CONTENTS:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editorial</td>
<td>1</td>
</tr>
<tr>
<td>Journal Ethos</td>
<td>2</td>
</tr>
<tr>
<td>Conversation</td>
<td>3</td>
</tr>
<tr>
<td>Dr. Gerard O’Neill in Conversation with Edward Boyne</td>
<td></td>
</tr>
<tr>
<td>The Breath of Feeling: How our Breathing Affects our Emotions</td>
<td>10</td>
</tr>
<tr>
<td>Catherine Dowling</td>
<td></td>
</tr>
<tr>
<td>The Client’s Impact in the Context of Clinical Psychology Training</td>
<td>16</td>
</tr>
<tr>
<td>Mary Fell</td>
<td></td>
</tr>
<tr>
<td>Spring Comes Calling</td>
<td>24</td>
</tr>
<tr>
<td>Ann Irwin</td>
<td></td>
</tr>
<tr>
<td>Training Counsellors and Supervisors in Nepal</td>
<td>29</td>
</tr>
<tr>
<td>Annie Sampson</td>
<td></td>
</tr>
<tr>
<td>Tribute: David Chamberlain</td>
<td>42</td>
</tr>
<tr>
<td>Shirley Ward</td>
<td></td>
</tr>
<tr>
<td>Book Review: Beyond the Frustrated Self</td>
<td>43</td>
</tr>
<tr>
<td>Reviewed by Aisling McMahon</td>
<td></td>
</tr>
<tr>
<td>Workshop Review: From Attachment to Relational Neuroscience</td>
<td>46</td>
</tr>
<tr>
<td>Reviewed by Debbie Hegarty</td>
<td></td>
</tr>
<tr>
<td>The Space…</td>
<td>60</td>
</tr>
<tr>
<td>Sylvia Rowe</td>
<td></td>
</tr>
</tbody>
</table>

Whilst every care is taken in the selection and verification of material published in Inside Out, the Editorial Board do not accept responsibility for the accuracy of all statements made by contributors, nor do the views expressed necessarily represent the views of the Editors. Names of all contributors are known to the Editors.

CONTRIBUTIONS FOR NEXT ISSUE:

Articles (1500-3000 words), book, workshop or film reviews (500 words), readers’ letters or comments, and contributions for The Space… for the next issue of Inside Out should be sent by email attachment no later than 10th September, 2014 to Ursula Somerville at urshome@gmail.com, Sylvia Rowe at srowe320@gmail.com or Debbie Hegarty at debyhegarty@gmail.com. Formatting requirements are given towards the back of the journal and on the Inside Out section at www.iahip.org. All articles may be subject to editing. Anyone wishing to discuss ideas for contributions may contact Ursula Somerville at urshome@gmail.com, Shirley Ward at 061-374533 or any member of the Editorial Board.

ADVERTISING:

To enquire about advertising in Inside Out please contact the IAHIP office (info@iahip.org, +353 (1) 2841665). Adverts for the next issue are to be submitted no later than 10th September, 2014 to the IAHIP office or online at http://iahip.org/payments. Adverts must be typeset and provided in PDF or Word format. Further guidance on submitting an advert is given towards the back of the journal and on the Inside Out section at www.iahip.org. Rates: Full page (12cm x 19cm): €180; Half-page (9cm x 12cm): €90.
Editorial

As summer is officially here, we await the coming of the sun and warmth, but still switch on the central heating for comfort!

At this time we say farewell to Sarah Kay from the Editorial Board. We have enjoyed her lively creative writing and vivid imagination since 2007 and her presence and skills will be very much missed. We welcome Margaret Brady to the team and look forward to working with her enthusiasm and skills.

The very positive, joyous visit of President Michael D. Higgins to England and dinner at Windsor Castle was truly an historic event to be proud of – and the great Irish culture is now acknowledged and firmly established as part of England’s heritage.

Although very positive events are happening on the planet to resolve and to counteract negativity, the world has seen a number of tragedies directly involving climatic changes. Floods in Ireland and the UK and fires in Australia saw people homeless, losing lifelong possessions and belongings. There were mudslides, earthquakes and tornadoes all bringing out the best in communities striving to assist people in distress.

The mysterious disappearance of Malaysian Airlines MH370 on 8th March with 239 passengers aboard continues to baffle us. The search for the plane has highlighted the fact that dozens of nations, large and small, have satellites in orbit, all having the ability to provide worldwide unity to work together in such a tragedy. This has led to a British firm giving free tracking devices to all aircraft so that this tragedy does not happen again. Compassion goes out to the families of the missing – and also to the families of those who lost their lives in the South Korean ferry that capsized, carrying 462 people, many schoolchildren. The fragility of life, death, grief and compassion are close to us all.

Annie Sampson’s interesting article on training counsellors in Nepal is uplifting but, in the same week that it arrived, 12 Sherpa guides lost their lives in a high altitude avalanche that struck Mount Everest in Nepal at 20,000 feet at Base Camp 3.

Where there is tragedy and negativity there must be action and positivity in order to bring meaning. Our psychotherapeutic works brings healing and hope into the lives of those who are in distress and grieving. We cannot be over-optimistic and minimise the shadow side of the realities of human experience but to heal one person we can help to heal the world.

It can’t have missed your attention that when the Journal arrived through your door today it landed with a lesser noise than usual. This is because the limited number of contributions for consideration of publication did not allow for the usual size journal. The work of the Editorial Board is carried out by voluntary members and we are waiting to pull together issues three times per year. However, and this is where you come in, if the contributions don’t reach us for inclusion it may be necessary for the Editorial Board to consider whether two issues per year is what the membership actually want. Please let us know your wishes either by sending contributions for consideration or by a letter to the Editors with your desires for three or two issues per year.
Journal Ethos

*Inside Out* is the journal of the membership of the Irish Association of Humanistic and Integrative Psychotherapy. Our journal is devoted to inspiring the sharing of ideas amongst those within and around the psychotherapy community. We invite submissions that articulate and explore the profession and heart of psychotherapy. Our aim is to embody the humanistic value of developing authentic relationships. *Inside Out* supports diversity and welcomes into dialogue all cultural, religious, social, racial and gender identities. Our aspiration is to inform, inspire, open dialogue and widen debate. In giving readers space for their voices, we aim to facilitate diverse strands of thought and feeling that might open, develop, unfold and intertwine.
Dr. Gerard O’Neill of the HSE in conversation with Edward Boyne

Edward: Gerard, you are currently Director of Counselling with the HSE in the South East and an accredited member of IAHIP. We first met many years ago when we both served on the Executive of one of the professional bodies. Tell me something of your background and what influences brought you into this area of work?

Gerard: My original background was in psychiatric nursing and I trained in the National Health Service in the UK. As mental health services there moved from an institutional-based model to a community-based model during the 1980s, I quickly realised that my original training needed to be updated as my role developed and I was seeing clients in GP surgeries and other settings with a wide range of psychological problems. My involvement in counselling and psychotherapy dates back to then.

Edward: So you personally went through the process of moving from the hospital setting into more community-based settings and all that involves and demands of the practitioner. I know you have undertaken advanced studies to Doctorate level. What was your research field and how did it tie in to your therapy work?

Gerard: My Doctoral studies involved two separate projects. The first project involved the development of a short-term specialist counselling service for individuals who self-harm or experience suicidal ideation. This service, called the SHIP service (Self Harm Intervention Programme), is available across the south east. The second project involved completing a qualitative piece of research. With the help of colleagues I examined the impact of introducing and using a particular psychometric measure in a counselling service that deals with clients who have experienced abuse in childhood. I grew up in a village in North Kilkenny with a past coal mining heritage, so it comes as a natural instinct for me to look beneath the surface. Close examination of this particular clinical area revealed many important learnings, not
least of which is the importance for therapists to be aware of the transferential implications of using measures with particular clients.

Currently, I think the profession of counselling and psychotherapy is at a very exciting stage of development in terms of what the research is saying about what makes therapy effective. The meta-analytic studies from the late ‘90s, when combined with the emerging consensus across neurobiology and attachment theory in the current decade, raise interesting questions about the wisdom of rigid adherence to one particular therapeutic orientation.

Edward: I agree that the profession is at a very exciting and important stage in a variety of ways. There are momentous changes in the offing. I have the impression that the HSE is now taking a greater interest in counselling and psychotherapy generally. Is this the case in your view?

Gerard: Well, certainly the mental health strategy document a ‘Vision for Change’ (2006) envisaged a comprehensive range of psychological therapies to be provided at primary, secondary and tertiary level. Provision of access to counselling and psychotherapy was then prioritised in the 2011 Programme for Government and specific funding was provided for Counselling in Primary Care (CIPC) in the 2012 and 2013 HSE Service Plans under the Mental Health in Primary Care Initiative.

My Director colleagues and I are specifically concerned with the National Counselling Service (NCS) which provides counselling to adults who have experienced any form of abuse in childhood and CIPC which provides short-term counselling to adults with mild to moderate psychological difficulties who have a current medical card. We are setting standards for recruitment for the range of competencies that are required for the specific clinical contexts in both these services. Both services are available around the country nationally. CIPC is coordinated by ten counselling coordinators nationally and although it was only launched in July 2013, it is now receiving approximately 1,100 new referrals nationally per month. In the south east, as already
mentioned, we also have the SHIP counselling service for adults who are experiencing the impulse to self-harm or are experiencing suicidal ideation.

Edward: That is a very substantial number of referrals to CIPC and indicates the extent of the need for services. It’s interesting that you mention the development of standards. Many of us are aware that we are now in something of a transition phase where statutory registration of psychotherapists and counsellors is concerned. My understanding is that the HSE is now ‘driving’ the process and the timescale. This was not the case until recently. From your personal vantage point, as it were, and bearing in mind the constraints that apply as a member of such a large and accountable organisation as the HSE, is statutory registration likely to be in place soon and, if so, how soon?

Gerard: I don’t know the timeframe for statutory registration but I do agree that we are in a very important transition phase. Minister Reilly has indicated his intention to designate Counsellors and Psychotherapists under the Health and Social Care Professionals Act. His Department are consulting with all the relevant stakeholders (professions), before they can progress the Minister’s intention to the stage where a designation order is signed and a registration board appointed. Only when the registration board is appointed will CORU be in a position to advise on both the process and the timescales of statutory registration. I would encourage any counsellors or psychotherapists who are interested in the wider process of statutory registration to visit the CORU website (www.coru.ie) which is very informative.

Edward: I understand that it’s difficult to be definitive on the timescale and I won’t press you on it. My own view is that statutory registration will be with us in a substantial way by about 2017, i.e., three years from now. There are many questions that arise in relation to statutory registration. Clearly under the provisions of the 2005 Act, a new structure will have to be put in place, called a ‘Statutory Registration Board’. This new Board will be appointed by the Minister for Health
and will take over the core accrediting functions of the current professional bodies. It’s definitely not planned under the legislation that the current professional bodies will have any role or function in the new dispensation where accreditation is concerned. It remains to be seen whether practitioners will continue to pay fees to a professional body which no longer offers them accreditation. Legally, it will become an offence to practice, for example, under the title ‘psychotherapist’ or ‘counsellor’ unless you are registered with this new Board and paying your annual fee for accreditation. Are these assumptions correct in your opinion?

**Gerard:** I don’t have any particular insight into how the professional bodies will work out in the new dispensation as you describe it. I do understand that the new Statutory Registration Board will identify threshold standards of proficiency for entry to the profession and will also set criteria for education and training programmes. The professional accreditation of a training programme is distinct from the academic accreditation of a training programme. Academic accreditation is based on the suitability of a programme for the award of an academic qualification and we all look forward to the publication of the QQI (Quality and Qualifications Ireland) document in this regard. Professional accreditation of a programme, on the other hand, is a judgement as to whether a training programme prepares the graduate for entry into that profession and will also involve monitoring the quality of placements, etc. Clearly there are implications here for all of the professional organisations in terms of their role and function.

**Edward:** I believe there is a widespread assumption among therapists that the existing membership registers of accredited therapists, from the more than 20 professional bodies in Ireland in the field of counselling and psychotherapy, will somehow be automatically ‘grandparented’ into the new statutory register. My own view is that this is unlikely to be a correct assumption and that the reality will be much more complex. What is your own view?

**Gerard:** I do agree with you that the reality is much more complex.
Statutory registration is causing all counsellors and psychotherapists to reflect on the future, as indeed are the professional organisations, because their role and function will also change. I think any statements on grand-parenting arrangements at the current time would be purely speculative.

**Edward:** Probably the most important question for many therapists hoping to be included in the new statutory register is about the qualifying training and post-training standard that is to apply under the new statutory registration regime. If grand-parenting is not automatic, a lot depends on where or how high the bar is set. For example, there is now a large disparity between the standard of accreditation for the ICP and related organisations including IAHIP, which require a four-year specialised training at postgraduate level on the one hand, and the standard required by, let’s say, other quite large professional bodies in the field which is a good deal lower. The recently published QQI standard for psychotherapy courses is four years of training with graduate entry to training. It does seem to me, if there is to be consistency, that the ‘statutory standard’ when it arrives is likely to be closer to the QQI parameter. What is your own view?

**Gerard:** I am not sure that anyone yet has the specific answers to the questions you are raising. As I understand it, the forthcoming QQI document concerns learning outcomes that are required to entitle persons to educational qualifications up to Level 9 — they do not prescribe the duration of the programmes leading to such qualifications. Minimum programme duration depends on the standard of learning required for entry, as well as on the nature, pace and breadth of the programme. I am aware of the wider debate between the professional organisations, but I think that this also reflects the underlying lack of synchronicity between the academic infrastructure and professional infrastructure in counselling and psychotherapy. Progress will need to be made on this as part of the journey towards statutory registration.

**Edward:** I think you will agree that these critical decisions will have to be taken by someone, or some entity, and probably very soon. There
appear to be few certainties and a difficult balance to be struck between trying to be inclusive on the one hand and holding to a sufficiently high standard which will be credible and rigorous on the other. There was a useful position paper from the Psychological Therapies Forum in 2007 which stated that we should have two statutory registers, one for counselling and one for psychotherapy. This idea seems to have been abandoned in the wake of the recent IACP policy document which claims that counselling and psychotherapy are one and the same thing. It’s scarcely possible to argue for two registers now. However, accommodating the range of practitioners and standards from the counselling/psychotherapy spectrum into one single statutory and legally enforceable register will not be an easy task.

**Gerard:** I agree there are some difficult challenges ahead and I think practitioners should make the effort to inform themselves and stay in touch with developments as they unfold.

**Edward:** Many thanks, Gerard, for agreeing to help open up this discussion and for sharing your ideas and views.
DUBLIN COUNSELLING
& THERAPY CENTRE
41 Upper Gardiner Street, Dublin 1

DIPLOMA TRAINING PROGRAMME IN SUPERVISION

This long-established Diploma course is open again to accredited psychotherapists/counsellors who have at least 5 years’ clinical experience and who are working, or beginning to work, as supervisors of psychotherapists or counsellors, and who wish to receive accreditation as supervisors.

The course provides participants with a comprehensive and systematic approach to the theory and practice of supervision. It will be run over a twelve-month period beginning in February 2015, and will provide participants with more than 100 hours of training.

Course tutors: Maeve Lewis, Mary Hilliard & Brían Howlett

For application form or further information, contact the Centre at the above address or by phone 01 8788236 or by e-mail: info@dctc.ie

As course places are limited, early application is advised.

Relational Living Body Psychotherapy

www.thelivingbody.de

A weekend workshop with Julianne Appel-Opper
Sat. 11th & Sun. 12th October 2014 — Mardyke House, Mardyke, Cork City, Ireland

Relational Living Body Psychotherapy focuses on two bodies relating and regulating each other. The way both client and therapist look, sit, move, and breathe sends messages in both directions. Based on her experience as a psychotherapist and trainer, Julianne will show how this rich and often unnoticed body-to-body-communication can be brought into awareness. Exercises, experiential process, live supervision/demonstration, as well as small group work will give us the opportunity to discover and explore new ways to work with bodily processes in psychotherapy.

Julianne Appel-Opper, Psychological Psychotherapist, MUKAHP, is a UKCP reg. Integrative and Gestalt Psychotherapist, Supervisor, intern. visiting tutor and trainer with 25 years’ clinical experience. She worked in psychosomatic clinics with a wide range of patients, both individually and in groups. For 12 years she lived and worked in various countries. She is now in private practice in Berlin. Julianne has developed the approach of the Relational Living Body Psychotherapy which she has taught internationally. Her publications include two chapters in ‘About Relational Body Psychotherapy’ (2012).

FOR INFORMATION/BOOKING, CONTACT: julianne.ao@web.de
Cost: €180, including a non-refundable deposit of €60 — CPD certificates issued.
The Breath of Feeling: How our Breathing Affects our Emotions
by Catherine Dowling

Emotions add flavor to life. Emotions like joy, passion, love or contentment enrich our days, while anger and fear act as warning signals telling us when to be wary, when to protect ourselves. Emotions can be our guides when crucial decisions have to be made and, most of all, emotions are the glue that binds us to family and friends.

But those same emotions can, at times, feel so intense it seems as if they’re tearing us apart. Emotions can be powerful drivers of our behaviour and one of the most common reasons people seek therapy is because they feel bad emotionally. This usually means they feel sad, angry, lonely, fearful, depressed or frustrated much of the time. For this reason every healthcare professional, from consultants to acupuncturists to Reiki practitioners, has to deal with emotions in the course of his or her professional practice.

From psychologist William James in the 1880s to today, scientists have tried to work out what causes us to experience emotions. Because emotions are felt in the body and have obvious physiological components – shaking, crying, a racing heartbeat – James believed the physiological phenomenon gave rise to the emotions. We don’t cry because we feel sad, we feel sad because we cry. Over the decades since James, scientists have put forward a range of theories: emotions are caused by physical responses to events…or by the way we interpret those physical responses…or by interpreting the events themselves through the prism of our past experience…or by the body’s release of hormones…or by all of the above.

Cognitive behavioural therapy has taken this body of theory further. A highly effective treatment for depression, cognitive behavioural therapy links our emotions to our thought processes. If, for example, I think people are out to get me, I may feel anxious and fearful. If I think everyone loves me, I am likely to feel joyful or happy. From this
perspective emotions are almost like symptoms generated by our thoughts. Cognitive behavioural therapists, therefore, focus on thought control and the reframing of attitudes and beliefs. But a joint study carried out by staff from the University of Quebec and the University of Louvain has added another component into the mix: Breathing.

The study, entitled *Respiratory Feedback in the Generation of Emotion* (Philippot, Chapelle & Blairy, 2002), involved two groups of volunteers. Group 1 was asked to produce four emotions (joy, anger, fear and sadness) through the use of memory, fantasy and by modifying their breathing pattern. For each of the emotions under examination, scientists monitored and analysed the various breathing components – speed, location in the lungs, amplitude – and used their findings to draw up a list of breathing instructions. These instructions were then given to a second group of volunteers who had been told only that they were participating in a study of the cardiovascular impact of breathing styles. Members of Group 2 were asked to breathe according to the instructions drawn up from the earlier experiment. At the end of the 45-minute breathing session, participants completed a questionnaire designed to elicit a range of information, including details of their emotional responses. The results were unmistakable. To varying but significant degrees, the four breathing patterns induced the anticipated emotional responses.

This study contains important information for anyone engaged in the quest to better manage their emotional life. When caught up in the intensity of an emotion, particularly the so-called ‘negative’ emotions – anger, sadness, fear and its low-lying cousin anxiety – it is difficult to observe one’s own breathing pattern. But to a detached observer the patterns are obvious. When we’re sad we sigh frequently. When angry, we breathe rapidly and in the grip of fear our breathing is shallow and from the top of the lungs.

My experience as a therapist tells me that the source of our emotions can be complex. In addition to the physical components, emotions are frequently linked to old memories and unconscious beliefs and
attitudes. Plumbing these depths alone can be daunting. But the element of our emotional responses that we can easily manage by ourselves is breathing.

The instructions given by researchers during this study were simple. To elicit joy, ‘Breathe and exhale slowly and deeply through the nose; your breathing is very regular and your ribcage relaxed’. Deep, slow breathing into the belly is strong medicine for anxiety, fear and anger. In the midst of strong emotion, the breathing of joy can loosen the grip of anger, fear or despair. Deep belly breathing soothes frayed nerves and stills a racing mind. It can be utilised to great effect in times of stress. But the real key to managing our emotional states through breathwork is regular practice. We need to practice breathing techniques like the breathing of joy, not just when we’re in the grip of strong feeling, but daily, as a routine, much like brushing our teeth.

For therapists and health professionals the study has significant clinical implications. Depending on our profession, our primary focus may be the body, or the energy systems of the meridians, or the psychological make-up of the person who has come to us for therapy or treatment. Regardless of our primary focus, if we practice a holistic model of healthcare, we take into account the full range of factors that influence health and well-being: biology, emotional states, lifestyle, spirituality and economic and social conditions. While it may be difficult, if not impossible, for a therapist or healthcare professional to influence the complete range of factors that contribute to ill-health and unhappiness, all healthcare workers have the ability to notice their clients’ breathing patterns.

Breathing patterns can be used as a diagnostic tool, although this needs to be used carefully. If, for example, a client presents with a persistent physical problem, but also displays a greater than usual level of sighing, the healthcare professional might address the client’s sadness at a level appropriate to his or her own scope of practice. Some therapists have the skills and training to work directly with emotional issues. Others do not. But most healthcare practitioners, regardless of their therapeutic
approach, can take a few minutes to work with their client/patient on developing calming breathing patterns.

For many clients, the therapeutic setting, a non-judgmental listener or the gentle touch of a caring hand elicits strong emotion; emotion that needs to be addressed there and then. Some healthcare professionals will respond by referring the client to another, more appropriately qualified therapist. But in-the-moment, slow, rhythmic belly breathing is an invaluable tool for any therapist who needs to help their client manage strong feelings during a therapy or treatment session.

Breathwork therapies, therapies that use the breath as the primary modality, have always worked at the confluence of breathing and emotions. The study by Philippot and his colleagues provides objective, scientific verification of the principles behind such therapies as Rebirthing, Holotropic Breathwork, Radiance Breathwork and more. In Breathwork, breathing itself gives access not only to emotions, but to the often complex network of memories and belief systems that underpin those feelings.

Most Breathwork therapies utilise some form of connected breathing. This means that breathers focus their awareness on their breathing and at the same time eliminate the natural pauses in the cycle of inhale and exhale. This practice leads to a state of expanded awareness. The thought processes, belief systems and sometimes memories that give rise to emotional states come to the surface. At this point, this proven key component in emotionality – breathing – provides the vehicle for revealing and dealing with the cause of those emotions. Breathing doesn’t just generate feelings, it is one of the most effective techniques available to us for resolving emotional distress.

Catherine Dowling is the author of Rebirthing and Breathwork: A Powerful Technique for Personal Transformation (Piatkus, UK, 2000) and the forthcoming Radical Awareness: Five Practices for a Fully Engaged Life (Llewellyn Worldwide, USA, 2014). She has almost twenty years in clinical practice as a breathwork psychotherapist in Ireland and is a former president of the International Breathwork Foundation.
References:

Further resources and links to published work:
For sources of information on the range of breathwork techniques available, contact the International Breathwork Foundation – http://www.ibfnetwork.com.

*Radical Awareness: Five Practices for a Fully Engaged Life:*

*Rebirthing and Breathwork: A Powerful Technique for Personal Transformation:*
http://www.amazon.com/Rebirthing-Breathwork-Technique-Transformation-ebook/dp/B00BBBBB0G/ref=sr_1_1?ie=UTF8&qid=1373855548&sr=1-1&keywords=rebirthing+and+breathwork


The Body within the Therapeutic Relationship
5 WEEKENDS

For therapists interested in developing and exploring a **reliable theory & skills approach to inclusion of the body** within the therapy relationship.

You will be introduced to the ideas of **Wilhelm Reich** – commonly recognised as the forerunner of most modern body work approaches, and those of **Alexander Lowen** whose development of Reich’s theories has spread throughout the world as Bioenergetics.

We create an **experiential learning** framework, in a **skills and theory-based** setting, to **explore what you are discovering** and relate this to your client work with others.

You will be challenged to **look differently at your client’s physical form** and learn how to **make sense of what you are seeing** and experiencing from a theoretical perspective.

We will provide **specific skill techniques** through demonstration and you will learn through **observed practice** how to apply and develop these further.

**5 Weekends Course runs from September to December 2014**
Cost: €650.00. CPD certified.

Light refreshments are available.

Full details of the 5 Weekends course are available now on the IPP website.

**Facilitators:** Paddy Logan, Deirdre Collins

**Website:** ippireland.com  **Email:** ipp@eircom.net
The Client’s Impact in the Context of Clinical Psychology Training
by Mary Fell

The ideas here were initially alluded to within a thesis in part-fulfilment of a Diploma in Integrative Psychotherapy (Fell, 2006). I was reminded of them when exploring, as part of a team, how we might facilitate Personal and Professional Development (PPD) in a more enduring way on a clinical psychology training course. In doing so, I was brought back to the very fundamentals of clinical psychology and psychotherapy work – who we are, how we relate to others, others’ impact on us and how we might move with or resist this. These are relevant regardless of stage of professional development, but are easily lost sight of. In training, they are even more relevant as the trainee encounters client work, supervision, contact with peers, training staff and work colleagues in an evaluative context. We also expect trainees to reflect on themselves, on their part in the co-creation of a therapeutic alliance, on how they might manage the impact of clients’ distress or style. Yet the task faced in exploring PPD was a reminder that trainers can also lose sight of these crucial elements because of the busy-ness of a course, as well as the climate of achieving, ‘doing’ and ticking boxes. We almost need to be reminded that such elements are present and to be expected. It was also a reminder that these potentially influential therapeutic encounters occur in a climate hopefully of support but also of evaluation. Evaluation can bring us back to earlier relationships and experiences of comparison, of authority, of feeling ‘less than’, and of shame – old and possibly familiar scripts.

In considering the client’s impact, it is useful to begin with Bolas’ (1999) assertion that clients touch us, “reaching the deepest recesses of (our) lives” (11), if we allow it and allow awareness of it. Clients can push us towards self-reflection, towards curiosity about ourselves, but firstly, we must allow that touch to be felt. Are there aspects of the work that create a context where such impact happens? It is as if, as clinicians and trainers, we consider psychological touch as possible rather than seeing it as inevitable. Have we concerns about this in general and in the context of training?
There is “wear and tear” (Kottler, 1993: 21) in encounters with clients, clients’ impact on us. For our own wellbeing and survival in the work, we need to attend to this, or at least acknowledge it. In clinical psychology training, we encourage trainees to consider what clients elicit in them. We ask trainees to bring this to supervision (and to personal therapy if appropriate) in an effort to make sense of what is happening, then often we move to wonder about the client in this, exploring what information it might yield about the client. In supervision, we also emphasise the boundary between personal and client-related information (Scaife, 2009), especially important in the context of training and evaluation. It may be that supervision is not always the appropriate space to wonder about the detail of this, yet in marking this boundary, there is a possibility that we close the personal down too quickly. It can be difficult to hold onto this in the role of clinical psychologist with its many demands and expectations. It can be even more difficult to do so in the context of training, where trainees are and feel evaluated, where many demands move trainees away from their internal worlds, where the personal can seem insufficient as evidence within the dominant theoretical framework. Also, trainers and trainees alike can strive to maintain a semblance of control and intactness in the work.

When we talk of the client’s impact on us, it is located in the language of countertransference. While many examples and definitions of countertransference exist, increasingly the term is used to denote all the therapist’s feelings and attitudes towards the client, regardless of its source or form (Kahn, 1997). From Freud’s caution that the limits of the analyst’s own internal resistances were important, countertransference has been incorporated over time into psychodynamic and integrative perspectives. It has been referred to as the “heart of the matter” (Bollas, 1999: 21) in therapeutic work. Considering the part of this that is uniquely the therapist’s, Casement (1985) has spoken simply of personal countertransference as distinct (in so far as it can be) from a diagnostic response. While there is an inevitable interplay between different aspects of countertransference, we ask and expect trainees to be aware of their historical selves and
their hopes. At certain times in our careers, such as when we are in training, we may feel more vulnerable and our resonance to our internal worlds may be heightened (Wosket, 1999). This in turn can deepen personal responses to client material and make it even more important that we attend to this possibility in training.

The role of helper, of therapist, has itself been suggested to move one to explore one’s own issues. Kottler (1993) speaks of the “inevitable growth and self-awareness” (xii) that comes from being in a client’s presence, as we participate in a client’s changing world. There is no doubt that the therapist’s motivation, the client’s changing processes, feedback from the client, and relating and speaking in internally focussed ways (Wosket, 1999) can contribute to the possibility of reflection and growth for the therapist. However, this is by no means inevitable; we can stay in that safe space afforded to us by the role as it can provide emotional protection and minimal risk. In training, it may be that emphasis on technique while learning can make a stay in a less risky place even more likely. Thus, the role of therapist, in offering such ‘safety’, may not in itself be sufficient to move one to awareness of personal issues and may be insufficient at times in accounting for the impact clients may have.

That which draws each of us to work with clients may make us more vulnerable to that impact. For whatever reason, as psychologists and psychotherapists, we are drawn to others’ internal worlds and experiences. It may be that this provides an opportunity to explore our own inner worlds and experiences, responding to a wish to, and providing a chance to, connect to those. Kottler (1993) commented that the decision to be a therapist is a commitment to our own growth, whatever shape that growth may take. Such commitment to our own growth is also taken up by Bollas (1987) at another level, who holds that we all as adults continue to seek a transformational object, another who promises change and transformation of self, echoing the first experience of transformation with mother. Could we, as therapists, seek out clients to be this for us, clients whose difficulties echo our own inner dilemmas, and even lead clients towards issues that are ours too,
or ours only? Using the mother-infant analogy of therapy slightly differently to the usual narrative, we may be drawn towards certain difficulties or clients, as our younger selves seeking transformation. If this is so, it makes a client’s impact more likely. We may also enter the work as an adult, a ‘mother’ in the therapy. Just as the mother, in one of Bollas’ (1987) examples, hopes for transformation and perhaps an altered inner world through the infant/growing child moving out into the world, we may do so too. Our wish for transformation as infant, as mother, as both, is present.

Indeed, as we search for the transformational object or experience, it may be that the therapeutic process itself, as well as the other, holds the promise of change. Searles (1973) commented that those whose childhoods were largely devoted to other family members, for whom this “therapist-functioning proved both complex and absorbing and fundamental to their sense of personal identity” (380) may take such activity as adult work, the therapeutic process seeming very familiar and holding the promise of change. If we, as therapists, bring our pasts into the room, as we cannot but do, we thereby enact earlier relationships in our wish for transformation (thus bringing our presents and hoped-for futures as well). Therefore it is inevitable that one’s own personal idiom and process is caught and connected – how we move or not with this is another question. Either way, the transformational object being client or process, the stage is set for our clients to impact on us as they move through their stories.

Linked to this, Searles (1975) spoke of the notion of psychotherapeutic striving, an innate striving towards “therapeutic devotion” (104) that all humans share, a striving towards curing the other (given expression by those who engaged in such work). He argued that the therapist could, and does, receive therapy from the client. Central to this was his observation that “we do not project into the sky” (105), that there is an element of reality in all clients’ transferences. If a client perceives me in a certain way, then there is a strong possibility that at least some of that characteristic is present in me. This is echoed by Symington (1986) who cautions that the clients’ transferential responses include a
response to reality in the therapist. In this way, each client challenges the therapist to consider his or her own personal development and way of being. This does not necessarily mean the challenge is taken up.

We may resist such challenge, such impact, and “may flee from contact in areas of difficulty” (Symington, 1986: 321). As relationships develop with clients, the therapist is drawn into a deeper sense of intimacy, what Wosket (1999) refers to as being “revealed and laid bare” (38). Technique can often be a way to move away from, to protect from, this very intimacy or sense of knowing and being known (Kottler, 1993). When transferential issues become more prevalent in the work, we can move from discussing or wondering about these. There may be times when clients can see us in a more negative light, times when work with clients can feel chaotic and intense. We can ignore such issues, leading to a stagnation in the work (Bauer, 1993), we can move to reassure, to protect ourselves by invoking positive and helpful responses, ultimately deflecting the issue at hand (Casement, 2002). Symington (1996) summarises the various resistances and concerns we may have as responses to feeling frightened and/or uncertain. Such uncertainty is especially difficult for the clinical psychology profession that has worked for so long from a ‘knowing’ position, and even more difficult for a trainee. This reaching of one’s own feelings in the work is seen by Symington (1996) as a life’s work. In this, whether trainers, trainees and/or clients, we share a common dilemma. We may create a ‘knowing’ environment in training. How can we then expect those in training to allow vulnerability and uncertainty? Added to this is a language of failure that comes with evaluation, which may make such resistance more likely and necessary to survive.

How can we allow such vulnerability and impact so that clients ultimately benefit? Reflective practice has become more spoken about and central to clinical psychology training, with training programs seeking to nurture this in a variety of ways, one of which is by trying to pay more attention to PPD. It seems that a reflective, questioning stance, welcoming the unknown and uncertainty (Bolas, 1987) is central to allowing awareness of clients’ impacts on us. This is not the ‘right’ or only way, but rather an
ongoing, interrupted and at times stagnant process. Perhaps it is the desire towards one’s own development, acknowledging a search for transformation, that ensures that this stays as a process rather than becoming stuck and turning away from it. However, it is not that we should become all-consumed with our needs and wonderings, but rather come in and out of such reflections; such tension being what Sedgewick (1994) refers to as a “tightrope” (146).

We also have an ethical responsibility to our clients to attempt to face our own needs, wishes and issues (Maroda, 2004). As the notion of countertransference is increasingly incorporated into therapeutic work from various perspectives, Kahn (1997) argued that this brings increased responsibility to determine whose material is evident here and now, likening it to a “dangerous weapon” (162) if misused. Furthermore, as well as a duty of care to clients, as trainers we also have a duty of care to trainees. We need to especially remember this as we place relationships as central to clinical psychology training, as we invite trainees to consider the relational across a range of settings. As relationships form, deepen and change over the course of training, we need to ensure that we support trainees to expect and attend to the moment and experience of impact of a client.

Attempting to attend to this in the context of exploring personal and professional development of trainees brought the above ideas into sharp focus. While material here may seem obvious or very familiar to trainers and trainees in areas of psychotherapy and counselling, I would suggest that the demands of any formal training can give rise to a movement away from the impact of clients on personal processes. In clinical psychology training, it is important that evidence of such impact should not be seen as signifying less than, less able, or failing in some way on the part of the trainee. Only by remembering that this is inevitable, and why, can we begin to take care of ourselves as individuals and professionals.

Mary Fell is a clinical psychologist, and a humanistic and integrative psychotherapist.
References:

An Introduction To Therapeutic Process With Children and Eating Disorders In Adolescence

with Bronagh Starrs (MIAHIP), Killarney, Co. Kerry (Child, Adolescent, Family Therapist)

SEPTEMBER 12TH, 13TH, 14TH (2014) — 20 CPD HOURS

An Introduction To Therapeutic Process With Children - Day 1 and 2
Working from a Gestalt relational perspective, participants will be introduced to the essential nuances of therapeutic contact with children and will learn a basic repertoire of interventions used with the child and his/her caregivers in order to support development.

Eating Disorders In Adolescence - Day 3
Participants will develop an understanding of eating disorders specific to adolescence including anorexia nervosa, adolescent anorectic profile, bulimia nervosa, selective/restrictive eating, food refusal & food phobia.

FULL COST: €350 payable in full by August 15th * Early Bird Rate €325 (payment by July 4th)
Deposit of €100 by June 20th to secure your place
For further info or to book your place contact Tel: 064 6636416
SOUTHWEST COUNSELLING CENTRE LTD, LEWIS ROAD, KILLARNEY, CO. KERRY
Email info@southwestcounselling.ie  •  Web www.southwestcounselling.ie
Spring Comes Calling
by Ann Irwin

It’s Spring! Even the word has a bounce in it, though after the wet, stormy and miserable winter we have put in, we would be forgiven for greeting it a tad wearily. For those of us on the Hero’s Journey, winter is hard. The lack of light causes many of us to burrow in and become lethargic. But now the daffodils are stirring the heart again and calling us to notice the buds on the cherry blossom trees and to ask ourselves the same old same old: ‘Who am I?’ ‘Where am I going?’ and ‘What’s it all about?’

Is the Hero in us never going to be satisfied? Isn’t there a time where we arrive in the Good Lands of self-knowledge, peace and quiet, and live in a kind of non-reactive trauma-free zone where we are chilled, undisturbed by life’s slings and arrows? Surely there’s a retirement age for sorting ourselves out after which it becomes just plain sailing?

But Spring says ‘No!’ Spring says we must forever begin again. Spring says we must find new ways, and pushes and prods us into life again. And if the truth is to be told we would probably be bored to death in the Good Lands after a bit because the Hero in us just won’t be quietened no matter how much we wish she would, occasionally, ‘zip it’. No matter how much we stuff her mouth with sweet things, with distractions or mood-altering substances, she finds a way to alert us to the possibilities of growth, time after time. The Hero in us loves the Spring because it is the season where the world tilts towards the light, where Spring tempts us to make daring plans, to have fun, to believe in our own possibilities and to be courageous enough to face the darkness and losses in ourselves.

In the past week Spring has been busy unsettling me. I was at a workshop in Dublin a week ago called This Business of Therapy. I felt I needed a bit of a shake-up on the business side of things and thought this would give me some good ideas about using social media more effectively, etc. You know, safe left-brain stuff. Well the wallop came
when the facilitator asked us to visualise ourselves making a pitch to a GP. What did that bring up in us? What body posture would portray it? And what age did we feel in that body posture? Ooooops! Left brain went on its holidays then and I was left with a 12-year-old facing the judgement of my father.

My mother was a great one for Spring Cleaning. As soon as the days began to brighten she was out cleaning windows, dusting and polishing, emptying drawers of rubbish and binning the debris of yesterday. It was a ritual, marking the beginning of a time of clearing and fresh starts. The clearing was tough and we were all roped in to help, but the sun glistening on the shine of a mahogany table was reward enough for her and brought her joy. My self-limiting reaction about pitching to a GP is just old rubbish stuffed in a drawer of yesterday, but it’s shouting out for spring cleaning however much I might prefer to stuff it back into the drawer.

Last Saturday I attended the IAHIP Consultative Forum. It was interesting and good to connect up with like-minded people. We discussed all kinds of topics – accreditation, ICP, bye-laws, government registration, etc. By 9.30pm we were ready to pack it up. I certainly was anyway. I was tired and facing a three-hour journey back to Cork. Then Anne Colgan produced a bag of scarves and in seconds had all of us playing a mad game of Blind Man’s Buff while making animal noises. Hilarity reigned and I was smiling the whole way back to Cork. Wow! What a reminder that we need to have more fun and light-heartedness in our lives! Spring had struck again…

Recently I seem to be surrounded by friends and acquaintances wanting me to go with them in a particular direction or wondering what direction I am going in. Why all this sudden prodding and curiosity? The point is I am as incapable of saying ‘No’ right now to their suggestions as I am of saying ‘Yes’. Actually I am doing fine right now. Just F.I.N.E. I remember doing a visualisation some years back where we had to stand at a crossroads and choose our path. I saw a great path of fame and fortune and powerful, influential work. I turned it down for a vision
of a calm oasis where I could live a ‘small is beautiful’ life, meditating every day, being creative, surrounded by the people I love and maybe writing a book…or two…

So all this prodding seems to be Spring saying: ‘Well what about it? Has the Hero gone to sleep? Wake up and keep your word to yourself!’

I do indeed have a lovely life but I need to take better care of it. I meditate sometimes but not as often as I should and I am well aware how good it is for me and the clarity it gives me. It kick-starts my day and feeds my soul. I need to eat more healthily, walk more, live more consciously, have more fun. I need to figure out, once again, how to make the difference I want to make in my small bit of this great world. I need to say ‘Yes’ or ‘No’ to this year’s new beginnings and then stick to my Word. Spring has woken me up and calls to something deep within me. It’s a powerful and compelling voice.

Maybe she is calling your name also.

If so, may your Spring be beautiful, creative and life-enhancing. May your growth be towards the Light and your blossoming a blessing for you and all who love you.

*Spring 2014*

**Ann Irwin**, MIAHIP, is a Psychotherapist working in Ballincollig, Co. Cork. Ann’s contact details are www.alittlespacecounselling.com and 087-9444525.
WORKING WITH THE GESTALT PROCESS

Max number of participants: 10
September 2014 – May 2015

A certificate course starting with a Saturday & Sunday the weekend of 20/21st September 2014, plus seven Saturdays monthly, up to 9th May 2015.

This is a well-established experiential course, which highlights the therapist’s own process in the therapeutic relationship, in addition to teaching traditional Gestalt concepts.

No previous knowledge of Gestalt Therapy is necessary. Core training in Counselling, Psychotherapy, Social Work or Psychology is required.

SUPERVISION COURSE

Max number of participants: 12
January 2015 – June 2015

A Gestalt Relational Model of Supervision: The course runs over two years. The first part begins on 30th/31st Jan 2015 and consists of four two-day workshops ending in 22/23rd May 2015. The second part will have a similar format and will begin in Jan 2016.

It is designed to meet IAHIP and IACP requirements and is suitable for Counsellors and Psychotherapists who are accredited for 4 years or longer.

PSYCHOTHERAPIST AS RELATIONAL ARTIST: RICH HYCNER

Friday 22nd – Sunday 24th August 2014

There are a limited number of places still available on this workshop.

For details of all courses including costs and dates contact: 01 6619231
Or visit our website @ www.gestalt.ie
Partners: Claire Counihan, Kay Ferriter and Bridann Reidy.
**Dunlewey Substance Advice Centre (NI) Ltd**

“Unlocking the door to personal growth, learning and change”

**Sessional Counsellors - €80.00 per session**

Dunlewey provides Ireland’s only dedicated counselling service for:

**Problem gambling.**

The service is seeking to recruit additional sessional counsellors, particularly in the:

**South and East of Ireland.**

If you are an accredited counsellor with 3-5 years experience and want to join the 30-strong counsellors across Ireland and provide professional counselling for those affected directly and indirectly by problem gambling in your area

Send for more information and an application pack.

**Email:** dunleweysac@btconnect.

**Post:** Dunlewey Gambling Service, 247 Cavehill Road. Belfast. BT15 5BS

---

**Dublin Rape Crisis Centre**

**Continuing Professional Development Training Programme**

**Venue:** DRCC, 70 Lower Leeson St., Dublin 2 - 9.30am – 4.30pm

**ISSUES OF SEXUAL VIOLENCE: The Counselling Process - November 2014 to March 2015**

This is an intensive 12 day in-service course run once a year, in six two-day modules on Wednesdays and Thursdays, for counsellors and psychotherapists or those offering in depth support who wish to enhance their understanding and skills in working with adolescent and adult clients who have experienced childhood sexual abuse, rape, sexual assault and sexual harassment. There is a strong interest and focus on the impact of this work and on maintaining the counsellor/psychotherapist’s own well being.

*This course is recognised by the Irish Council for Psychotherapy for CPD purposes.*

Comprehensive and practical written handouts are provided with all training programmes to support the learning and to act as an ongoing resource

*Training programmes are also provided on request throughout Ireland for agencies or groups. Please contact us to discuss your training needs.*

Further information and application forms are available on our website [www.drcc.ie](http://www.drcc.ie) or contact: Leonie or Jane 01 6614911 email: etadmin@rcc.ie
Training Counsellors and Supervisors in Nepal
by Annie Sampson

The sight of the snow-capped, majestic, proud Himalayas as I fly into Kathmandu excites me, inspires me, gives me hope. Nepal has captured me; its people, culture, spirituality and landscape have led me to return again and again. Leaving Nepal feels like I've had a limb amputated, returning feels like I can breathe again. I'm at home.

What started as a one-off visit in 2011 has now turned into a commitment to Nepal. I meet friends, we talk and talk, drink cups of masala tea, cook and eat, visit with families, and I slide into Nepali time which doesn't have anything to do with clocks or watches. I also work in this land and culture. NGOs help to keep the country running, bringing much needed skills to social, environmental, medical and justice projects. I have worked with several NGOs which support and counsel victims of torture and issues relating to women. Now I return to work with Kopila-Nepal, an NGO which works with women and children who are disempowered and abused.

Life in Nepal
The town of Pokhara, where Kopila-Nepal has its offices, is a beautiful area with a large lake as its focus. This attracts tourists, along with trekkers to the Annapurna Himalayas. Pokara is a seven-hour bus ride from Kathmandu but only a 20-minute hop by small commercial plane.

In Nepal there is a sense of resignation rather than a direct anger about the difficulties of daily life. Petrol rationing, power outages of up to 12 hours a day (in the winter), no heating in the houses, dangerous roads. On one major road leading to the Tibetan border, the bus delivers you to the landslide, you climb over rocks and rubble, always with the possibility of being hit by more rocks in the ever-present landslide. Another bus collects you on the far side, and the journey continues. Vehicles are swept off the roads towards raging rivers hundreds of meters below. There are no trains in Nepal so everything is carried by colourfully decorated trucks. They're better decorated than mechanically
maintained! Once off the roads, pack animals, as well as men and women, carry what is needed up the steep mountain paths to the remoter villages.

Western-type healthcare and medicine are expensive and hard to access and there is a sense of being helpless in the face of a corrupt government. The urban and the remote regions support the patriarchal culture which has existed for centuries. Eighty-five percent of marriages are arranged, with wives living with their husband’s family. They are subjected to the rule of their in-laws which sometimes results in severe abuse and loss of life, apart from loss of any property they may have owned. There is still a high infant mortality rate and life expectancy is around 62 years. Earnings are at subsistence level, with €250 a year being normal. Most of the population lives in the remote regions of Nepal where it takes a day's bus journey and then two or three days walking to get to the village. Changes are happening which lessen the hardships of life but they are slow. Working to survive, either as a self-sufficient farmer or in tourist-affiliated work, takes all the hours of the day, every day, no holidays.

Trekking is a major industry and having completed three treks I would say it is the best form of therapy. The guide is your companion, your map, but also your saviour. If an accident or illness puts you out of action, the guide carries you to the nearest village! If trust is an issue then this is a real testing ground. I walked along paths which are less than the width of my foot, leading me across steep mountain sides and over landslides. The treks take you across raging streams with slippery stepping stones, up high, steep, rough stone steps, hundreds of them, and for hours and hours on end, across mountain trails at altitudes of 4,000 meters, while it rained and got colder and colder. Oh, and very steep paths, with the gravel slipping under your feet and the edges crumbling away.

**Counselling services and training in Nepal**

Agencies offering counselling are few but the need is great. The country has just emerged (since 2008) from 10 years of civil war, with all the
trauma that entails. There are also the usual issues people face: depression, addiction, physical and sexual abuse; and for women and children living in a traditional patriarchal society, there are added difficulties of disempowerment and often violence. For men, the eldest son is expected to feed, shelter and support his parents while feeding and educating other siblings. This often leads him into personal poverty and therefore with little hope of making a good marriage. Women hope their in-laws will treat them as daughters rather than slaves.

Counselling is in its infancy in Nepal. The focus is on psychosocial counselling, the training being of short duration, usually six months and with no personal development of the counsellors. Some of the counsellors I met are extremely competent and have learnt their craft through their experience rather than training.

Kopila-Nepal train counsellors to work with their clients. They also train counsellors working in other agencies, making training groups of 20 people the norm. I worked on the psychosocial counselling training in Kopila-Nepal with several different groups. It’s been a wonderful, a frustrating, a humorous and moving experience which has affected me both personally and professionally.

**Teaching in a different culture**

I approached working in an unfamiliar culture, without the language, with excitement and anxiety. It presented me with problems and I had to learn quickly or sink! The cultural aspect made me reflect on my philosophy of therapy and why I worked as a therapist. I believe in supporting clients to express and work through repressed emotions, supporting them not to act out of the past but to be themselves in the present and fulfil their potential, supporting them to form healthy relationships. From my social interactions I knew that some of the strong emotions, such as anger, are not acceptable and are repressed in Nepal. A friend referred to anger as tension and stayed isolated, away from family and friends, for days when feeling angry. He could not share his anger or talk about it, it felt shameful. Another friend had stopped training as a healer as he felt responsible for upsetting the
clients. The aim of counselling in Nepal is to manage emotions so they do not affect the client or those around them, in fact, to contain or get rid of them.

The major difficulty of working with groups of trainees was the language. I designed the three-hour sessions, five in group facilitation and three in peer counselling, to start at 6am each morning. This enabled the trainees to go to their workplace after training and do a full day’s work. I quickly realised that the training I had hoped to complete was going to take at least twice as long as I had anticipated. Everything had to be repeated and translated either for my benefit or the trainees. Translation made discussion stilted and difficult. I could pick up a few words but had to wait for my gallant translator to relay what was being said, sometimes the discussion had moved on or there was an abrupt stop! I rely a lot on body language, my somatic responses and countertransference when I am training. It was harder to isolate where my responses and feelings belonged. Were they mine, generated from the work or was I picking up feelings generated from the group?

Nepali body actions were different from what I was used to and the actions and energy generated by participants were hard for me to read. Some trainees felt training was an unimportant activity and if a participant’s mobile rang then they had to answer it and respond. Energy often felt low to me but in fact this meant that participants were fully engaged rather than tired or bored. When I crossed my arms as a listener, to demonstrate a closed posture, there was disbelief. In Nepali culture, crossed arms denote feeling comfortable! When training I look for signs that the participants understand the material, one sign being nodding. To indicate ‘yes’ in Nepal, the head is moved from shoulder to shoulder while the face faces forward but when I saw this in my peripheral vision it looked more like a 'no'. Disconcerting!

An experienced translator makes the job easy but I had an experienced Nepali counsellor, not a translator. We spent time getting to know each other, having long chats by the lake over tea, Dahl bhat (rice, lentil gravy, curry) and wine. This was in the belief that the better we knew
A community within the Kathmandu valley. The city is ringed by mountains and the legend says a king brought his sword down, slicing a gap which let the water flow out of the valley as a river.
each other the easier it would be to work together. Sadly that isn't the case when translating, but we did become good friends. Translation is a skill and an art. Training and experience make the good translator.

My translator was a competent, experienced therapist who was trained to summarise and that's what he did when translating. The summarising led to long periods when one group member talked and the translator listened, while I became impatient to know what was being said while keeping an eye on the group. Other group members became bored, leading to a distracted group who at times were almost unavailable to be trained. In giving material to the group I would deliver a sentence and wait for the translation, but I usually had to prompt him to translate as he was so caught up in the training material. I needed sentence-by-sentence translation. We kept at it, finally hitting something that sort of worked – shorter summaries!

I still had the difficulty of other group members feeling left-out and bored, fiddling with mobiles, chatting amongst themselves, leaving the room, but it was better. I found I couldn't respond spontaneously even when the summaries were shorter. I'd try to hold the main points of the translation so that I could address them, but if I needed clarification that required more translation and more interaction it was difficult for me to hold. I also had to remember what was said so I found my white board filling with notes to myself as well as the training material. This kept some of the group occupied trying to work out what I'd written! A month of training and I would have become fluent in Nepali. Most of the training skills that come as second nature to me were severely challenged but my translator was impressed with my abilities and improvisation!

**Training in supervision**

The introduction to supervision training was delivered to three different groups, three days per group. The two counsellor training groups were engaged, lively and fun. The other group supervised outreach workers and they had me tearing my hair out! This third group was made up of men and women of different professional backgrounds and skills. To
some of these participants, their answer to a struggling supervisee was to do the job themselves, this was supervision. This group of professionals were astonished to hear that supervision includes the restorative, formative and normative tasks (Proctor, 1988). Due to the time and translation difficulties I had to quickly revise the training programme to give the trainees the skills and understanding of supervision which would be most relevant to them. The outreach workers’ group were amazed that supporting supervisees (the restorative task) could lead them to become more competent workers. My translator remarked, ‘How do you manage to change the training programme so quickly?’ It was more a feeling of a need to survive.

In this group one of the men developed a difficulty with me. Patriarchy came to bite me. He found it difficult to have a woman in a seemingly powerful place and be instructed by her. He challenged nearly everything I said and tried to dominate the group and the work. He also threw me work scenarios, which he fully expected me to collapse under. One of my usual responses is to encourage other group members to come in with their experiences and so stimulate group discussion. The person monopolising is therefore managed by the group. In this case it was much more difficult, as due to translation I couldn't react quickly to cut him off and encourage others to participant. He engaged the translator in his asides so I had to keep checking what was being said and try to support the translator not to get caught into this game!

Don't imagine this work was only full of difficulties, we had fun and lots of laughs and jokes. The groups quite rightly laughed at me when I tried my limited Nepali on them but they were laughing with me. Training groups in Kopila-Nepal always break twice a day for fun-time, songs, dancing, jokes, where everyone joins in. I introduced them to bio-energetic exercises which more than often produced howls of laughter and disbelief. Why would we indulge in such movements when the Nepalis sit cross-legged all day and are constantly squatting!

There is a dearth of current information and knowledge about counselling in Nepal. I had to keep concepts simple and concentrate on
A view down the main street in Thamel from a rooftop cafe. The electricity wires hinder the view and often fall, sometimes catching fire or hitting a passerby. Electricity, produced by hydro power, is rationed with power outages of up to 10 hours a day in the dry season.
I decided to let the trainees decide what was useful to them in their work and culture rather than me trying to decide what was culturally appropriate for them. I brought books with me that I'd got cheap on Amazon – the start of the Kopila-Nepal counselling library.

There was also a different concept of learning. I had come across this when I had taken a week-long language course. Rote and repetition is the normal learning method in Nepal, all done by verbal repetition. I need visual input for my learning. The trainees wanted me to tell them what to do; the questions were – 'how do you...?', 'what do you do when...?', 'what do you say...?' Not providing the answer was sometimes frustrating for them but they put up with me. I encouraged them to use their experiences to understand their practice and find the solutions. Most were unfamiliar with reflective practice and I gave them a simple practice to follow. The participants varied in their willingness to take on reflection as a learning tool. To generalise, the younger and enthusiastic group members were more open while the older group members seemed less interested in changing their way of working. I wondered how my teaching style, which is based on forming a collaborative learning community, fitted with the Nepali learning style. This is still to be investigated and answered.

I have supervised practitioners in Nepal and know they struggle with working with strong emotion, often having no experience of expressing their own. Counsellor training has no personal development input, so I gave a three-day workshop on peer counselling, which I hoped they would employ to support themselves in the work as well as start to look at their own issues. Wages in Nepal are low, one of the lowest in Asia, and poverty is rife, so engaging in counselling while training is not a possibility.

Looking back, it’s amazing what we achieved. The different groups developed some skills in facilitation and peer counselling as well as an understanding of being a supervisor. With some trepidation I checked the evaluations and feedback from the training. Not surprisingly the language difficulty presented as an issue but the main feedback was the usual, 'not enough time'.
Looking ahead...
I am working with Kopila-Nepal to start a professional supervision course adapted from the course I run in Ireland. With trained and experienced supervisors, one day more professional counselling training can be run. Trained supervisors will encourage the development of practitioners and therefore enhance the clients’ experience of the work, no matter what field the supervisee works in.

When I return to Nepal in the summer, I shall be starting the supervision course. I will continue my one-to-one Nepali language lessons and spend my days off with my friends. I'll hike around the valley (Kathmandu is in a valley surrounded by mountains), visit my favourite places, chill out and deal with the monsoon, heat and heavy rain. It will be hard to leave as always but I'll keep going back until I run out of energy or until they don't want me.

Annie Sampson  MSc, MIAHIP, MIACP, works in private practice in Limerick as a psychotherapist and supervisor. She also works as a trainer in the Tivoli Institute in Dublin and on the MA in Humanistic Psychotherapy in UL. Annie is a trainer of supervisors and course director on Super.Vision Training, Limerick. Contact details are www.super-vision.ie or 087-2320525.

References:
A Gestalt Approach to Clinical Practice: this four-module certificate commencing September 2014 is for qualified practitioners wishing to extend and develop their knowledge of the Gestalt approach. **Course leader:** Tricia Norris BA, Dip IGC, MA, MIAHIP, MBACP

**International Programme:** continuing our popular series of advanced workshops led by renowned European Gestalt therapists and theorists. **Facilitator:** Margherita Spagnuolo Lobb (author The Now-for-Next in Psychotherapy, Director Instituto di Gestalt HCC) April 2015.

**Personal Development Programme:** This one-year residential programme is open to anyone interested in self awareness and personal growth. It is highly recommended as a foundation year for the Diploma course and is particularly useful if you wish to enhance your workplace facilitation skills. **Course leader:** Karen Shorten Dip IGC, MIAHIP, MIACP, MICP, MEAU

**Diploma In Gestalt Therapy:** a four-year part-time training in Gestalt Psychotherapy accredited by IACP since 1996. Full details and graduate reviews of the course can be found on our website. **Course leader:** Tricia Norris BA, Dip IGC, MA, MIAHIP, MBACP

IGC COURSES ARE RESIDENTIAL AND HELD AT TEACH BHRIDE, TULLOW, CO. CARLOW.

For further information please contact Máire McDonagh: Tel: 091-452013/087-3397080
Email: admin@irishgestaltcentre.com Website: www.irishgestaltcentre.com
PPS is a mutual defence organisation run by fellow professionals, for the benefit of members. Although originally limited to members from the field of psychology, members now include counsellors and psychotherapists.

PPS Provides members with assistance when complaints are received from clients and other professional protection matters. When you become a member of PPS you will benefit from....

- **Members Professional Protection Insurance** - Choice of 3 levels up to £2,500,000* cover
- **Public Liability Insurance** - £5,000,000* cover
- **Discretionary Trust Fund**, may be accessed when unforeseen circumstances arise
- **Professional Protection Insurance & Discretionary Trust Fund** claims will be managed by PPS Trustees, elected fellow professionals from the talking and listening therapies
- **Members can obtain counselling and psychotherapy industry specific advice and assistance from our PPS advisors and Board of Trustees. In addition legal advice can be accessed from our external dedicated legal advice line.** *(no excess, claims will be settled in euro equivalent value)*

Call **00 44 333 320 8074** to speak to one of our friendly membership administration staff or email **enquiries@ppstrust.org**. You can also request an application form today by visiting **www.ppstrust.org/contactme**

*Psychologists Protection Society and PPS are the trading names for the Psychologists Protection Society Trust (PPST) which is an Introducer Appointed Representative of Kinnell Corporate Ltd. All insurance policies are arranged and administered by Psychologists Protection Services Ltd (PPS Ltd) which is an Appointed Representative of Kinnell Corporate Ltd. Kinnell Corporate Ltd is authorised and regulated by the Financial Conduct Authority. Psychologists Protection Services Ltd is registered in Scotland No. SC379274. Registered Office: Alloa Business Centre, Whins Road, Alloa, FK10 3SA. Guarantee Protection Insurance Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England No; 03326800. Registered Office: Third Floor, 37-39 Lime Street, London EC3M*
Call for Contributors
to *Inside Out*

*Your Journal Needs You!*

We encourage you to send us your stories or illustrations about any aspect of psychotherapy, including legal and ethical issues, human adversities and resilience, spirituality and humour. Contributors to our journal do not have to be IAHIP members but may be individuals from any background or profession with experiences, insights or wonderings in relation to personal distress and growth.

We pride ourselves on publishing a variety of contributions in the pages of *Inside Out*, some of them academic, others reflecting a more personal story. We strongly welcome various formats of expression – poems, photographs, illustrations, short reflections, diary-type records and more substantial articles. ‘The Space...’ in our journal may also be used in any creative way to share thoughts, memories, drawings, ‘aha’ moments, the only limitation being the structure of the page.

If you’re thinking about it, you’re tempted but uncertain and need support or guidance to write, please do make contact (details on the inside cover) – we look forward to working with you to maintain and develop the vibrancy of our journal.
The death has been announced of David Chamberlain after a long illness. David was a Californian psychologist, author and editor who lectured on his pioneering work in Birth Psychology in 20 countries. He visited Ireland in 1998 lecturing on his use of Hypnotherapy to discover and resolve traumas arising in the womb and at birth. In his landmark research with mothers and children in 1980 he demonstrated that birth memories were reliable memories. For eight years, from 1991-1999, David served as President of the Association for Prenatal and Perinatal Psychology and Health, the organisation he founded in 1981 with Dr Thomas Verny.

His book, ‘The Mind of Your Newborn Baby’ (1986/1998), has currently been translated into 13 languages. His last book was ‘Windows to the Womb: Revealing the Whole Baby from Conception to Birth’. Some of his research work has been documented in articles in Inside Out. With his life’s work he leaves a great legacy to the world, transforming the concept of life in the womb.

Pic courtesy of www.tjfuture.org
Book Review:  
**Beyond the Frustrated Self: Overcoming Avoidant Patterns and Opening to Life**  
*by Barbara Dowds*  
*Published by Karnac London 2014*  
*ISBN 978-1-7822005-2-9*  
*Reviewed by Aisling McMahon*

Barbara Dowds is an Irish psychotherapist with a private practice just outside Dublin and a teaching practice in PCI College. She was a senior lecturer in molecular genetics before changing to a psychotherapy career over 10 years ago and her scientific background, as well as a self-professed love of literature, come through strongly in her recently-published book, *Beyond the Frustrated Self*.

Barbara’s book has many dimensions, engaging the reader at a number of levels. The book is strongly integrative in the various psychotherapy theories Barbara describes and draws from – including psychodynamic, existential, humanistic, body psychotherapy, attachment theory, developmental neuroscience and transpersonal psychotherapy. A particularly good description of developmental neuroscience is offered which I believe will be appreciated by practitioners, as well as by clients who want a stronger theoretical understanding of personal growth. However, the outstanding quality of Barbara’s book is how she intelligently and passionately engages in social and political commentary, philosophical and spiritual debate, while also offering insights and illustrations from a wide literary base. Here, the impressive integrative work is how she continuously weaves all these elements into her exploration of the blocks and the paths to personal fulfilment and contentment in today’s increasingly disconnected society.

Another striking and valuable feature of this book is the presence of ‘Brenda’ throughout – Barbara’s theoretical expositions are grounded in Brenda’s story and her personal journey to greater understanding and
a fuller life. Barbara describes Brenda as a “kind of every (wo)man, albeit one with a particular attachment style” (xiii). Brenda’s attachment style is dismissive/avoidant, Barbara describing her as overcharged and overbounded. Barbara notes that the self “is inherently a process: creative, dynamic and relational. But for many of us like Brenda, it feels like a thing: stuck, grim and isolated” (66). Brenda keeps the world at bay, suppressing her engagement and responsiveness to others (as her early experience was that her significant others were not well attuned or responsive to her needs), relying on a rigid self-regulation (“driving with the brakes on”, 258) which leaves her empty, unfulfilled and yearning for more from life. Throughout her book, Barbara builds a well-researched argument that the path to greater fulfilment for each of us, but most particularly for those of us with Barbara’s attachment style, is to loosen the self-regulatory hold of the left brain, building greater connections between the analytical left and the creative, embodied right brain. This involves imaginatively and more playfully engaging with life rather than seeing it as something we must adapt to, taking risks to open our hearts and be more authentic, spontaneous and creative in our relationships, as well as counterbalancing our engagement in the world with time alone to connect with peace and silence. Barbara argues that we can find greater meaning in our lives by searching for our “higher loves” (258), the transformational objects (after Bolas) that represent our deepest values (whether these be social, political, aesthetic, spiritual, etc.), investing in giving as much as being open to receiving. Barbara concludes her book by stressing that we become what we do – “by attending to what we love, we become lovers of life” (265).

While reading this book, I increasingly found myself melding Brenda and Barbara in my mind and relating to them as one person. Barbara’s articulate descriptions of Brenda’s predicaments and frustrations (e.g., the difficulty of opening up to contact with others without losing herself), as well as her loves (e.g., of nature, of spiritual exploration) seemed to hold a strongly personal, emotional quality and even urgency at times. Barbara notes in her introduction that resemblances between herself and Brenda are inevitable and how the theory written about in
subjective disciplines can amount to a “psychic autobiography of the theorist” (xvii) – this felt true to me and as I read I felt privileged to be invited in to share in Barbara’s intelligent, personal searching for understanding and authentic growth.

I very much enjoyed reading this book – I found it to be full of meaty wisdom to chew over. Although Barbara strongly advocates for our need to move from a dominant left-brain culture into being directed by our more embodied right-brain, there is particularly strong stimulation for the left-brain in her book. While this was engaging and satisfying, when Barbara brought in a literary quote I enjoyed the opportunity to rest my left-brain and resonate emotionally with the feeling of the quote. For me, more fleshed-out stories from Brenda’s life would have been welcome to offer even more balance to the strong theoretical, intellectual material in the book and to give me opportunities to rest in and be ‘held’ in the stories (Brenda’s experiences were more often brought in as condensed narrative overviews rather than more slowly opened out stories). However, I must note that this comment comes from my own need for more right-brain experience as I am of the same attachment style as Brenda and too left-brain dominated myself! Overall, I found Barbara’s book to be very satisfying, richly written and I look forward to further writing from her.
Workshop Review:  
From Attachment to Relational Neuroscience  
Presenter: Professor Jeremy Holmes, Fitzwilliam Hotel, Dublin, 3rd May, 2014  
Reviewed by Debbie Hegarty

Professor Holmes is a wonderful presenter. He is charismatic, knowledgeable, informed and prepared. I was struck by his appearance; his stance and gait are that of a much younger man. I signed up for this workshop because I am familiar with his work and respect it. I had first been introduced to his literature in 2000 whilst in the early stages of my training. In addition, I am very interested in psychoneurology and am already familiar with the correlation between attachment theory, affect regulation and neural plasticity. I was intrigued as to how Holmes would make sense of it all.

Holmes has developed a model of therapy and states that certain conditions need to be in place for therapeutic change to occur. He delineated his model during the afternoon session. In the morning session the focus was on the background and theories leading up to the movement from Attachment Theory toward Relational Neuroscience. Holmes also incorporated a live supervision session with volunteers from his audience into both sessions.

The workshop began with a brief checking in with participants as to what interested them about the theme of the workshop. He explained that Attachment Theory is a marriage between John Bowlby (a psychiatrist and psychoanalyst) who developed the theory and Mary Ainsworth (a psychologist and experimentalist) who was primarily interested in empirically researching and subsequently proving the theory. Ainsworth is largely responsible for developing the ‘Strange Situation Classification (SSC)’. Holmes explained that this observational study of attachment conduct measures relationships rather than individuals. Mary Main followed on from the work of Bowlby and Ainsworth and developed the Adult Attachment Interview (AAI). This therapeutic tool allows the practitioner to measure an
individual’s attachment style by analysing the discourse of the interview. The capability of the client to relate their self-narrative in a timely, accurate and coherent way indicates a healthy, secure attachment style. I was interested to find out that Bowlby was influenced by a biologist from Edinburgh named Waddington who was contemporaneously writing about epigenetics.

I listened with a mixture of curiosity and admiration and surprised myself by how much I learned, given that I have been studying the workshop topics for three years now. There were opportunities for questions at various points in the morning session. Holmes explained that attachment behaviour is activated by threat and is a protective strategy against predators. By virtue of evolution (survival of the fittest) attachment dynamics are part of our genetic design but (reassuringly) relationship security can be earned later in the lifespan.

Holmes referred to Mikulincer and Shaver (2007) Attachment in Adulthood: Structure, Dynamics and Change when defining attachment dynamics and explained that if the attachment figure, be they mother or father, is insecure then she/he will not have the capacity to co-regulate and modulate the infant’s negative affect. The result is that the infant develops an intolerance of negative affect and becomes an adult whose need to avoid negative affect may result in depression, anxiety, suicidal ideation, suicide, dissociation, etc. In addition, when the caregiver is the source of the child’s (dis)stress, avoidance strategies come into play and can result in narcissistic adaptations. Holmes encouraged practitioners to consider the client’s current situation as well as their developmental environment because attachment behaviour, although inscribed in the body and brain, evolves across the lifecycle (a concept taken from Belsky, 1999). I have included the reference for Belsky’s article below. I highly recommend it to readers.

Holmes proceeded with some findings from neurobiological research relating to the brain functions that are relevant to stress and affect regulation, namely the limbic system, the hypothalamus and the pre-frontal cortex. Due to the confines of a workshop review, an attempt
will not be made to delineate these processes except to mention mentalising. The capacity to mentalise is experience-dependent and the emotional impact of these experiences needs to be co-regulated.

Holmes finished the morning session with live supervision with two volunteers. He describes his supervision style as having two dimensions to include free association and interruption. He explained that when a client is discussing an external relationship, they are really talking about their internal working model and that what a client most wants is often what they learned not to want and most fear. Watching Holmes at work with the two therapists was inspiring.

After a rather dissatisfactory lunch of sandwiches (cold and cut into quarters) served with tea and coffee (included in the workshop fee and served in the hotel) we regrouped for the afternoon session. During this time Holmes discussed the components of therapy necessary in transforming (mutating) the client’s stress. There are five:

1. Primary Attachment
2. Reverie
3. Logos (meaning language as affect-regulatory)
4. Decision
5. Reflection

I won’t define each element because most of them are self-explanatory except to say reverie intrigued me. It depicts the therapist ability to ‘dream the client’; a notion Holmes borrowed from Thomas Ogden, a prolific writer on psychodynamic theory who has been very influenced by the works of Wilfred Bion.

Reverie is non-intrusive support. In order to illustrate the concept, Holmes used the story of Daniel Deronda, written by George Eliot (1860), which tells the story of Deronda’s experience of coming upon a suicidal Mirah and how he saved her life by creating a favourable environment wherein he utilised the skill of reverie. He states that sensitivity and mirroring in therapy are necessary but not sufficient. In
order to create the kind of favourable environment that can override genetic vulnerability and transform narcissistic wounds, the therapist needs to consider ‘partially-contingent mirroring’ (meaning mirroring that is slightly contingent but not exactly accurate). By definition, partially-contingent mirroring is ‘inexact’ but responsive, with the therapist using theory to build on and elaborate the possible meaning of the client’s dialogic exchange. This practice creates space for disagreement or correction by the client. In short, this skill requires taking what the client says and changing it slightly (i.e. yes...but) because too much contingency, similar to anxious assimilation, can result in collusion. On the other hand non-contingency, because it is too dissimilar, is non-relational.

Finally I will end with a critical evaluation. Certainly Holmes has enough material and skill to hold a two-day workshop and at times I felt he was rushing through the slides. Having said that, I wouldn’t have enjoyed the experience as much if he had made the slide show the mainstay of the workshop. Participants received the workshop slides via email shortly afterward and there are very many slides. I would have spent the full day witnessing him supervise. It was live and I like to learn experientially. A hot lunch works better for my energy and concentration levels.

References:
Formatting requirements for submissions to *Inside Out*

The Editorial Board of *Inside Out* request that the following standards are adhered to when submitting an article for consideration *(see below for formatted examples, used with permission from the author)*:

- **Articles (1500-3000 words)** to be typed and emailed as a Word document attachment to a member of the Editorial Board (see inside front cover for Board members).
- **Title of Article**: 14pt, Times New Roman, bold type (ex. 1).
- **Name of Author**: 12pt, italics, word ‘by’ in lowercase (ex. 2).
- **Text Format** (ex. 3):
  - Times New Roman, font size 12.
  - Single space after each full stop.
  - Justify alignment on both margins.
  - Single line spacing within paragraphs.
  - Double line spacing between paragraphs, paragraphs are not indented.
  - Headings in bold, font size 12, single line spacing between heading and text.
  - Title of books, films, etc., in italics, font size 12.
  - Words used for numbers one to nine, numerals for numbers 10 and above.
  - Italics and/or bold type (not underline) to be used to emphasise text.

- **Quotations and referencing**:
  - All contributors are asked to follow the APA Reference style (for free tutorials and examples, please go to http://www.apastyle.org/)
  - References that are not direct quotations to be as illustrated in example 4.
  - Double quotation marks to be used for a quotation, the quote is to be italicised and followed by reference details, including page number (ex. 5).
  - Lengthy quotations (for e.g., 3+ lines) to be indented on a new
line, justified on both margins, italicised and referenced. No quotation marks to be used for indented quotations (ex. 6).

- Single quotation marks to be used for emphasis and when not from a specific reference.
- References to be listed alphabetically and the reference format illustrated below to be followed. *Note that the reference list is justified only on the left margin and there is no line space between each of the references* (ex. 7).
- When referencing a document within a website or on-line journal, the date of accessing the document is to be included in the reference (ex. 8).

- **Biographical note** is to be placed at the end of the article (after a line space) and before the list of references. Please limit to one sentence.

- **All contributions to **Inside Out** (Letters, Reviews, Responses to Articles, etc.)** are to follow these formatting guidelines (Reviews to be 500 words approx.)

- Authors of material accepted for publication are asked to consent to their contribution appearing online in the **Inside Out** edition on the IAHIP website (http://www.iahip.org).

- Contributors are asked to advise the Editorial Board if their contribution has been published or is being considered for publication elsewhere and, if so, to provide a full reference.

**Examples**

(1) (2)

**Integrative Psychotherapy: An Application**

*by Debbie Hegarty*

(3)

**Introduction**

My approach to psychotherapy practising is integrative. In my view integration and working integratively is inevitably a personal process, and as such my practising reflects my life experiences, professional
trainings, temperament, personal style, the theories and methods that best fit my style, as well as my understanding of them. I believe that any one theory cannot possibly answer the diversity and complexity of being human, dealing with human distress, and supporting clients to manage their lives better.

I like to consider the uniqueness of the client, as well as what the client may share with others. I believe there is a universal way of responding to stress and trauma, and then there is what each individual does with it.

(4) Several studies have examined how attachment styles, and the internal working models that underlie them, affect how people process interpersonal information (e.g., Collins & Feeney, 2004; Kirsh & Cassidy, 1997). Findings from these studies suggest that highly avoidant and highly anxious people perceive their social environment more negatively than do securely attached people. In addition, Fraley and Brumbaugh (2004) found that memories of adolescents who had attached insecurely to their caregivers became more negative and distorted over time than did the memories of adolescents with secure attachment styles. Subsequent memories that are consistent with the working model are easily assimilated into the working model, and therefore help to maintain these mental representations (Wallin, 2007).

(5) I have learned that the capacity to regulate arousal, whether hyper or hypo, in the face of adversity is not an innate human function. It is “experience dependent” (Schore, 2002: 443) and only develops in the kind of “growth-facilitating emotional environment” (440) that I am committed to developing with clients.

(6) Van der Kolk (2009) uses the term “complex trauma” (2) to describe the experience of multiple and/or chronic and prolonged developmentally adverse traumatic events, most often of an
interpersonal nature. He explains that when children are unable to achieve a sense of control and stability they feel and become helpless:

*If they are unable to grasp what is going on and unable to do anything about it to change it, they go immediately from (fearful) stimulus to (fight/flight/freeze) response without being able to learn from the experience.*

(van der Kolk, 2009: 5)

(7)

**References:**


(8)

INSIDE OUT
Journal for the Irish Association of Humanistic and Integrative Psychotherapy

ORDER FORM

*Inside Out* is published three times a year and is delivered free to members of the Irish Association of Humanistic and Integrative Psychotherapy. Non-members are welcome to subscribe to *Inside Out* or to purchase individual journal issues. Members may also purchase additional copies of journal issues. Each journal issue costs €7.

Please complete this form, making cheques/postal orders payable to “Inside Out – IAHIP”, and send to: Inside Out c/o IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.

**Subscription to Inside Out:** No. of journal issues being ordered: [ ]

**Ordering a journal issue:** No. of copies: [ ] Please specify issue: [ ]

Name: ............................................................................................................................... [ ]

Address (delivery will be to this address unless a different address is specified below):

............................................................................................................................... [ ]

............................................................................................................................... [ ]

Occupation (optional): ........................................... Daytime Phone No.: ......................... [ ]

**Ordering for a friend?** Delivery details:

Name: ............................................................................................................................... [ ]

Address: ........................................................................................................................... [ ]

............................................................................................................................... [ ]

**Payment amount (must be enclosed with order):** ......................................................... [ ]

Cheque: [ ] or Postal order: [ ]

For enquiries regarding subscriptions or back issues of the journal please contact the IAHIP office at info@iahip.org.

Contents of all previous journals may be viewed on http://www.iahip.org by following the prompts to *Inside Out*. 
Form for placing an advertisement in *Inside Out*

To enquire about advertising in *Inside Out* please contact the IAHIP Office by email at info@iahip.org or phone at +353 (1) 2841665.

*Adverts may be submitted and paid for online at http://iahip.org/payments*

Alternatively, an advert may be emailed to info@iahip.org and this form posted to: *Inside Out* c/o IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co Dublin, along with a cheque/postal order made payable to “Inside Out-IAHIP”.

Name of Organisation (if relevant): __________________________________________________________
Contact Person: __________________________________________________________
Email: __________________________________________________________
Phone no: __________________________________________________________

The cost of advertising in *Inside Out* is as follows:

- [ ] €90 Half-Page (9cm x 12cm)
- [ ] €180 Full Page (12cm x 19cm)

**Please confirm advert size by ticking box.**

1. The advert should be typeset in PDF or Word format - *PDF is preferred.*
2. *The advert should be submitted as you wish it to appear in the journal, ensuring that text and images will be legible in the size you have requested* (please see size guides above).
3. The Editors reserve the right to re-format the style of the advert to meet publishing standards.
4. Payment must be received before the advert can be forwarded to the Editorial Board.
5. No advert will be accepted after the deadline date (please see below).
6. For repeat advertising, adverts need to be submitted anew for each journal issue.

<table>
<thead>
<tr>
<th>Deadlines for sending adverts for each publication:</th>
<th>Expected publication date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Journal Issue 10th May</td>
<td>End of June</td>
</tr>
<tr>
<td>Autumn Journal Issue 10th September</td>
<td>End of October</td>
</tr>
<tr>
<td>Spring Journal Issue 10th December</td>
<td>End of February</td>
</tr>
</tbody>
</table>

**Office Use Only:**

Date Payment Received: ____________________________
Payment Type: Cheque [ ] Money Order [ ] Cash [ ]
Date forwarded to Editorial Board Ad Rep: ____________________________
Signature: ____________________________ Date: ____________________________
The Space…

HOME

Redbrick
semi-detached
house
with garden.

I plait shallots
for the first time
at the kitchen table
crumble the soil away
peel off moist skins with thumbs
lay them out to dry
on yesterday’s newspaper.
Smell them.

Ribs grunt
stretch to stiffness
as arms negotiate high branches.
Breath deepens.
Hands snip ties
gather in the cable
of the tiny cherry lights
that lit my garden tree for winter.

Last blackbird of evening
preening feathers
then evensong arcing
out of the mountain ash.
Breaking buds inked against fading light.

I sit in stillness
at the green table.
I listen.

*Sylvia Rowe*
B.Sc. (Hons) Counselling & Psychotherapy
(Top-Up Programme)
Validated by Coventry University

1 year full-time or 2 years part-time

Full-Time: €4,200 including University Registration Fee.
Part-Time: Pro-rata.

As a Degree student, you will train in a supportive environment which offers:

• Over 30 years of experience in training and in counselling practice
• The opportunity to upgrade your qualifications in preparation for future statutory regulation of the profession
• The opportunity to achieve your Degree while continuing to accrue hours towards professional accreditation
• Unique in-house placement opportunities including access to clients with a wide range of counselling issues
• Flexible study time which provides the option of
  - enhancing your qualifications while continuing to work, or
  - dedicating yourself full-time to the Degree and completing sooner
• An experiential and applied approach enhancing academic learning
• Highly qualified trainers both from Ireland and abroad providing inclusive and internationally relevant practice.

ALSO ENROLLING

• Part-time Diploma in Counselling (IACP-accredited)
• Part-time Foundation in Counselling Skills

Enquiries and application forms: Email: info@thecounsellingcentre.ie Phone: 021 4274951

7 Father Mathew Street, Cork City.
Email: info@thecounsellingcentre.ie • Phone: 021 4274951
Blackfort
Adolescent Gestalt Institute

in conjunction with DUNDAK COUNSELLING CENTRE

2-Year Advanced Post-Qualifying Diploma in Gestalt Adolescent Psychotherapy

Commencing: October 2014
Course Director: Bronagh Starrs MIAHIP
Course Consultant & Guest Faculty: Mark McConville PhD

Full course description and application forms are available by contacting: Dundalk Counselling Centre
www.dundalkcounsellingcentre.ie
or by emailing Bronagh directly: bronaghstarrs@gmail.com

Inside Out
IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin