Women's experience of body image, self and quality of life

CALTABIANO, NJ., & RODWELL, .P (James Cook University)
nerina.caltabiano@jcu.edu.au

This study used a self-report questionnaire and cross-sectional design to investigate differences, across the life span, in body dissatisfaction, self-esteem, and perceptions of quality of life. Participants were 152 women, aged 18-92 years. Significant differences were found across age groups for ratings of the ideal figure, the attractive to men figure, the thinnest acceptable figure, and the male figure shape women found attractive. A significant relationship was found for age and sexual attraction. Women experienced their body image as having a positive effect on their quality of life. Results showed women with lower body esteem had lower self-esteem, and their feelings about their appearance had a more negative effect on their quality of life. Limitations and future directions are discussed.

Countercontrol: A forgotten interaction

CAREY, TA. (University of Canberra)
tim.carey@canberra.edu.au

In 1953 Skinner introduced the term "countercontrol" to describe responses that people might exhibit when they are controlled. He suggested that countercontrol might be an emotional reaction involving anger and frustration directed towards the controller which could result in injury or other aversive consequences to the controller. Despite the seriousness of Skinner's suggestion, attention to countercontrol is generally missing in behaviour management programs. The implication of this exclusion is that if countercontrol is a feature of conduct problems or oppositional behaviour then current attempts to manage and control this behaviour may be compounding rather than resolving the problem. The aim of this study was to investigate the prevalence of countercontrol in upper primary schools using a simple self-report measure. There was no evidence in the literature of a study of this kind being undertaken so the intention was to sample simply yet broadly to begin to understand the manifestation of countercontrol in schools. A total of 1046 primary school students in Australia and New Zealand completed countercontrol questionnaires and their 70 teachers also completed questionnaires. Approximately 10 percent of the student population reported engaging in countercontrol frequently. Variations in countercontrol were associated with student variables such as gender and school satisfaction but were not related to teacher variables. Interestingly, reports of countercontrol were not related to self-reports of how controlling the teachers thought they were but were related to reports of how controlling the students perceived the teachers to be. The implications of these results are discussed including the need to investigate new ways of working with students exhibiting challenging behaviours that rely less on external control and more, perhaps, on strategies such as negotiation and compromise. A strategy such as time-out, for example, could be modified so that the child, rather than the adult, determined how long time-out lasted. Exiting time-out could be contingent upon completion of a restorative task, such as planning socially appropriate ways to solve problems, rather than the elapsing of time.

Don't stop 'til you get enough: Empirical justification for adopting a patient-led approach to the issue of treatment length

CAREY, TA. (University of Canberra)
tim.carey@canberra.edu.au

The Better Access initiative has been a welcome response by the Federal Government to address the issue of mental health problems. The enthusiastic endorsement of the initiative has seen budgetary expectations exceeded and burgeoning waiting lists. Under the initiative, clients are generally able to access twelve sessions of psychological treatment in a calendar year. There is no empirical evidence, however, that twelve sessions are ideal or even necessary for the amelioration of symptoms of mental disorders. This paper describes studies undertaken in naturalistic contexts in the National Health Service (NHS) in Scotland which investigated the issue of treatment length. The NHS was an ideal environment to conduct these studies because psychological treatments are freely available and do not have caps on treatment length. The aim of the studies was to assess patterns of treatment uptake if clients rather than clinicians specified treatment length. A secondary aim of the studies was to assess treatment efficiency according to service capacity and waiting times. The studies involved three clinicians working in different contexts in an adult primary care service. Services were arranged so that patients were able to schedule their own appointments and data were collected about treatment patterns as well as patient satisfaction, GP satisfaction, and symptom change. Attendance pattern results mirrored those in the literature with