



The New Zealand
Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

Kia ora and welcome to *Psychology Aotearoa* the official twice yearly publication of the New Zealand Psychological Society. *Psychology Aotearoa* aims to inform members about current practice issues, discuss social and political issues of importance to psychologists, celebrate the achievements of members, provide a forum for bicultural issues and highlight research and new ideas relevant to psychology. It also aims to encourage contributions from students, hear the views of members and connect members with their peers.

Being part of *Psychology Aotearoa*

We welcome your contributions to *Psychology Aotearoa*. We are looking for submissions related to psychology which readers will find stimulating and can engage with. This can include items on practice and education issues, social and political issues impacting on psychology, bicultural issues, research in psychology, historical perspectives, theoretical and philosophical issues, kaupapa Māori and Pasifika psychology, book reviews, ethical issues and student issues.

For more information on making submissions to "*Psychology Aotearoa*" – go to www.psychology.org.nz/Psychology_Aotearoa

The New Zealand Psychological Society is the premier professional association for psychologists in Aotearoa New Zealand. Established as a stand-alone incorporated society in 1967, it now has over 1900 members and subscribers. The Society provides representation, services and support for its New Zealand and overseas members.

Psychology Aotearoa is the Society's member-only periodical published twice a year. It contains articles and feature sections on topics of general interest to psychologists including the teaching, training and practice of psychology in Aotearoa New Zealand, research and new developments in psychology, application of psychology to current and social and political issues.

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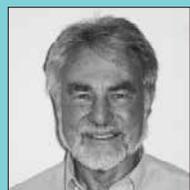


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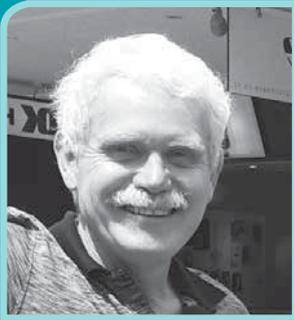
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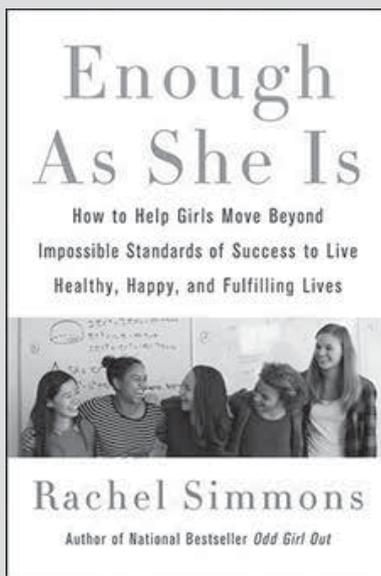




We have something of a potpourri of reviews for this issue, although they all deal with reasonably common problems of living. Rebecca Sargisson comments on a book about the pressures to excel that young women now face, while Trish Hanlen introduces a text about responding to illness and disability. Included here are also two reviews that I have written, and one of these works deals with the fear of flying, and the other book is about sleeping difficulties.

Peter Stanley- Review Editor, pstanley18@outlook.com

Enough as she is: How to help girls move beyond impossible standards of success to live healthy, happy, and fulfilling lives



Reviewed by Dr Rebecca Sargisson, Lecturer and Researcher, Faculty of Social and Behavioural Sciences, University of Groningen.

I was excited to read *Enough as she is*, by Rachel Simmons, as I have two pre-teen girls in a world that seems increasingly complicated for girls and women. The topic is timely, and the book was informative in terms of modern issues faced by girls, such as the pressure of social media. The social media section was interesting as, not being a digital native, it is sometimes

difficult to relate to the online world that teenagers inhabit today.

There was a good range of topics covered, including the extreme pressure placed on girls to succeed in all areas of their lives – academic, appearance, social life – and the impacts that pressure has on girls’ confidence, self-esteem, and anxiety levels. A chapter on the continuing pressure on girls to be thin reminds us that this issue has not gone away despite increasing levels of obesity. Simmons also gives girls permission to make mistakes, to change their life course, and to be less-than-perfect, which is a message that everyone needs to hear.

To a non-American audience, the book began weakly, with a focus on the college application process. While girls in New Zealand share some of the generic problems mentioned here, our university enrolment system does not place as much pressure on girls and I found a great deal of this chapter irrelevant to those of us outside of the U.S. The focus of the entire book was clearly on wealthy, white, girls who are all expected to go to university. So, the audience was rather narrowly focused.

Simmons uses almost no citations to support statements of fact or research findings. She relies quite heavily on anecdotes, or personal stories, from girls she interviewed for the book. I realise the book is for a non-academic

audience, but I would have liked a more rigorous academic base. Academic readers may struggle, as I did, with the lack of cited research evidence which inhibits the reader from fact-checking or exploring more deeply by reading the original research. Simmons likely wrote the discussion on growth and fixed mind-sets in Chapter 4 before the recent meta-analysis of Sisk et al. (2018) provided compelling evidence against this theory. The presentation of the idea of mind-sets as fact brought into doubt, for me, the evidence-base of the other chapters.

The book is advertised as a guide to “help girls move beyond impossible standard of success” but the focus seemed to be on the problems, rather than on the solutions. The problems made for sobering reading, but the solutions, when they did appear, were often rather weak, involving, for example, talking to your daughters about the problem (or in some cases, not talking about the problem). There was little mention of established and respected therapeutic approaches, such as Acceptance and Commitment Therapy, although mindfulness makes an appearance in Chapter 6 with self-compassion. It was often difficult to separate the recommended solutions from the general discourse about the problem.

The book as a whole seemed to

lack structure and came across as a bit undirected and repetitive. I found my interest flagging near the end. A clear chapter structure, for example, outlining the problem, then describing an example case, followed by suggested responses, might have provided the predictability I wanted, and enabled me to skip to the solutions when the problems came to seem overwhelming (as they did). I also found myself wanting to read about the girls whose teenage years had not been a problem. Positive psychologists would have us learn from those who navigate their lives and problems successfully, so that might have been a nice addition.

This book would be helpful to male and female parents, of both boys and girls, preferably whose children have not yet reached their teenage years. Educators, social workers, and psychologists may also find the book helpful in describing some of the issues faced by today's girls, and especially for those of us who did not grow up in a world dominated by social media. However, professionals will need to look beyond the information provided by Simmons when seeking solutions or therapies for girls facing these issues.

Overall, I was glad to have read this book as it reminded me of the difficult position girls are put in today. Awareness of these issues will change some of the things I say to my daughters and my female university students.

Reference

Sisk, V. F., Burgoyne, A. P., Sun, J., Butler, J. L., & Macnamara, B. N. (2018). To what extent and under which circumstances are growth mind-sets important to academic achievement? Two meta-analyses. *Psychological Science, 29*, 549-571.

Enough as she is: How to help girls move beyond impossible standards of success to live healthy, happy, and fulfilling lives.

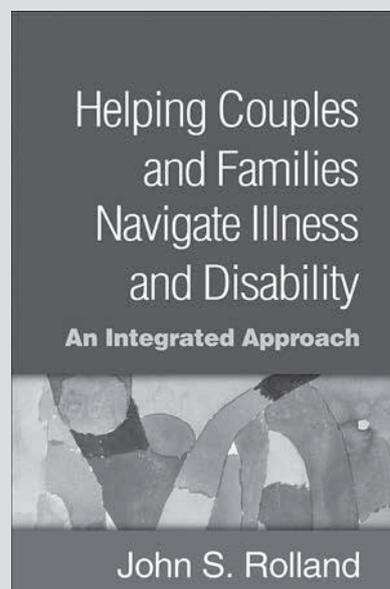
Rachel Simmons (2018).

Harper Paperbacks. ISBN: 0062438425.

304 pp. Paperback. (Book Depository, \$22.83)

Helping couples and families navigate illness and disability: An integrated approach.

Reviewed by Dr Trish Hanlen, MNZM, MANZASW, Registered Social Worker (semi-retired).



John S. Rolland is a Professor of Psychiatry and Behavioural Sciences and he is internationally recognised in family healthcare and family therapy. In this text he emphasises the importance of the psychosocial interplay of family, care-giving systems and community support, coupled with biomedical interventions, as

important levels of influences on illness and disability, and on care and wellbeing. This systemic and process approach will be appreciated by those working in the helping professions who are involved with children, couples, adults, families, and for those clients with later life conditions. Another particular benefit of this valuable book is that it would also be useful for families themselves who are supporting family members with illness and disability.

The author recognises the importance of all family members in the assessment, intervention, support, and recovery of the person, and to the adaptations needed in family life. It aims to reduce marginalisation and exclusion of other family members, which may be seen in current medical models. The treatment and the amount of home-versus hospital-based care is acknowledged as varying among disorders. The visible, and invisible, signs of illness or disability (such as in Alzheimer's disease) are considered for the power and influence these may have on a family. A longitudinal perspective also considers the pattern of the illness over time and how this affects the family system and life cycle, how it is experienced subjectively, and the demands and challenges at different stages of illness. In addition, there are suggestions for linkages between the psychosocial and biomedical worlds.

Particular features of this book include a focus on the family system, family processes, and community support in the building of resilience. The family systems model

is applied in 18 chapters making this a book that can be 'dipped into and out of.' Illnesses and disabilities are considered by helpful categories that include type and degree, onset, course, outcome, and the level of uncertainty involved. Features are clustered on a grid, so the reader can think about the psychosocial demands of each condition. Case studies, vignettes, graphs, figures, tables, clinical guidelines and up-to-date theoretical and clinical research references are also provided to enhance the utility and accessibility of this text.

Some specific matters that are addressed in this comprehensive and useful work are the importance of multigenerational themes in illness and loss, transition points, the role of family belief systems, couples' relationship issues, anticipatory loss issues, and the challenges involved with the death of a loved one. Ethical issues in illness and disability are also given explicit consideration, as are chronic conditions in childhood and adolescence, and family challenges with mild and advanced dementia and in traumatic brain injury.

As a social worker I am especially grateful for this author's application of the family systems conceptual framework, and for his use of the genogram in particular. Psychologists would find this book a useful resource for any scope of practice. Moreover, the holistic framework that is utilised in *Helping Couples and Families Navigate Illness and Disability* is consistent with indigenous models of biopsychosocial case work in Aotearoa New Zealand.

Helping couples and families navigate illness and disability: An integrated approach.

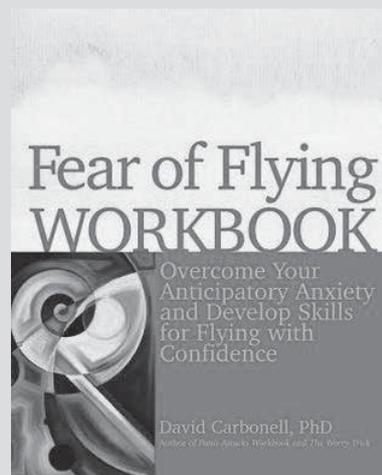
John S. Rolland (2018)

The Guilford Press, ISBN: 1462534953

400 pp. Hardback. (Fishpond, \$65.99)

Fear of flying workbook: Overcoming your anticipatory anxiety and develop skills for flying with confidence.

Reviewed by Dr Peter Stanley, Retired Counselling Psychologist, Tauranga.



People who are afraid of flying do actually have a point. I made this note to myself earlier this year when I was in a plane midway across the Tasman Sea at an altitude of 12, 239 metres, with an airspeed of 843 kilometres per hour, and an outside temperature

of minus 58 degrees centigrade. Moreover, if the plane were inexplicably to come down in the water (like Malaysian Airlines Flight 370) getting the inflight entertainment system to work as it should would obviously become the least of anyone's concerns. So, who's got the best grasp on reality here, the laid-back passengers with the designer head rests or the members of the white-knuckle brigade (as they are sometimes called) who can grip their seat with earnest apprehension (and raw courage) whenever they fly?

Actually, fearful fliers are probably not much more concerned about crashing than everyone else. As author David Carbonell explains, people who are afraid of flying have more developed, and more personal, fears which will not be allayed by being told that planes are made to fly and that commercial aircraft rarely crash. For the fearful flier, it is typically a fear of fear itself that is the problem; plus, consuming concerns that they will lose self-control and do something socially inappropriate and deeply humiliating. Fear-of-fear places fearful flying in the same category as all the other avoidance-based phobias and foibles; although fear of flying can combine a number of these states (e.g., claustrophobia, aversion to heights) in new and extreme ways. Interestingly, a fear of flying can develop in people who have had years of successful flying, and in other passengers it can fluctuate over time. These facts implicate the effects of other life circumstances on the fear, and they also suggest that aviophobia (as the diagnostically inclined can call it) is probably far more widespread than the 16 percent or so of people who will admit to it.

Carbonell's catch line is 'what we resist, persists.' This author and practitioner prioritises exposure and acceptance over the challenging of thoughts. He says that there are special complications with modifying cognitions, and he exemplifies this by analogy: When you change your clothes they "are not going to slither out of the hamper and crawl back onto your body" (p. 92). Nonetheless, nervous fliers can benefit from some reconceptualisations. Firstly, they may need to appreciate that anticipatory anxiety ('what if' thinking) invariably makes incorrect predictions about the future. Secondly, it can be important to recognise that they are passengers on planes and their only job is to experience fear and to let it pass. Thirdly, they should endeavour to observe their anxiety, rather than automatically respond to it as victims. Fearful fliers are also encouraged to discard their 'safety devices' (like distraction, looking for reassurance, and seeking a protector and manager) and, instead, to pay sustained attention to strategies (such as record keeping, relaxation responses, and belly breathing) that assist them to experience the flight. Fear of flying is "the mother of all counterintuitive problems" (p. 72) but it is not a disease. "It's an overgrown version of ordinary fear and anxiety that needs to be whittled down and retrained, not cured" (p. 114). Moreover, the author says that such a reorientation can be achieved in twelve months of progressively more demanding flying experiences.

Fear of flying might be seen as a metaphor for life, and an aspect of this is our prevailing responses to technology and modern living. Humankind was not really built to cope with high-rise apartments, advanced medical procedures, or weapons of mass destruction any more than we are naturally situated to be transported across the sky seated in a sealed tube. Nevertheless, as Carbonell makes clear, fearful fliers will likely pay a very high price for their reluctance with severely restricted career and leisure options. In addition, there is the inevitable shame, embarrassment, frustration, and regret whenever they turn away in the airport carpark or at the check-in. It's a quandary, but one that Carbonell's *Fear of flying workbook* can help to resolve. The tone of the book is optimistic from the outset, with the first line of the Introduction being "You can overcome the fear of flying" (p. 3). The author also makes clear that this anxiety is nobody's fault. It's just one of those things. As an addendum, it should be said that fearful fliers can develop a special sensitivity to the condescension of other travellers who do not have this particular problem and who (according to the seventeenth century poet Samuel Butler) compound the issues they are inclined to by damning those they have no mind to.

Fear of flying workbook: Overcome your anticipatory anxiety and develop skills for flying with confidence.

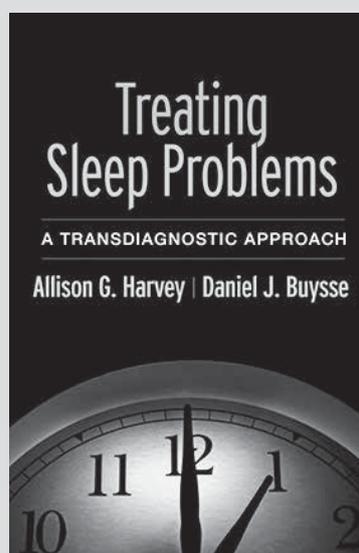
David Carbonell. (2017).

Ulysses Press. ISBN: 9781612437194.

128 pp. Paperback. (Book Depository, \$23.78).

Treating sleep problems: A transdiagnostic approach.

Reviewed by Dr Peter Stanley, Retired Counselling Psychologist, Tauranga.



Sleeping well is the most sustained active thing that we do, and we do it involuntarily. In fact, good sleep does far more than knit up "the ravell'd sleeve of care" as Shakespeare suggested. Depending on the phase of sleep that we are experiencing, it performs such diverse functions as repair the immune system, maintain muscle memory, and

contribute to our personal creativity. It is not especially surprising that adults who are good sleepers, and who average 7-8 hours, have longer lives. The many difficulties and dysfunctions that we can experience in relation to poor sleep can be catalogued according to the six dimensions of sleep, which are timing, regularity, duration, efficiency, satisfaction, and daytime alertness. For instance, poor sleep efficiency, (which is derived by dividing 'total sleep time' by 'total time in bed') is associated with metabolic syndrome, hypertension, coronary heart disease, and depression. Sleep, along with diet and exercise, is one of the pillars of our health, and its maintenance and improvement are definitely things to be taken seriously.

Professors Allison Harvey and Daniel Buysse, who are the authors of the present text, are committed to a health promotion perspective on sleep, and they offer the Transdiagnostic Sleep and Circadian Intervention (or

TranS-C), with its empirically-supported components, as a means to achieving this end. As the title of this intervention suggests, the circadian rhythm of 24 hours and 10 minutes is central to their model; as is the natural homeostatic process that increasingly drives our desire for sleep the longer that we are awake. These two physiological processes are key to understanding the sleep-wake cycle. Specifically, they help us appreciate the impact of light and dark, and the patterning of work, exercise, meals, and social activities, on our sleep characteristics. Hence, as the authors argue, it is necessary to understand what a person with sleeping difficulties is doing during the day, as well as at night. And this is also important because, as adult experience inevitably teaches us, daytime alertness is partially independent of having a good night's sleep.

Treating Sleep Problems is actually a treatment manual for a broad range of sleep problems and it contains three sets of modules. The four cross-cutting modules are case formulation, sleep education, behaviour change and motivation, and goal setting. The four core modules are establishing regular sleep-wake times, improving daytime functioning, correcting unhelpful sleep-related beliefs, and maintenance of behaviour change. And there are seven optional modules covering such topics as decreasing time in bed, assisting compliance with a CPAP machine, and reducing nightmares. This 'mix and match' system caters to the complexity of clinical presentations and it maximises usefulness for the client. TranS-C comes with a comprehensive array of downloadable resources, and this feature might also allow implementation by paraprofessionals with suitable training and supervision. To date, the treatment is supported by one small randomised control trial. Two larger RCTs are in progress. Available data indicate that this system impacts positively on both poor sleep and on the symptoms of comorbid problems.

TranS-C is part of a larger movement towards transdiagnostic treatments, and in the case of sleeping difficulties there are at least four important reasons why this should be so. Firstly, even with the imprecision of psychiatric disorders, comorbidity with insomnia is believed to be somewhere between 41-53 percent. Quite obviously, many if not most people who have problems of living do not sleep well at night. The second salient matter is that there is increasing evidence that problematic sleep is actually a significant cause of personal issues rather than simply being their frequent companion. Proof positive of this is the negative mood and diminished courage that any of us can feel after just one disturbed night. Thirdly, as indicated with the present treatment system, intervening with sleeping issues can do good things for comorbid

conditions as well. Such improvement has been found to apply to anxiety, depression, schizophrenia, PTSD, and even for cancer and renal disease. The fourth justification for a transdiagnostic approach is a corollary to the exorbitant comorbidity of mental health conditions, and this is the necessity to have an ever-expanding portfolio of particular evidence-based treatments. Wouldn't it be simpler, easier, and more efficient to address a principal issue first up?

Treating Sleep Problems is an excellent exposition and resource, and part of its strength is in the questions that it raises. Specifically, I wonder whether the authors might consider some additions to their next edition, such as some qualitative work on the misery of protracted sleep difficulties and on the client experience of becoming a good sleeper. I also wonder about the role of familiar fantasy states that people may utilise to transition "twixt wake and sleep," in preference to therapist recommendations for savouring, giving gratitude, or positively-valenced imagery. Something else that I have wondered about is how an Acceptance and Commitment Therapy perspective would enhance this CBT text. The values component of ACT seems especially relevant as people need things to get up for, and to draw them through the swamp of sleeping difficulties. However, it is possible that Harvey and Buysse will have the same subvocal response that I can have to suggestions of reviewers on my work: 'Have you considered writing your own book or paper rather than trying to latch onto mine?' Nonetheless, as therapists and theorists we probably all need to give greater attention to the mechanisms of good sleep given its central importance to client wellbeing and to our own lives.

Treating sleep problems: A transdiagnostic approach.

Allison G. Harvey and Daniel J. Buysse (2018).

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