgiveness shut for the client and that is not necessarily fair to the client.

Will there be more forgiveness therapy trainings coming to Singapore?

RE – I think bringing forgiveness therapy training to the counsellors in Singapore would be one of the best things we could ever do. I think it would enhance the practice and give a lot of success. I think it would give joy to the counsellors who would otherwise go home with fatigue because counselling is hard work and it would be refreshing because it gives not just another method in counselling but forgiveness therapy can become a central way of how they approach clients. I am all for this and I think it would be wonderful if the counsellors want it. Forgiveness is always a choice for clients and also the counsellors we should never force it in anybody. People should be drawn to it as opposed to forced to

Dr Robert Enright recommends his newest book, The Forgiving Life for those who are interested to find out more about the therapy. The picture of Dr Enright was provided with courtesy from HOPE Worldwide (Singapore).



Silvia (right) who conducted the interview with Dr Enright is in private practice, while Claudia (left) who helped to transcribe the recording is currently volunteering at Youngberg Wellness Center.

Happy Habits

This app uses the research from Positive Psychology to help you create happy habits such as recording positive events, create affirmations, and learning how to create the conditions for happiness.

Smiling Mind

Smiling Mind is meditation made easy. Developed by a team of psychologists with expertise in youth and adolescent therapy, this app contains 6 mindfulness meditation programs for various age groups.

MoodTools

MoodTools is an app to help people with depression using a Thought Diary, Activity Tracker, a test to look at symptom severity over time, information and even a safety plan that you develop and adhere to when you are going through a suicidal crisis.

With smartphones all around us, apps are the newest tool that we can use in our practice. Tech Savvy looks at the latest mobile apps that helps us or our clients with their issues.

Worry Box

The tagline is 'Learn to control worry and get relief from anxiety'. Some users find it useful to put their worries in the worry box, and to use steps or coping statements to help manage their worries while writing the worry cognitive diary.

Cognitive Style CBT

Sponsored by a clinical psychologist, this app helps you to determine your thinking style so that you can examine it, and decide how you want to change it so to decrease anxiety, anger and depression, as well as improve self esteem and relationships.

Calm

Most people who use this app to help them calm down in the day, as well as to sleep at night. Beautiful scenes, blissful music, guided meditation sessions as well as a 7 day program helps you to live your life calmly.

7 cups of tea

Some of our clients need a lot of active listening beyond the counselling hour. Here you have trained active listeners who will have conversations in an anonymous and confidential manner, giving one emotional support anytime and anywhere.

What's Up?

Combining the best methods in CBT and ACT (Acceptance commitment therapy), this app has many interesting features such as a diary with scaling, a habit tracker, a grounding game, 3 simple breathing techniques to help people cope with depression, anxiety, stress, anger and more.

Positive Activity Jackpot

This app uses a behavioural therapy called pleasant event scheduling (PES) to overcome depression and build resilience. By suggesting enjoyable activities and even letting the jackpot choose the activity for you, it helps the depressed person overcome his inertia of doing nothing and slowly recover from the depressive episode

Positive Penguins

This is a game to help children become resilient by changing their negative thinking. Four positive penguins help children understand that their feelings is caused by their thinking and how they can feel less anxious if they can change the negative thinking.

Money = Happiness?

Can money buy happiness?

Apparently the people attending the 'Happy Money 2.0' symposium in California (part of the 16th Annual meeting of the Society for Personality and Social Psychology) found that that's not the case. In Kumar, Killingworth and Gilovich's article (2014), it seems that both material and experiential wealth tends to reduce people's ability to savor simple joys and experiences. Wealth and abundance may undermine appreciation and reduce the positive emotions associated with everyday experiences.

In contrast to abundance, experiencing adversity in the past or scarcity in the present increases individual's ability to savor everyday moments, according to a Croft, Dunn and Quoidback (2014). "Simply reminding individuals that the future can be unpredictable drives people to stop and smell the roses," says lead researcher Jordi Quoidbach.

The wealthy seems to get it worse. Professor Michael Norton from Harvard Business School found that for millionaires and billionaires to find happiness in monetary terms, they will need two or three times more money than they currently have. Alongside with the research done by Piff et al (2012) that upper class individuals (measured by wealth, education and and occupational prestige) cheat, lie and use unethical decision making much more often than lower class individuals, it seems truly hard for the rich to be happy.

So how do we get the best bang of the buck? It seems that experiences are a better buy than gadgets, and the longer you have to wait for it, the better it is. "The anticipatory period [for experiential purchases] tends to be more pleasant...less tinged with impatience relative to future material purchases we're planning on making," explains lead researcher
Amit Kumar. In an analysis of stories in the news media about long lines, "Those waiting for an experience tended to be in a better mood and better behaved than those waiting for a mate-

Maybe I should forget the gadget I have in mind and book a plane ticket somewhere!'

Savvy

References

Croft, A., Dunn, E.W., & Quoidbach, J. (2014). From tribulations to appreciation: Experiencing adversity in the past predicts greater savoring in the present. Social Psychological and Personality Science, 5, 511 - 516.

Kumar, A., Killingsworth, M. A. & Gilovich, T. (2014). Waiting for merlot: Anticipatory consumption of experiential and material purchases. Psychological Science, 25 (10), 1924-1931.

Piff, P. K., Stancatoa, D. M., Côtéb, S., Mendoza-Dentona, R. & Keltner, D. (2012). Higher social class predicts increased unethical behavior. PNAS 109 (11): 4086 - 4091.

Society for Personality and Social Psychology. (2015, February 28). Can money buy happiness? The relationship between money and well-being. ScienceDaily. Retrieved March 2, 2015 from www.sciencedaily.com/releases/2015/02/150228084708.htm

Continued from Page 5

References

Corey, G. (2005). Theory and Practice of Counselling & Psychotherapy (7th edition). USA: Brooks / Cole.

Kirschenbaum, H. (2004, Winter). Carl Rogers' life and work: An assessment on the 100th anniversary of his birth. Journal of Counseling and Development, 82,1, 116-125. Translated into German for simultaneous publication in Person, the journal of the Austrian, German and Swiss associations for person-centered psychotherapy.

May, R. (1982). The problem of evil: An open letter to Carl Rogers. Journal of Humanistic Psychology, 22, 10-21.

Milton, J. (2002). The Road to Malpsychia: Humanistic Psychology and Our Discontents. San Francisco, CA: Encounter Books.

Rogers, Carl R. (1958). The Characteristics of a Helping Relationship. *Personnel and Guidance Journal* 37, no. 1: 6-16. Retrieved from http://www.spiritofcaring.com/public/397.cfm

Rogers, C. R. (1982). Reply to Rollo May's letter to Carl Rogers. Journal of Humanistic Psychology, 22, 85-89.

Thorne, B., & Sanders, P. (2013). Key Figures in Counselling and Psychotherapy: Carl Rogers. (3rd ed.). London: SAGE Publications Ltd. doi: http://dx.doi.org/10.4135/9781446289051

Hwee Boon is currently a counsellor and supervisor. Apart from her private practice, she also does counselling in a secondary school.

Do you have any comments that you like to share on the article? Email us at savvytherapist@gmail.com to connect with us. Your comment may be published in our next issue.

Workaholism

By Joshi C.

Is workaholism a psychological disorder ?

Are they victims of every demanding organisations? Job engagement, good; workaholism, bad. Working excessively, good; working compulsively, bad. Work involvement, good; work addiction, bad.

Forty years ago, when the term was invented by Wayne Oates in his book called " Confessions of a Workaholic", we were told to pity and offer help to the soon-to-be-burnt-out workaholic.

There were two ways of defining people with this condition. The first was by time: time spent at work or working. Some thought those who did more than 50 hours a week deserved the label. It was about excessively long hours: way beyond anything reasonably required, or indeed, legally stipulated. Counsellors commented that this developed into burnout, exhaustion and stress. It led to a vicious circle, not a virtuous one.

The other definition was more psychological. It had to do with compulsion more than hours worked. It involved preoccupation, obsession and uncontrollable reluctance to leave work, stop working, or disengage. People were addicted, it was said, because work gave them a status, identity and structure they could not find elsewhere.

So, years ago, organisations that praised workaholism were wicked because they made a virtue of something that was bad for employees. Also, in the 1970's, we had very much the same story – the Type A / Type B idea. Type A people were competitive, energetic, ambitious, frenetic, and yes, a tad aggressive. Type B's were terribly laid back. A's had heart attacks and died. The unperturbed and the calm inherit the earth. Fortunately, inability to replicate the findings meant that line of enquiry stopped. Sure, aggression is bad for you, but that is all.

But don't managers want hard workers? Don't they long to employ more of those who pitch up and pitch in; stay late and stay productive? We have known for 100 years that the most productive people (in any job) produce at least 2 ½ times the output of the less productive. So more of the former and fewer of the latter please !

There is a solution, but the question is whether it amounts to little more than terminological dexterity. It is the idea of job engagement. We have given up on terms such as job satisfaction, job involvement, job commitment, but fallen in love with 'engagement'. Altogether better sounding. Affectionate and affective – about emotion as much as intellect.

Engaged people are passionate about their work. Indeed the 'p' word seems as readily abused as the 'e' word. Job engagement is supposedly characterised by vigour, dedication and absorption. Engaged employees work long, hard and energetically. The work gives them a feeling of inspiration and pride; a feeling that they are doing something significant.

They are often totally engrossed. The positive psychologists call it a state of flow. This is the real joy of work and yes, most of us recognise flow experiences, mainly in our hobbies. It is interesting to note that both the workaholic and the engagement literature focus so clearly on white-collar jobs. Have you ever heard of a workaholic car-park attendant or cleaner ? Occasionally you find totally engaged serving staff (waiters/ waitresses) because the job fulfils such an important social function.

Thus are we encouraging workaholism again ? Work hard, work long, sell your soul to the organisation ? Yes, the workaholic volunteers for this. The originators of the concept pointed out the similarities between the workaholic and alcoholic. Both neglect their families, personal relationships and other responsibilities; both feel better when partaking; both indulge to numb or avoid certain feelings; both can show physical withdrawal when away from their preferred activity; both deny the problem. The workaholic uses some workplace praise or affirmation as a reason to offset objections; both demonstrate the progressive (i.e. addictive) nature of the problem. Both tend to be rigid and inflexible, and do not deal with problems well.

The issue is about interpretation for hard-working employees today. Is their excessive time (i.e. long hours) spent at work a sign of commitment, dedication and involvement, or is it really a sign of escape from other issues and a striving to achieve unrealistic standards? Is the insistence on the highest standards of performance by many workaholics a measure of their quality-mindedness or conscientiousness, or is it (really) little more than an attempt to bolster their self-esteem? Is the workaholic's mantra about business needing to be 24/7 a sign of a control freak who can't or won't do work-life balance ? Do workaholics show contentment, commitment or pride in the organisation as an extension of self ? Or are they unable to derive meaning and self-esteem elsewhere ? Are they Jekyll and Hyde inside and outside the workplace ?

Certainly authentic workaholics are not very attractive people. They may try to sabotage those who insist on work-life balance. They hate losing control or delegating powers and are very difficult to work for. So does one want workaholics in the workplace; those whose often bizarre behaviour apparently serves the interest of the organisation ? No, because in the long term it doesn't. Working smart is better for everyone.

Joshi C. (PB, PBS) is currently a lecturer and supervisor at Kaplan for the Certificate and Diploma in Counselling courses. He is also an associate counsellor with many private counselling firms.

BOOKLUB

Spurred by an urge to understand existentialism recently, I decided to go deeper into the subject and hence borrowed a few books on philosophy from the library. One of the books is 'Therapy for the Sane: How Philosophy Can Change Your Life' by Lou Marinoff.

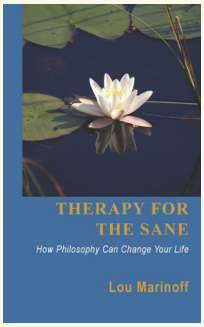
Dr Marinoff is a counsellor and a Professor of Philosophy, so it is quite natural that he published and started the philosophical counselling movement. In this book, Dr Marinoff first defines that diseases and dis-eases are different, and if we confuse the two, say by labelling something normal like having concerns about important events in life as having a disease of 'generalized social anxiety disorder', then we may start to see life as a disease! However, if you are really suffering a disease, no amount of counselling and applied philosophy can make you better. Once this definition and the difference of psychiatry, psychology and philosophy is made, he embarks into Part II of the book, where we look at the major dis-eases we have in life.

How do you know what is right? Are you guided by passion or reason? If you are offended, are you harmed? Must you suffer? What is love? Can't we all just get along? These are just some of the chapters the book explores in Part II.

Here, we look at how ancient philosophers have asked the same questions, and the conclusions they made. Dr Marinoff then presents cases where his dis-eased clients become aware of how his/her beliefs are conflicted, how certain philosophers explain the phenomena or wrangled with the same conflicts, find a preferred viewpoint as well as peace and direction in where to proceed. In the chapter, 'Must you suffer', Martha and Alex wants children but cannot conceive. They tried lots of methods to alleviate their misery: fertility clinics, surrogate motherhood arrangements, and even 'black market' in babies, and each time they tried and failed to acquire a child their suffering only increased. Ironically, when they eventually legally adopted a baby girl named Sandra, the misery of not having a child quickly transformed into the misery at not seeing their child often enough. So, it's really trading one suffering for the next! Sogyal Rinpoche taught that there are only two kinds of misery: the misery of having, and the misery of not having. In this case, the moral is to learn to be content with what you have, or what you don't have. In another chapter, Jane is a Protestant woman is caught in the cultural and political crossfire when her son is marrying a Jewish woman and her daughter is marrying a Muslim man. There are food arrangement problems, and the children are fighting with each other while she herself views her family as inhabitants of a global village.

How did Jane find peace in this? Well you can go and read the book to find out. There are lots of other bits like this here and there, talking about fulfilment, responsibility, duty, and how machines are taking over. I especially like an anecdote Dr Marinoff shared in the book. A priest on the plane whom he coined Father Gadget was hooked up onto his technology (laptop, palm pilot, microcasette recorder) the moment he was able to, until the time when he had to keep them away for landing, when he suddenly couldn't locate one of his gadgets. Father Gadget was very distraught and was convinced that it had fallen under the seat of a frail gentleman, Mr Jones, who was sitting in the vicinity and wanted him to get up so that he can look around. Now Mr Jones is actually on the flight to get to a cancer treatment centre for his last hope of a cure, and even sitting on the flight was painful for him, not to mention getting out of the seat. But Father Gadget, being intent on locating his electronic doodad was entirely oblivious to this, and when he couldn't find his gizmo and the plane landed, was one of the first to get off, yammering on his handphone and equipped with his hi-tech gear, he hustled up the jet-way without another word to Mr and Mrs Jones. I hear snickering, but I wonder if unknowingly to us, we have at times been sucked into this machine like devotion and had lost what it means to be human?

I enjoyed reading the book, probably because I am pretty bookish myself. It is light, it is humorous, and on top of it all, it helps me to broaden and deepen my own philosophy of life and living. Maybe if I am tormented by one of my own dilemmas one day, hey I can just pick up this book for some useful 'centuries-old' advice. I'm off to buy a copy for myself! Savvy

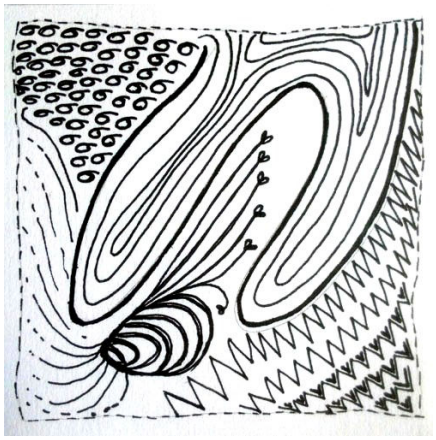


Therapy for the Sane: How Philosophy Can Change Your Life is written by Lou Marinoff, Ph, D. with its first edition published in 2003. The cover shown is a 2nd edition published in 2013.

ASK The Savvy Therapist

QN: My current job requires me to collect certain types of client information which I feel is not necessary in my practice. My supervisor says this is our organization practice and such records are required. I feel uncomfortable and "stuck" with this practice. What should I do?

ANS: This is a situation faced by many counsellors, to adhere to the Standard Operating Procedures set by their organizations. Section A2 of the SAC Code of Ethics states that '*Members have a responsibility both to the clients who are served and to the agencies within which the service is provided, to maintain high standards of professional conduct and competence in their work.*' Perhaps you can consider if the current practices are ethical and in accordance with your personal values. If that is not the case, you might want to speak to your supervisor about your concerns, to see how similar data can be collected in other manners, so as to meet specific organizational needs. Savvy



The Art of Zentangling

3.5 inch (8.9cm) square tiles, black ink on white paper. Conscious and deliberate strokes. Unplanned, abstract, without orientation. This is the essence of Zentangle, a new self help art therapy originated from Robert and Mary Thomas, which has multiple benefits akin to practising mindfulness meditation. We show some of these creations in our last page. Sarry