

Inside *Out*

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Therapist self-disclosure:

A controversial intervention?

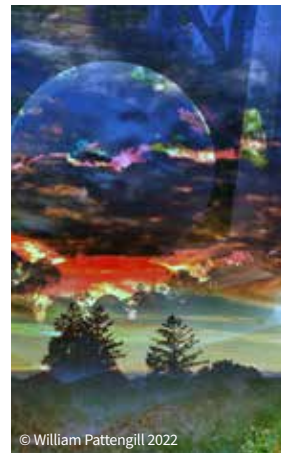
Life and death:

*A perspective on
Elisabeth Kübler-Ross*

Welcome discord:

*Learning from conflict
in the therapy room*

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EDITORIAL

The Spring 2022 issue of *Inside Out* brings with it a sense of what this season can represent – growth and renewal. Having spent months, if not years, navigating the new unknown, we are continuing to see a move away from crisis adaptive ideas. Perhaps we as a people and a profession are gently settling into the idea that something better awaits us. Although not ignoring the virus, we can see from this issue that the articles are blooming with variety, as spring can promise.

This issue opens with the long-debated idea of therapist self-disclosure discussed by editorial board member, Eleanor Dunn. Within this article, Eleanor captures the very real interest that both clients and therapists have in the idea of disclosing information, and offers pointers on how to use self-disclosure with skill. We also read of the intangible nature of ambiguous loss as described by Anne-Kirsten MacLachlan. As we will learn, loss can mean more than meets the eye, and Anne-Kirsten gently explores the types of loss where one can be physically present yet psychologically absent and vice versa.

The complex and often avoided issue of conflict in the therapy room is wonderfully explored by Mary Spring. Within this exploration, Mary offers an insight into conflict and how it can be ignored or engaged with – both of which illuminate the intricacies of human beings in relationship with one another. The work of Elisabeth Kübler-Ross on grief, death and dying is reviewed by Mary Stefanazzi who ponders the absence of the word ‘death’ in today’s society while exploring the stage theories of grief as set by Kübler-Ross.

Jimmy Judge returns to provide the third instalment of his trilogy on narcissism. Jimmy builds on his previous two articles by providing an insight into how to creatively manage a narcissist with ideas such as ‘grey-rocking’, ‘radical acceptance’ and ‘going no contact’.

Sarah Kay provides an eye-opening commentary on climate change and Covid-19 through the lens of fiction in her short story ‘The dead parrot’.

This issue concludes with “Please don’t try to fix me” - a powerful poem written by editorial board member, Paul Daly.

There are plenty more thought-provoking and eye-opening pieces to find within this spring issue of *Inside Out*, such as Ann O’Connell’s in-depth exploration of dissociation, Sinéad Burke’s analysis of *Wuthering Heights* in order to explore the human condition and the psychotherapeutic process, and editorial board member William Pattengill’s pondering of why we search for our flavour of news. Should you wish to contribute a piece yourself, please get in touch. We wish to invite new voices as well as continuing to support our more regular ones.

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.

What clients think of therapist self-disclosure

by Eleanor Dunn



Self-disclosing to clients is not an intervention that is generally accepted across the board. I remember distinctly in my training warnings against the use of it and how we would have to learn to evade clients' attempts to get personal information out of us. In one sense, no one can evade some level of self-disclosure. From the way we dress, to how we may decorate our office, to the way we speak, these all give clients information about who we are and what our values may be. However, deliberately and intentionally sharing information about ourselves with clients is another matter and remains a pretty controversial topic in the field.

Self-disclosure by therapists is something both clients and therapists appear interested in and it is easily found as the subject of blogs and webpages about therapy and the field of therapy when one searches for it (Conason, 2017; Pendlebury, n.d.). I have had my own interest in the topic, having sat on both sides of the therapeutic dyad and being able to draw on experiences with different therapists, all of whom used, or avoided using, self-disclosure in different ways. I was at times exasperated by both its use and its absence. In particular, I have wondered about how clients felt about the use of self-disclosure by their therapists and if they were as instinctively wary about its use as therapists appear to be. The information I present below has its foundation in research I undertook as part of a master's

thesis and is based on the work of a systematic review of the literature looking at the question of how clients experience the use of therapist self-disclosure. A systematic review gathers all the published literature on a particular question and synthesises the findings in a way that can shed new light on it. The findings from my work were pretty clear about how clients generally feel about therapists self-disclosing and challenge the way that this intervention may best be discussed and taught to therapists in training.

Differing views of therapist self-disclosure

The roots of the hesitancy around therapist self-disclosure is often traced back to the origins of the profession when Freud advocated that *“the physician should be impenetrable to the patient, and like a mirror reflect nothing but what is shown to him”*, the fear being that it could corrupt the evolving transference that the treatment was seeking to resolve (Freud, 1912/1963: 121). However, with the advent of more humanistic approaches championed by the likes of Carl Rogers and Fritz Perls, the person of the therapist became more central to the therapeutic endeavour and there was less proscription around the therapist using themselves in that process. However, caution and wariness still remain and often it can be a case of ‘don’t ask, don’t tell’ as therapists fear being judged professionally for using self-disclosure and worry that it reflects badly on their ability to hold good, ethical and professional boundaries (Dixon et al., 2001: 1489). On the other hand, certain schools of therapy actively encourage use of self-disclosure. Feminist psychotherapy is a case in point, where practitioners see it as necessary to use self-disclosure as a way to challenge and erode unhelpful power dynamics that can develop within the therapeutic relationship (Simi & Mahalik, 1997). Whatever people’s attitudes to therapist self-disclosure, therapists are using it. While it may not be used regularly, with estimates suggesting it makes up on average about 3.5% of all interventions (Hill & Knox, 2002: 258) the majority of therapists do admit to using it in some form (Farber, 2006: 136).

Defining therapist self-disclosure

As mentioned above, self-disclosure to a certain extent is unavoidable and there are many different types of disclosure. Zur (n.d.) defines four different types; deliberate, unavoidable, accidental and ones that come from the client deliberately seeking information about the therapist for example, by web searching. In the category of deliberate self-disclosure there are two distinct forms. Disclosures that reveal personal information about the therapist or experiences they have had in the past are often referred to as self-revealing disclosures. The other type is disclosures that reveal information about what the therapist feels about the client in the here and now of the therapeutic relationship. This is often referred to as self-involving disclosure. Because there is no universally accepted definition of therapist self-disclosure, it can be hard to compare results between studies as different researchers use different definitions or use vaguely delineated definitions for what they are studying and reporting on. For this reason, I focused my work solely on self-revealing disclosures which are easier to identify and have more data available in literature when it comes to clients’ experiences.

Client identified benefits of therapist self-disclosure

When clients are asked about this form of therapist self-disclosure, they have many positive things to say. My research highlighted three major ways in which therapist self-disclosure is viewed by clients as having a beneficial effect within the therapy process. Firstly, it can add greatly to the strengthening of the therapeutic relationship. Secondly, it can support the development of good relational dynamics between the client and therapist, and lastly, it can support positive changes within the client themselves.

Therapists are more than familiar with how important it is to build a good, trusting and connected

relationship with their client if the therapy is to have any chance of proceeding well. Skills such as active listening, accurate empathy and unconditional positive regard are often cited as essential in this process. Having looked at what clients have to say about therapist self-disclosure, I would suggest it could well be an addition to this list. Clients talk about how much more understood they can feel when therapists share their own experiences with them, especially ones they may have in common. In one research paper studying what clients found helpful in bereavement counselling a client put it this way:

When people tell you that they know how you feel, you just think, ‘so you do, so you do’. She told me she had been through something ... I knew that she wasn’t being patronising in saying that she knew what I was going through.

(Simonsen & Cooper, 2015)

Clients also speak about feeling more connected to the therapist when self-disclosure is used, that it facilitates the building of that bond, deepening the sense of connection and moving it beyond the sense of the interaction being surface level. Here is an example from one client:

I think what self-disclosure did is instead of connecting at just a superficial level, it brought the connection deeper ... in our case especially because I was learning and growing on a spiritual level and her being able to connect with me there made it a synergistic experience.

(Audet & Everall, 2010)

The sense of trust between the client and therapist also benefits from use of self-disclosure. For certain client groups, for example prisoners or those from marginalised ethnic groups, who may be particularly wary and cautious when it comes to trusting a therapist this may be especially true. Such clients may even test the therapist in this regard, and may see disclosing by the therapist as a prerequisite for their own disclosing: *“If I’m going to tell you about myself, I want to know something about you”* (Phiri et al., 2019).

With the trust comes safety, as clients report that it feels safe for them to be themselves, without fear of judgement when the therapist shows a little of themselves too.

The final factor I found that clients noted as contributing to the therapeutic relationship was the sense of comfort and ease that comes when the therapist uses self-disclosure. Its use helps to take the spotlight off them, lets them relax into the relationship and supports them to open up themselves. Here’s an example of how a court mandated client spoke of his therapist’s use of self-disclosure:

He shares his life experiences with me too. He talks about his family. He talks about his kids, about how he’s got one on the way, stuff like that. He showed me pictures of the sonogram or whatever, where they take pictures of the baby, and that’s personal. That’s personal stuff, and so that in exchange just loosened me up, and I started talking about my personal life. So that makes it easy.

(Bitar et al., 2014)

In addition to supporting the therapeutic relationship, therapist self-disclosure also has an influence on the dynamics between the client and therapist. It has been generally accepted that there is an inherent power imbalance in the therapeutic relationship (Audet, 2011; Brown and Walker, 1990). Feminist theorists in the field have been particularly vocal about addressing this issue, as they strove to dismantle the societal inequalities that could be replicated in the therapeutic process, especially as regards the treatment of women. Indeed, feminist therapists have been actively encouraged to self-

disclose as a way to reduce the view of the therapist as ‘expert’ and to support egalitarianism (Brown and Walker, 1990). Clients seem to agree that this is the case, that they do feel the imbalance in power becomes reduced when therapists self-disclose, that its use levels the playing field: *“The counselor ain’t way up here and I’m way down here. We’re both the same- we’re both human beings”* (Bitar et al., 2014). Clients can be discerning however, and certainly have the ability to know the difference between a therapist acting professionally and one who strays into something more like a friendship. The therapist needs to use the skill of self-disclosure astutely to get the right balance, as I will talk more about later. Here is how one client put it:

It’s that combination that’s good. My therapist has the theory and analytical abilities, and if she’s disclosing how she’s lived her own life, and in her case quite successfully, I think it all helps

(Audet, 2011)

If a therapist achieves this balance, it can be seen as an example of them establishing both mutuality and asymmetry within the relationship. It can be tricky though, as my research brought out, and different clients did seem to want different things. Some loved the intimacy and levelling brought by the disclosures and the others were wary of it. This could possibly be explained by different attachment styles of the clients, though the literature is silent on this point, but it suggests that the therapist does need to know their client pretty well in order to pitch the level of self-disclosures at one that is not off putting for the client. Consider, for example, how this particular client dealt with her/his therapist self-disclosing:

It was a brand-new experience for me and it took me a few minutes to digest how I felt about the whole experience. I had a certain idea of what I thought a therapist was supposed to be like. And then to have them tell me some personal information, I wasn’t sure how far we were going to go with that personal information.

(Audet & Everall, 2010)

The research even threw up an example of a client who really liked the idea of the relationship moving more towards a friendship as a result of the therapist self-disclosing. This may raise alarm bells with many therapists, and certainly what the client wants and what the client needs are not always the same thing, but it is interesting to notice how there can be a gulf between what a client is ok with and what the therapist is ok with.

The final beneficial effect of therapist self-disclosure that I identified in my research was that of changes in the client. Outcomes can be hard to measure in psychotherapy, and it is particularly hard with a phenomenon like therapist self-disclosure where it may be used only rarely, perhaps many weeks distal to when the outcomes are measured. Having said that clients do report that the self-disclosures did seem to have an impact on them and their behaviours. Firstly, they report that the stigma and shame they may be holding around their experience becomes alleviated following therapist self-disclosure. Their experiences are normalised, validated and they feel less like outcasts. Disclosures also bring the client hope, especially when the therapist has had an experience similar to the client and come through it, this appears to give clients encouragement that the same can be true for them. In disclosing, therapists are also offering themselves as a model to the client and clients talk of being able to learn from this and let it influence their own decisions and behaviour, for example how to deal with anxiety or relationship challenges.

Using therapist self-disclosure with skill

As I touched on above, the therapist has to use their self-disclosure well in order to get the benefits that are possible from the intervention. This was the last theme that came out of my research. Published literature suggests that there can be negative outcomes in up to 30% of cases where therapist self-disclosure is used (Hill et al., 2018). Indeed, I came across what I felt were some pretty shocking examples of therapist behaviour in this regard over the course of the research. One example was where a client described how his therapist would dominate the space with her disclosures, sometimes lasting up to 15 minutes, and where he was left disheartened and with a sense that she was trying to outdo him in terms of the material he brought to the sessions. It was a clear example of where the use of self-disclosure had strayed into being anti-therapeutic and where the roles of client and therapist became blurred and even reversed. The client put it this way:

It almost felt like a parent-child relationship ... like I was the therapist and she was the patient getting everything off her chest. I wasn’t asking her, ‘How does that make you feel?’ but it’s just I didn’t do much talking.

(Audet & Everall, 2010)

Clients also became uneasy if the information disclosed by the therapist revealed a difference in values, morals or some other dissimilarity between them. This is a particularly important consideration in multicultural therapy and for therapists seeking to be culturally competent (Constantine & Kwan, 2003). I found a striking example of this in some research based on quasi-experimental rather than actual therapy sessions. In the example the therapist disclosed how she felt her white heritage made it easier for her to attend higher level education than her Latino/a client. Not surprisingly the client evaluated this disclosure negatively and reported feeling annoyed by it and how it highlighted the difference in privilege between them. Disclosures also work best when they are relevant and speak to the material the client is bringing to the sessions. Here, the clients seem more receptive to the disclosures and benefit from them in a positive way. I found this in my research, but can also speak to it from my own experience as a client with memories of sitting with one therapist who would frequently update me with happenings in their personal life that had little to do with my reasons for being there.

The timing and intimacy level of disclosures are also important to consider. Low intimacy disclosures work well to put the client at ease in the beginning phases of therapy, whereas disclosures with a higher level of intimacy can work well when the client-therapist bond is well established. Again however, the therapist needs to judge the needs of the client with care as too much intimacy in the disclosure can be overwhelming for some:

After a while I’d want to run away from the intimacy of the moment. I didn’t want to be in it too long. Things would come up and I’d be like, ‘Oh this is too flowery or too touchy-feely for me’ ... So it was kind of that feeling sometimes where ... it almost got to be like ... too much emotion in one day and I just wanted to numb out from it.

(Audet & Everall, 2010)

Unsurprisingly clients don’t like insensitive disclosures, with an example from the literature being a therapist who spoke in detail about his work with sex offenders to his young female client (Zucker, 2015). Another element to consider is that it is not advisable for therapists to disclose about something that is ongoing for the therapist at that time.

Following other writers and researchers on this topic, I compiled some guidelines for therapists based on what I gathered from the client's perspectives. Thus, it is not helpful if:

1. Therapist self-disclosure is used too frequently or excessively
2. Therapist self-disclosure reveals significant differences in morals, values or characteristics between them and the client
3. Therapist self-disclosure is not relevant to the material being brought by the client
4. Therapist self-disclosure is insensitive or gives details of an ongoing situation for the therapist
5. The timing is poor and does not match the intimacy level that the therapeutic relationship has reached

So, therapist self-disclosure can be a really useful tool to use, but it is not without its risks and given those risks one important element of its use is for the therapist to check in with the client how they receive and respond to their disclosures and work through responses as required. This won't be very foreign to therapists working in a humanistic and relational way but it is important to remember and it helps keep the needs of the client central and allows exploration of how the disclosures may be affecting the therapeutic relationship.

Conclusion

The use of therapist self-disclosure does remain controversial in the field. The completion of the master's research was an interesting experience for me and, as I grappled and engaged with the material, I found the topic of therapist disclosure was arising more in my sessions as clients asked me about whether it was ok for them to enquire about me, or told me experiences of previous therapists who crowded them out with their self-disclosures. I found I was in a good position to discuss these things with my clients in a way that felt useful and therapeutic. I also noticed as I read some of the clients' experiences reported in the published papers that I was at times taken aback by some of what they reported other therapists were disclosing to them. Yet, as I began to see more clearly the potential benefits of disclosing, I became less judgemental about the vignettes of sessions I was reading about and saw them as the therapist using disclosures in an adaptive way according to the needs of their clients. Clearly the clients valued them and becoming looser around 'the way it should be done' has been useful to learn. Consequently, I have also found myself much more comfortable to disclose myself, in a way that is less anxious and more relaxed, and there is a confidence that comes with knowing and being familiar with the research findings that came out of my research. Finally, having been through that whole process, and considered the views given by clients, I would advocate that emphasis and consideration be given to this skill in the training of psychotherapists so they can use it with competence and effectiveness. It is not a skill that is given much time or attention and perhaps it is time that changed.



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The intangibility of ambiguous loss

by Anne-Kirsten MacLachlan

“It would be easier if he were dead” I heard myself say in a half whisper, looking down at the floor, unable to recognise in those words the love for my husband of more than 20 years.

“It would be easier if he were dead” came the calm response of my therapist. Was it calm, or was it judgment, was it understanding of the excruciating pain I had experienced for over two years?

My life as I knew it was gone and I could not make any sense of any of this. How could this beautiful man change so much and say the things he said and become someone I no longer knew. He sounded the same, looked the same, smelt the same, and yet was not the same, with eyes that had become cold, and soul-less. My stability, my friend, my partner, my life, it was all gone and what was left was terrifying uncertainty. I was experiencing the death of my life, yet I was alive. I was experiencing the death of my marriage, yet he was alive. I was experiencing an unfamiliar empty space, yet he was present in emails and occasional visits. It was like being in an inside out, upside down world where none of the familiar parameters existed. I was airborne and I had no idea how to land.

“It would be easier if he were dead.” The words echoed in my ears, the words of my client, not mine, and with those I was brought back with a jolt to our session. “Can you understand?” I heard her and composed myself. Did I truly understand? This time, it was not my husband of 20-plus-years, it was hers, this devastated 40-year-old woman sitting in front of me was pleading and yes, I did understand.

I sat as I allowed her the space to spit venom, to cry uncontrollably, in turn demonising then forgiving him, looking for an explanation, blaming herself, feeling guilty, and excusing him. The pattern that was so familiar to me repeated in our sessions, week in and week out, going around and around in an endless loop of highs and lows, of hope followed by cruel disappointments, stuck like a needle on an old vinyl. I would breathe a sigh of relief when she would say she had let go, and my heart would sink when she would say: “oh you know he came by for coffee last weekend and we talked, and it felt like him again, not the awful monster of the other day who was shouting at me. Maybe this means he is coming back”.

Had I not experienced the traumatising loss of a marriage breakup and learned what type of loss this was, how would I have been able to understand the emotional lability of my client, and been able to support her adequately? I would have most likely relied on bereavement models, such as the 5-Stage Model of Elizabeth Kübler-Ross (2001) I had learned in college and assumed my client was in the early stage of the process. Maybe I would have switched to the Dual Process Model of Stroebe and Schut (Stroebe & Schut, 1999). Perhaps Worden (2010) would have been remembered, with the focus ultimately being on finding ‘closure’ and move on from the marriage. I would have felt I had failed her, that I had missed something, as she appeared not to improve, not to let go as she professed, and changing her story all the time. I would probably have lost patience having used everything in my toolbox, defeated at the lack of closure that would have signalled the successful end of therapy.

What this client was experiencing was a type of disenfranchised loss called ‘Ambiguous Loss’, a term coined in the 1970s by Dr. Pauline Boss, during her work with the families of the missing to describe

the concept of a person who could either be “*psychologically present while being physically absent*” or conversely “*physically present while being psychologically absent*” (Boss, 2016, p. 270). The first definition can be applied in the case of a missing person when it is not known if they are alive or dead, and it can also be applied in cases of relationship ruptures such as divorce, where a person remains present in the mind of family members, at the same time, is no longer physically part of that family. The second definition can be illustrated in cases of mental impairment, seen in dementia or Alzheimer’s disease, where a person is there physically but is no longer psychologically available to those around them (Boss, 2004, 2010).

The loss can be traumatic, sudden, and incomprehensible, leading clients to cycle in their process and appear stuck in their grief (Boss, 2007). The symptoms can include depression, anxiety, loss of control, even hopelessness, resulting in an inability to cope, move through or grieve a situation as a consequence of the stress of having no clear resolution to said situation (Boss & Couden, 2002). The shock associated with ambiguous loss can be experienced as post-traumatic stress and can present in clients as complicated grief (Boss, 2010).

Boss (2010) wrote:

ambiguous loss is unclear loss; ambiguous loss is traumatic loss; ambiguous loss is a relational disorder; ambiguous loss is externally caused (e.g., illness, war), not by individual pathology; ambiguous loss is an uncanny loss – confusing and incomprehensible

(138)

and it is found in many life situations (Boss, 2010; Boss & Yeats, 2014; Jackson, 2018).

Sadly, the trauma that may accompany this loss is often not recognised by others (Rycroft & Perlesz, 2001, as cited in Betz & Thorngren, 2006). Ambiguous loss has devastating and exhausting effects physically, cognitively, behaviourally, and often opposing in nature emotionally (Betz & Thorngren, 2006).

Though symptoms are similar to those of bereavement loss, what separates ambiguous loss from bereavement loss is that the absent person is (or may still be) alive, and this ambiguity does not allow for the grief to come to a natural end (Boss, 2010). Moreover, in ambiguous loss, none of the usual societal rituals seen in bereavement are present, making closure elusive (Boss, 2004). In a study carried out, where therapists employed a stage-based bereavement model when counselling clients who were experiencing the loss of a missing person, poor responses were noted in sessions. Clients felt that the missing person was assumed to be dead, and that removed any hope of a return that had been held onto. They could not accept the idea of closure, and therapy was found not to help (Glasscock 2006). Boss (2010) put forward the precept that traditional therapies are inadequate in cases of ambiguous loss, as grief work has traditionally been focused on attaining closure (Beckett & Dykeman, 2017), whereas in cases of ambiguous loss, the aim of the work is in supporting clients in their understanding and acceptance of the ambiguity they face, promoting changes in perspectives and coming to terms with the possibility that there may never be a resolution to the situation (Boss & Yeats, 2014).

Boss developed a theory to facilitate this work, which comprises six guidelines, namely “*finding meaning, tempering mastery, reconstructing identity, normalising ambivalence, revising attachment and discovering hope*” (Boss & Yeats, 2014: 67-68), illustrated by the following diagram:

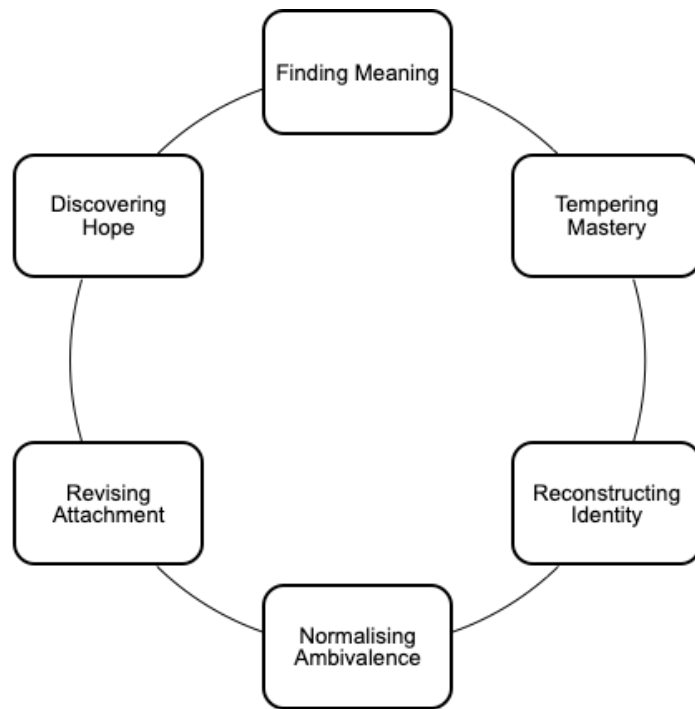


Figure 1
 Depiction of ambiguous loss guidelines (Boss & Yeats, 2014: 67-68)

Contrary to bereavement models which have been at times linear, stage and task-based, this process is circular. Any aspect can be engaged with, in no particular order, with the intention that each would eventually be looked at. The theory encourages dialectical thinking to help find meaning, and advocates an open dialogue regarding the presence of ambiguity (Boss & Couden, 2002; Boss & Yeats, 2014; Jackson, 2018). The cornerstones of the theory are allowing change, redefining roles, identity and attachments in the context of the loss, supporting clients in coming to terms with conflicting feelings and finally, finding hope, with new meaning for a different future (Boss & Yeats, 2014).

One of the most challenging aspects that therapists can encounter when working with ambiguous loss, is witnessing clients holding on to the hope of a return of the missing person, when everything would point to this being an impossibility. Jackson (2018) is a strong proponent that without hope, a person may become more distressed and hopeless and coping with ambiguity may therefore become more difficult. Hope can provide a space for acceptance, and movement through the ambiguity, helping a person withstand the loss more easily, and it can even promote the opportunity for them to re-discover who they were before their experience of ambiguous loss (Wayland, Maple, McKay, & Glassock, 2016).

Further challenges may also arise for those therapists who do not hold similar views regarding faith and spirituality as their clients and for those who may question their professional abilities in front of clients that appear to remain stuck in their grief (Boss, 2004, 2006, 2007, 2010, 2017; Boss & Carnes, 2012, Wayland & Maple, 2020).

Ambiguous loss theory has been conceptualised as a framework for therapeutic interventions in various populations, examples of which are: the loss experienced by adults who remain single

(Jackson, 2018), parents experiencing the effect of premature births (Golish & Powell, 2003; Wilson & Cook, 2018), families of an autistic child (Blankenship, 2016; O'Brien, 2007), trans-genderism (McGuire, Catalpa, Lacey, Kavalanka, 2016) and women seeking support in occurrences of miscarriage (Pettyjohn & Schwerdtfeger Gallus, 2018). Recently, ambiguous loss theory has emerged in relation to newer phenomena such as social media ghosting (LeFebvre & Fan, 2020), and most currently, Covid-19 and its effect on mental health (Bertuccio & Runion, 2020; Zhai & Du, 2020).



Pauline Boss, amongst others, calls for therapists to be trained to meet the demands of ambiguous loss, to recognise their own personal experiences of this loss, to develop patience, tolerance, and manage any frustration when faced with the cyclical process of clients, accepting there may be no answer to situations, and change the focus of therapy away from finding closure, towards acceptance of the presence of ambiguity (Boss & Yeats, 2014).

And as I sat with my client, holding all this information in my head, I relaxed, knowing I could lean on a structure and a framework to work from, seeing her eventually come to terms with the impossible. Once the ambiguity was exposed and accepted, once the symptoms were explained and understood, the real work of healing could begin.



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Elisabeth Kübler-Ross: A life's work on grief, death and dying

by Mary Stefanazzi

The aim of this paper is to briefly place the work of Dr. Elisabeth Kübler-Ross (1926-2004) on grief and death and dying in context. While her name is synonymous with grief, Elisabeth's work extended to other areas although her thoughts on these topics are less well known. She spoke regularly about unconditional love, the importance of dealing with our unfinished business, the symbolic language sometimes used by dying people, the four quadrants of the human being: the physical, intellectual, emotional and spiritual, and AIDS. Many of her talks are available on YouTube for those who did not have the privilege of hearing her in person – there are some links at the end of this article.

Elisabeth was a Swiss psychiatrist who worked as a country doctor in her beloved Switzerland before moving to America where she lived for most of her life. The publication of her pioneering work *On Death and Dying* (1969) resulted in her name becoming synonymous with the stages of grief. Her final posthumously published work *On Grief and Grieving* (2005:7) acknowledges that the stages “*have been very misunderstood over the past three decades. They were never meant to help tuck messy emotions into neat packages.*” The opening chapter clarifies the position thus:

The five stages (of grief) – denial, anger, bargaining, depression and acceptance – are part of a framework that makes up our learning to live with the one we lost. They are tools to help us frame and identify what we may be feeling. But they are not stops on some linear timeline in grief. Not everyone goes through all of them or goes in a prescribed order.

(Kübler-Ross & Kessler, 2005:7)

It appears that current trends favour discrediting and disregarding Elisabeth's important work. The aim in this short article is to address obvious errors and not to speculate on possible underlying motives for this trend, although that may make for an interesting article at some other time. This article intends to provide interested readers with a context to engage and reflect on Elisabeth's work and the pertinent questions it raises, on the basis that good scholarship behoves us to represent a body of work as accurately as possible and to face difficult ethical dilemmas when they arise. It is important to state the obvious at the outset: grief; however we understand it, is a natural part of the human condition.

The life and living lady

Whenever introduced as the ‘*death and dying lady*,’ Elisabeth would promptly correct the master of ceremonies to the effect that she was in fact the ‘*life and living lady*.’ (Nikkel, 2021) She argued that until we come to terms with our mortality as human beings we cannot truly live. Her life's work evolved around this principle, helping people to come to terms with mortality in the context of a life to be lived till the very last breath. Her public talks, notable for her Swiss accent, her relaxed style and natural storytelling ability, left the listener with the impression that she was addressing them personally. The intention throughout this article in using the informal address is to reflect Elisabeth's characteristic informal personal style.

In the early 1960's Elisabeth was a member of staff and faculty of the University of Chicago's Billings hospital. When approached for help by students who wanted to study the human challenge of

impending death, she thought that the best sources would be people in that predicament and she set about looking for people in the hospital who would be prepared to talk about their experience to students. She encountered difficulties with colleagues from the outset for even considering such a course of action. Yet patients welcomed the opportunity to be of assistance. Her book *On Death and Dying* (1969) is based on the outcome of these conversations/seminars. The format was that Elisabeth would have a conversation with the patient and students would listen from the dark side of a one way glass partition. Many were deeply moved by what they heard.

When the book was published in 1969, death was a taboo subject and discussing it was considered morbid. Patients died alone in hospitals; physicians ignored them; and adequate pain medication was underused. The book brought these practices to the fore and pressed for more humane treatment of the dying.

(Newman, 2004: 627)

Elisabeth's work was systemic in that she also took due regard of the people around the dying person and evaluated the support they needed. For example, if a patient needed to express anger as they came to terms with a terminal diagnosis, Elisabeth was able to explain the angry behaviour to relatives who otherwise may have withdrawn support or retaliated when their own anger was triggered. Elisabeth found it absurd that doctors, nurses and others, struggling in the face of intense sadness and depression often tried to cheer the patient up. Her research suggested that anger and depression were indicators that the person was coming to terms with their predicament. (Wainwright, 1969: 41) In this regard her early experience of being the only doctor in a rural community could be said to have served her well. She often spoke about doing her rounds first and how she would leave her dying patients till last so that she would have the time to sit and listen to them.

Kübler-Ross's work stemmed from the realisation that in her native Switzerland, death, like birth, was considered a normal part of the life cycle. In Switzerland people died at home surrounded by family and friends and they were comfortable until the end of their lives. In contrast in the United States and other countries that placed a premium on high tech medicine, patients lay by the wayside. It was a practice she deplored.

(Newman, 2004: 627)

Elisabeth did not shy away from human suffering. She was a remarkable role model in her capacity to be with the pain of another – an exemplar of the therapeutic power of a genuine patient-physician relationship:

She always displayed deep concerns for her patients' physical and psychological functioning. Her greatest abilities related to her deep and abiding respect for her patients, her constant display of compassion even for patients she had just met for the first time, and her willingness to help patients with the decisions they would make. These abilities were not routinely displayed by most physicians in the 1960s, an era of medicine when paternalism remained the prevailing and dominant tradition in the doctor-patient relationship.

(Siegler, 2019: 2)

Dr. Kübler-Ross was one of the most influential people in medicine of the twentieth century. She set the stage by insisting upon honest dialogue between the dying person, their family and caregivers, and showing through interviews that it “worked” to allow people to voice their feelings and fears.

(Lyckholm, 2004: 29)

Hospice and Palliative Care programs and services took root and began growing in large measure because of Kübler-Ross's unrelenting, creative, and effective efforts to re-humanize death and dying in a society and health care system that had come to banish awareness and reference to these fundamental events of personal and human experience, and to sanitize caregivers' feelings about these events with a veneer of "professionalism." So the cultural phenomenon that Kübler-Ross became was probably more a matter of what she did in her encounters with groups and individuals in lectures and seminars, than of what she wrote.

(Dugan, 2019: 5)

The five stages of grief as set out by Elisabeth were never intended to be prescriptive, yet the argument against her work seems to be based on a prescriptive application. The suggestion is that her stages model is deemed to be "out dated, inaccurate and potentially harmful," (Gleeson, 2021: 60) on the basis that "Health care professionals continue to 'prescribe' stages." (Stroebe et al, 2017: 455) One would reasonably assume that wherever evidence is found of a prescriptive application, which is contrary to the entire spirit of Elisabeth's work and teaching, that this would direct the researchers at minimum to investigate the quality and accuracy of the scholarship and teaching responsible for training and supervising such health care professionals. Particularly since we know from testimony predating Stroebe's work that:

Elisabeth warned her listeners and students at every presentation never to use her "stages" to label and compartmentalize patients and families. That would be another form of dehumanization. "Dying patients don't have to go through stages, much less in a sequential order," she repeated endlessly. "Use the stages as an 'algorithm' to remind you to listen, and to respect the depths of the patient's experience... Kübler-Ross says that she framed the "stages" as a lens, a tool to help professional caregivers, motivated by compassion for both: "My goal was to break through the layer of professional denial that prohibited patients from airing their innermost concerns."

(Dugan, 2004 & 2019: 6-7)

It follows then that one can reasonably assume that Elisabeth would agree with criticism of any stage theories in grief that are prescriptive and do not respect the depths of each person's personal process. It is interesting that the articles referenced above do not mention the other authors who also presented stage theories:

Many other thoughtful scholars and clinicians in medicine, psychology, and religion in the seventies exposed the prevalence of institutionalized patterns of discomfort, avoidance, and neglect in physicians' and nurses' treatment of dying patients. Many even described "stages" or "phases" in patients' processes of assimilating the harsh realities of terminal diagnoses and significant loss. [These include the following:] (Bowlby 1961; Hinton 1967; Parkes 1972; Westberg 1979).

(Dugan, 2004 & 2019: 5)

One of these authors, Psychiatrist Colin Murray Parkes, is critical of Elisabeth, who he describes as a "feisty lady" (Parkes, 2013: 95). He accuses her of self-promotion and of failing to acknowledge his work and that of others who were simultaneously working on stage theories which he is confident she knew about. There are references to two articles by Parkes (1964) in the bibliography of Elisabeth's *On Death and Dying*. Her work was published in 1969 and his *Bereavement: Studies of Grief in Adult Life* was not published until 1972. Parkes claims that Elisabeth failed to collaborate with others and he questions her expertise with dying patients saying that:

It does not require great expertise to help most people in this predicament, just a willing ear and a compassionate approach... She died in 2004, still railing against the establishment... She may have been the right person, at the right time, to draw public attention to the needs of people close to death; but teachers would do well to prepare young readers for the fact that her self-promotion, her reluctance to recognise and to work within the medical system, and her isolation from the many others who were ploughing the same furrow, makes her a poor example to follow.

(Parkes, 2013: 94, 96)

Parkes has a considerable body of work on bereavement to his credit. He was made an Officer of the Order of the British Empire by Queen Elizabeth II for his services to bereaved people in June 1996. His openness about his attitude towards his colleague Elisabeth in the article cited is also commendable. It is a pity that these allegations were not made publicly sooner while Elisabeth was alive and well. Had that been the case we may have had a response from her perspective. We know from history of numerous pioneering thinkers who were not held in high regard by the establishment or their colleagues in their time. But one must question how we understand good scholarship. If it were to rest on the people favoured by the academy and established methods one wonders would anything ever change for the better. Whatever each reader thinks about Elisabeth or her work, her capacity to touch the hearts of many in a way that her more esteemed colleagues could not is well documented. That is not to claim she was better in any way. But she undoubtedly used her talents for the greater good. I would argue that such a capacity makes for a fine role model and a good example that anyone would do well to follow. Doing the right thing is not always popular with others.

The final example of Elisabeth's unpopularity is not a subtle one. In her later years she established a centre to care for children with AIDS at her farm in Head Waters, Virginia. This was not received well in the locality and the place was burned down under suspicious circumstances:

In an interview with ABC News in the United States on 18 December 2001 she (Elisabeth) said that she was most proud of her work with people with AIDS and creating hospice care for prisoners with AIDS. Her last project, building a hospice for children with AIDS in Virginia, ended with a suspicious fire. It also destroyed many unpublished papers. Soon after, she moved to Scottsdale, Arizona, to be close to her son.

(Newman, 2004)

Clinical ethics

The impact of Elisabeth's work extended beyond the field of death and dying although this is the area her name is synonymous with. A 2004 paper, by a clinical ethicist, republished in 2019 to mark her death, suggests that her influence on the emerging field of clinical ethics in the 1970s was threefold, in that she changed the context, content and process of doing clinical ethics:

She did not "do" clinical ethics, but she fertilized the soil in which it grew into a discipline. By placing the patient's experience and voice, not merely the patient's pathology, at the center of attention and concern in the health care universe, Kübler-Ross prepared the soil within which the nascent discipline of clinical ethics took root and grew well beyond her original focus and sphere of influence... Kübler-Ross also directed professional caregivers' attention to the importance of process and interpersonal communications in patient care, concerns at the heart of The American Society for Bioethics and Humanities' core competencies for ethics consultants.

(Dugan, 2019: 8-9)



Elisabeth Kubler-Ross at her Irish cottage

Critical arguments

When we look more closely at the contemporary arguments against stage theories in grief the difficulty appears to be less with the rationale behind them than with the inappropriate and harmful prescriptive application of those theories. To apply any theory prescriptively to the complexity of the human condition is to indicate a lack of appreciation or understanding of what it means to be a human person. Any therapeutic theory can be misapplied prescriptively. The important distinction, in this particular context of the five stages of grief, is that doing so does not constitute an argument against the theory as the author intended. Misapplication does not invalidate the truth that is found in an appropriate application of any theory. Inappropriate application is akin to quoting a line from the Bible as if it is a text that can be read literally. A human person, like the Bible, needs to be understood in context and in its entirety, from the perspective of the wholeness of the human person, however broken we may appear at any given moment in time. This theoretical concept is more complex to apply in clinical practice.

The ethical dilemma that our consideration here has led us to is that listening to and attempting to understand another person takes time as well as skill and a dedication to working with our personal inner life. Elisabeth was a master at listening, that fact is not in dispute. In later years she ran residential workshops where people could be deeply heard and given all the time they needed to express any unfinished business – the hurt, pain, sadness, shame, guilt, anger, rage and even joy that had accumulated over a lifetime and had not been acknowledged. The contemporary challenge is that time is of the essence in healthcare – general practitioners currently have approximately five minutes per patient, and not everyone has the privilege of access to professional psychotherapy.

Having trained as a facilitator with Elisabeth's Foundation when she was still alive, I had the privilege of intense involvement with her work, methods and teaching. Since that time (1990/1991) I have found her work to be consistently helpful and useful in clinical practice. I had not realised that Elisabeth's work was no longer taught to nursing and medical students until I participated in an interdisciplinary seminar on death in 2018 (Casey et al, 2018). Subsequent correspondence with a professor of nursing

at Trinity College Dublin clarified that the reasoning is because the academic literature is critical of stage theories in grief (personal communication, January 30, 2018).

A more recent academic search reveals that the Royal College of Surgeons in Ireland currently run MSc postgraduate programmes in loss and bereavement. On enquiring as to their stance on Elisabeth's work the response was that: *"theory has developed and moved on from a time when her very important and pioneering work dominated the field"* (personal communication, January 5, 2022). One is left wondering how well informed these esteemed educators are of Elisabeth's work. It is difficult to even imagine her applying the stages in a prescriptive fashion. The following words clearly articulate the source of potential harm: *"perhaps the most prominent danger evident in many who pay fealty to the five stages model is the way they convert a descriptive model to a prescriptive guideline"* (Corr, 2011: 716).

It may be useful to state here that fair and accurate analysis and critical engagement of any body of work is to be welcomed. A recent critical analysis of Elisabeth's work considers whether we should incorporate her work in current teaching and practice. The recommendation is that since the five stage model *"is one of those classical concepts that occupies a place of historical importance..."* it should be taught *"but only if we explicitly attend to its flaws and limitations."* (Corr, 2021: 717) However, the analysis of Elisabeth's work as set out in the literature bears little resemblance to the applied value of her teaching that I draw on consistently in my clinical work. I have not been successful in uncovering any qualitative studies to support or contradict my experience. The arguments made by Corr have not tempted me to follow his recommendation to: *"promptly abandon and never resuscitate the five stages of grief"* (Corr, 2021: 724).

The wounded healer

A pertinent underlying principle of Elisabeth's teaching that has not been mentioned in the literature cited is that of the wounded healer. She was emphatic that you have no business being with another person's pain unless you face your own pain - unfinished business - was the term she used. To unpack this aspect of her work and to place it in the contemporary context of how academic theory and personal process might be facilitated is beyond the present scope and would require a separate article.

Conclusion

If we consider the stages as set out by Elisabeth, (denial, anger, bargaining, depression, acceptance) as principles or as a working hypothesis we may find them useful. The word 'death' by any standard is an efficient word to describe the end of life or the time when something dies. It is interesting, if not somewhat concerning, to note that the word death has almost completely disappeared from public discourse. News reports speak of passing over, passing away and moving on. One is left wondering where the person in question has passed on to. Might this be evidence of some sort of collective denial about death? I think Elisabeth would smile to herself and maybe even say 'I rest my case!'



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Online resources about Elizabeth Kübler-Ross

Elisabeth Kübler-Ross. Archive acquired by Stanford University in 2019. Details of the collection can be viewed at Stanford University, Department of Special Collections. See: <https://oac.cdlib.org/findaid/ark:/13030/c8jw8mv4/>

For videos of Elisabeth Kübler-Ross search YouTube or see EKR Foundation collection of videos at <https://www.youtube.com/c/ElisabethKublerRossFoundation/videos>

Chris Nikkel (2021) Documentary on One, RTE Radio. The Life and Living Lady (the story of a cottage in Ireland owned by Dr. Elisabeth Kübler-Ross in the hills of the Cooley peninsula in Co. Louth. See <https://www.rte.ie/radio/doconone/1232634-the-life-and-living-lady>)

Ken Ross, son of Dr. Elisabeth Kübler-Ross, discusses the *EKR Foundation's* mission, as well as his mother's important work and legacy. Ep. 330: The Legacy of Elisabeth Kübler-Ross with Ken Ross See <https://eolupodcast.com/2021/12/20/ep-330-the-legacy-of-elisabeth-kubler-ross-with-ken-ross/>

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How reading the novel *Wuthering Heights* may help us to better understand the human condition and the psychotherapy process

by Sinéad Burke

Art contains great power and it may also help people to better understand their human condition. The French painter Georges Braque asserted that “*Art is a wound turned into light.*” (quoted in de Ambrogio, 2020: 22). Art deals with human suffering and psychological pain and it is a medium which can help people to heal from trauma. Contemporary research in the field of psychology indicates that reading fiction improves a person's ability to empathise with and understand the thoughts and feelings of others. Mar et al. (2006, 2009, 2010 cited in Tamir et al., 2016) illustrate how readers of fiction score higher than non-readers on measures of empathy and theory of mind (ToM) which refers to the ability to think about other people's thoughts and feelings. In this article, I will explore how the reading of a novel may be useful and relevant to understanding the psychotherapy process. Specifically, I will examine how the novel *Wuthering Heights* may be relevant for both psychotherapists and clients, as a means of understanding their inner and outer worlds, providing an insight on what it means to be human and why this is significant in the psychotherapy process.

On a cold dark night on the Yorkshire moors, Catherine Earnshaw - lost for years - struggles to find her way home. She sees her house, *Wuthering Heights*, and attempts to enter through her childhood bedroom window. The current occupant of the room, a stranger to Catherine, resists her attempts to force her way through the window. After Catherine leaves, the event is reported to the head of the house, Heathcliff, who reveals “Cathy” to have been dead for twenty years. Upon hearing about Cathy's appearance, Heathcliff breaks down and begs for Cathy's return.

Cathy and Heathcliff are the main characters in Emily Brontë's 19th century Gothic romance novel, *Wuthering Heights*. It is a violent and powerful work of art, a complex story of love, obsession and revenge, taking place over two generations. The second half of the novel explores how the next generation (young Cathy Linton and Hareton Earnshaw) transform the legacy of inter-generational trauma which occurs. *Wuthering Heights* deals with themes of childhood, nature, suffering, love and spiritual transcendence, which are all part of the experience of what it is to be human. The novel takes the reader on a journey by exploring the conflict between characters' inner and outer worlds. Gold (1985: 68) highlights that the landscape depicted in *Wuthering Heights* is not only external but internal as well. This is useful for psychotherapists and clients alike, as clients present at therapy when there is a conflict between their inner and outer worlds. The task for the psychotherapist is to really meet the client, just as they are, to hold space for the client and to help them make the unconscious conscious, and to move towards a journey of healing and integration. The themes in the novel are akin to formative human experiences which are investigated in the psychotherapy process.

Psychotherapy is defined as “*The systematic use of a relationship between therapist and client (as opposed to pharmacological or social methods) to produce changes in cognition, feelings and behaviour*” (Clarkson, 2003: 3). The psychotherapeutic (psyche: soul, therapy: healing) relationship which is formed between therapist and client is a soul healing relationship. It is the relationship between two

souls that is the healing and transformative element that occurs in therapy. Nolan (2012) describes how people are essentially relational beings with the need to relate to another, and how infancy and childhood development demonstrates the way intersubjectivity forms the bedrock of people's lives. Human beings need to be in relationships; relating and being related to matters. For a client, being met by a therapist as they are, and being able to deeply relate with the therapist, is what makes the relationship the foundation of psychotherapy. It is the relating and being related to which matters more than any other approach. Thus understanding what it is to be human is of crucial importance to the psychotherapy process.

Childhood development and nature

In the context of psychotherapy, early childhood development, typically the first three years of a person's life, is the period that sets the foundation for all future learning, behaviour, relationships and health (Wallin, 2007: 11). Understanding of one's own experience of early childhood development is important so that individuals can understand their own wants and needs, in order to allow them to become their true selves and if necessary to build the structures that were missing in their childhood. In therapy, whatever dynamic is playing out between the client and the therapist typically links back to the client's childhood. In the novel, Cathy starts off her life innocent, wild and free, but is quickly shaped by hurt, loss and societal pressures. The circumstances she faces and the decisions she makes cut her off from her true nature. As a result, she feels limited and constrained in life. She retroflects, turning her unhappiness inwards (Perls et al., 1992). Heathcliff takes his unhappiness out on others.

The novel illustrates the struggles and conflicts in life that all humans are faced with. It highlights the importance of being true to oneself despite the circumstances you face. What makes the characters relatable is the conflict they endure, the struggle between their heart's desire and what society expects of them. Society places expectations upon all of us, such as the roles of mothers, fathers, daughters, sons, sisters and brothers. Caught between two worlds, the characters deny the parts of themselves they find unacceptable and make the fatal choice of betraying their souls. Both Cathy and Heathcliff's stories are about the struggle to reintegrate all the parts of themselves, which makes this work of art hold great power. It is relevant to the process of psychotherapy as clients move towards integrating all the split-off parts of themselves. The novel portrays the human struggle between the inner and outer worlds, which so often brings clients to therapy in the first place. The protagonists show the reader what it means to be human and how this is a journey of self-acceptance, the struggle to reintegrate all of the parts of oneself and the importance of coming home to ourselves so that we can live authentically when in relationship with others.

Childhood development and nature are central themes in the novel. As a child, Cathy is a free spirit, she is a nature-loving, tender-hearted and beautiful girl but she can also be spiteful, cruel, arrogant, violent, manipulative and selfish. Cathy is happiest when playing and roaming free outdoors; she is as wild as the environment she inhabits on the windy moors. The narrator tells us:

Her spirits were always at high-water mark, her tongue always going—singing, laughing, and plaguing everybody who would not do the same. A wild, wicked slip she was—but she had the bonniest eye, the sweetest smile, and lightest foot in the parish.

(Brontë, 1847/1995: 42)

Cathy's connection to nature represents the freedom, innocence and happiness of being a child. However, Cathy's childhood is not untroubled: in a pivotal part of the story, her father goes away on a trip, and when he returns, instead of bringing presents requested by the children, he reveals from

under his cloak that he has brought back an adopted boy. The boy is given the name Heathcliff, after a son of his who died in infancy. The narrator tells us that: [1771, Heathcliff aged about seven] "He seemed a sullen, patient child; hardened, perhaps, to ill-treatment" (Brontë, 1847/1995:38).

Heathcliff quickly becomes the father's favourite. Hindley, who used to be the favourite, becomes Heathcliff's rival. Hindley is cruel and he bullies Heathcliff mercilessly. Cathy is cruel at first, she grins and spits at Heathcliff. Both children reject their new sibling. However, over time, Cathy and Heathcliff develop a close bond, they are similar, they are wild, free-spirited, unruly and love playing together on the moors. They are best friends, and, in the absence of other children, they are each other's only friends. Less than two years after Heathcliff joins the family, their mother, Mrs Earnshaw dies. Hindley is sent away to college by his father. Catherine and Heathcliff's bond grows even stronger; all they have is each other and they love wandering around the moors together. This is until Cathy suffers a traumatic injury and the neighbouring well-to-do family, the Lintons, take her in. Here she spends time with other children, Edgar and Isabella Linton and is introduced to high society at Thrushcross Grange. Heathcliff feels abandoned by Cathy and when she returns, she is different and he struggles to accept her.

Cathy states: "I wish I were a girl again, half savage and hardy, and free...and laughing at injuries, not maddening under them! Why am I so changed?" (Brontë, 1847/1995: 124). She yearns for a truer and less constrained self; she longs to return to her wild ways, to being free and playing on the moors before she was carefully schooled in femininity at Thrushcross Grange.

*It was not the thorn bending to the honeysuckles,
but the honeysuckles embracing the thorn*

(Brontë, 1847/1995: 91).

The thorn represents Cathy; society and Thrushcross Grange are represented by the honeysuckle. Cathy is a match for Heathcliff's courage, recklessness and defiance. Cathy and Heathcliff's childhoods are traumatic and they both experience violence but they share great companionship with one another and find freedom together playing on the moors. Their childhoods end when Cathy is taken in by the Lintons at Thrushcross Grange. Although Cathy and Heathcliff suffer in childhood, their greatest suffering occurs when they are separated. This separation is reoccurring and the novel provides great insights into important concepts in the psychotherapy process such as attachment, trauma and early childhood development. Carroll (2008; 254) states that the reader of the novel 'becomes absorbed in the figurations of Cathy and Heathcliff due to the seductions of emotional intensity that derives much of its force from deep disturbances in sexual and social development.'

Suffering

Suffering is a key theme in the novel. Edgar courts Cathy and in a pivotal moment, Heathcliff hears Cathy telling the housekeeper that it would degrade her to marry Heathcliff. What he doesn't hear is her declaration that she is betraying her own soul:

It would degrade me to marry Heathcliff. I've no more business to marry Edgar Linton than I have to be in heaven; and if the wicked man in there had not brought Heathcliff so low, I shouldn't have thought of it. It would degrade me to marry Heathcliff now; so he shall never know how I love him: and that, not because he's handsome, Nelly, but because he's more myself than I am.

(Brontë, 1847/1995: 82)

Cathy is selfish (she wants both Edgar and Heathcliff). She cares too much about what society thinks and marries for status rather than love. Cathy is trying to survive in a patriarchal society: though her soul longs to be with Heathcliff on the moors, she betrays her soul by marrying Edgar.

Corey (1992: 92) describes how in psychoanalytic theory, the personality is comprised of three parts: (i) the id, the original system of personality, is pleasure-seeking and wants to satisfy its needs; it focuses on its wants and the unconscious is out of awareness; (ii) the ego makes contact with the external world and reality; it attempts to regulate instincts versus environment; (iii) the superego operates as the ruling branch of the personality and is made up of morals and right versus wrong; it is an internalisation of the accepted norms of both parents and society. Gold (1985: 68) drawing on Freudian theory of the development of the human personality, theorises that the symbiosis of Heathcliff, Cathy and Linton could represent an interaction within the human personality of the id, the ego and the superego.



'Losing My Edge' by Aisling Burke O'Connor (2019)

Integrating the shadow

The process of psychotherapy is about the journey of learning how to integrate all the parts of oneself. Applying Jung's ideas of animus, anima, ego, shadow, persona and archetype (1997: 91) to the reading of this novel can be useful for understanding the psychotherapy process of making the unconscious conscious, accepting all the parts of ourselves and moving towards healing and transformation.

Jung described the shadow as "the 'negative' side of the personality, the sum of all those unpleasant qualities we like to hide, together with the insufficiently developed functions and the contents of the personal unconscious" (1997: 87). The shadow represents the aspects of our personality that we choose to reject and repress. A person's shadow is a part of them; as humans, we make desperate attempts to deny the shadow self but this can result in a deep split within us. Both the journey of being human and the process of psychotherapy are about experiencing ourselves as whole and coming home to ourselves. It is impossible to experience this when we are terrified of accepting our shadow. As humans, we rely on a whole range of ego-defences (projection, splitting, rationalisation and acting out in anger) which are all attempts to deny the shadow.

For Cathy, Heathcliff represents her shadow. To Cathy, Heathcliff is dark, violent, unaccepted by society, vengeful, angry, irresponsible, free and rebellious. To Heathcliff, Cathy is beauty, love, status, acceptance and belonging. *Wuthering Heights* offers huge insights into the power of the shadow and the destruction and loss which occurs when people are unable to own their shadow. Just like in life, beneath the characters' everyday personas there are all kinds of unconscious motivations that end up determining their fate. In the process of psychotherapy, resistance to owning one's shadow will usually be bound up with projections and the cause of the emotion appears to lie in the other person.

Jung theorised that the appearance of the shadow brought about another "inner figure" which emerges (1997: 186). The anima - the woman within - refers to the personification of all feminine tendencies in a man's psyche. The animus - the man within - describes the male personification of the unconscious in a woman's psyche. The anima is influenced by negative and positive experiences of a man's mother and similarly the animus is influenced by negative and positive experiences of a woman's father. Von Franz (in Jung 1997: 199) describes Heathcliff as "sinister and partly a negative, demonic animus figure which is probably a manifestation of Emily Brontë's own animus". The novel is helpful in recognising the parts of ourselves which must be understood for self-knowledge and awareness whilst working through the psychotherapy process as both therapist and client.

Love and transcendence

The central relationship between Cathy and Heathcliff is now often considered one of the great tragic love stories; their love can be seen as a transcendent love that survives even in death. Most humans experience love, either being loved or loving others or struggling with loving themselves. Love is not the purpose of life but love has an unbreakable grip and life would be empty without love. Cathy loves Heathcliff but marries Edgar as she wants to be a respected member of society. She believes that Heathcliff will understand but this is a huge mistake; Heathcliff feels rejected. Cathy and Heathcliff have both hurt each other but they are completely attached and cannot bear to be separated. Cathy loves Heathcliff intensely; she states:

My love for Linton is like the foliage in the woods. Time will change it, I'm well aware, as winter changes the trees - my love for Heathcliff resembles the eternal rocks beneath - a source of little visible delight, but necessary. Nelly, I am Heathcliff - he's always in my mind - not as a pleasure,

any more than I am always a pleasure to myself – but, as my own being – so, don't talk of our separation again – it is impracticable and –

(Brontë, 1847/1995: 82)

Cathy's love for Heathcliff is beautifully described: it is passionate, solid and everlasting, like the eternal rocks beneath in the earth. Cathy is entirely in love with Heathcliff, so much so, that she declares that she is Heathcliff. Cathy goes on to say about Heathcliff: *"Whatever our souls are made of, his and mine are the same"* (Brontë, 1847/1995: 83). This is a beautifully romantic and poetic line that appeals to the universal human desire for love, a feeling of completeness that we are all searching for and the longing to find a soulmate or to come home to ourselves and love ourselves.

Heathcliff loves Cathy and declares his love for her is greater than Edgar's love for her: *"If he loved with all the powers of his puny being, he couldn't love as much in eighty years as I could in a day"* (Brontë, 1847/1995: 147). Heathcliff cannot stand to be without Cathy; he is lost without her and refers to her not only as his life but as his soul. He states:

Be with me always—take any form—drive me mad! only do not leave me in this abyss, where I cannot find you! Oh, God! it is unutterable! I cannot live without my life! I cannot live without my soul!

(Brontë, 1847/1995: 167)

For much of the novel, the love between Cathy and Heathcliff is driven by passion. The star-crossed lovers are consumed by this love. Their efforts to be together are thwarted in life, however, their love for each other transcends life itself. After Cathy's death during childbirth, Heathcliff spends the remainder of his years longing to be reunited with her. During life, Heathcliff had resisted his own love for Cathy and focused on his quest for vengeance. In his final days, he longs for death as he wishes to be reunited with Cathy. In submitting to death, he finally submits to love. The locals in the area claim to see Heathcliff and Cathy's ghosts wandering the moors together.

The narrator passes their graves on the moors and states:

I lingered round them, under that benign sky: watched the moths fluttering among the heath and harebells, listened to the soft wind breathing through the grass, and wondered how anyone could ever imagine unquiet slumbers for the sleepers in that quiet earth.

(Brontë, 1847/1995: 334)

The wind is breathing through the grass: nature is representing the happiness in Cathy and Heathcliff's childhoods, and their passionate love is still alive. Cathy and Heathcliff are finally reunited, they have found peace and there is hope that they still exist on earth in some spiritual form; they are free from societal constraints to wander the moors together.

In conclusion, *Wuthering Heights* is a story about embracing the darker parts of ourselves. It is a cautionary tale that encourages us to follow our hearts, to be true to ourselves, and it shows the damage caused to relationships if we betray our souls, do not become aware of our shadows and do not embark on a journey of reintegrating all the split-off parts of ourselves. The reading of a novel, as a means for both psychotherapists and clients for understanding their inner and outer worlds, provides fantastic insights on what it means to be human and the human condition, which is incredibly important, useful and relevant for understanding the psychotherapy process.

Like all humans, Cathy longs for a perfect other, a soulmate, but in life Cathy doesn't get the kind

of love she desires from Heathcliff or Edgar. Nevertheless, her passionate spirit transcends death and endures. The message here is that the love we desire isn't going to come from anyone else; the longing and the search for love is about coming home to ourselves. Kate Bush's song "Wuthering Heights" (cited in Mathews, 2019) has immortalised Cathy in the art form of music. In Emily Brontë's *Wuthering Heights*, Cathy's story is told from the perspective of other characters. In Kate Bush's version of *Wuthering Heights*, Cathy's story is no longer told by other people, Cathy herself is the narrator, she speaks from within and it is Cathy's point of view. When she sings, *"You had a temper, like my jealousy / too hot too greedy"*, 'my' refers to Cathy and 'you' to Heathcliff. This choice by Kate Bush gives Cathy her own voice (Mathews, 2019).

Cathy's story in the novel shows the dangers of projecting our shadow, desires and visions onto others. Her struggle within herself is extremely relatable as it encapsulates the human experiences of childhood, connection to nature, suffering, love and the hope for spiritual transcendence at the end of life. Her story is one of reintegration which makes this a very powerful work of art with significant parallels to the psychotherapy process. Cathy returns home, to Wuthering Heights, clawing at her childhood bedroom window. *"I'm come home: I'd lost my way on the moor!"* (Brontë, 1847/1995: 25). If we can all stay true to our heart's desires, accept all the parts of ourselves and come home to ourselves, we can live authentically, connect deeply when in relationship with others, and live a fulfilled life.



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How do we choose our flavour of news: with a nose for truth, or a taste for adventure?

by William Pattengill

The lockdowns, restrictions, and growing dependence on the internet brought about by the pandemic have provided us with ever more opportunities to question State actions. Some people have had their complacency shaken by the authoritarian and sometimes contradictory pronouncements of elected, as well as un-elected (HSE etc.) officials. The heavy-handed orders coming from Dublin can be seen as necessary for public safety and the ‘greater good’, or as misguided and short-sighted costly mistakes, or as repressive dictatorial curtailment of basic freedoms and a portent of things to come. Several high-profile celebrities, epidemiologists and medical professionals have contradicted the directives of the HSE and charged them with creating an ‘infodemic’ and branded RTÉ as ‘the real virus’. Furthermore, the introduction of the Vaccine Certificate has an unfortunate similarity to tactics used by totalitarian regimes to monitor and control the public. These developments have served to energise the pre-existing anti-vaccine groups, and the world-wide reach of the virus and subsequent international restrictions also feed into fears of a global takeover by a combination of corporate and political forces (the U.N., George Soros, Bill Gates and others). For the conspiracy theorists and their believers, this is the equivalent of the opening of a new fast-food franchise.

The prevailing wisdom among many psychotherapists is that these believers have one or more predispositions to anxiety, distrust, fear of losing control, rigid thought patterns, and narcissism. Some research has shown a correlation between these predispositions and lower levels of education and poverty (Mills, 2021). In an interview on the American Psychological Association website, Karen Douglas, PhD. states that *“people with lower levels of education haven’t been given access to tools to allow them to differentiate between ...credible and non-credible sources”* (Mills, 2021). There is often a cognitive bias that can lead to jumping to conclusions without much factual evidence, relying on intuition or ‘gut feelings’ rather than analysis. These can also be traits of some forms of schizophrenia - though there is no established link between belief in conspiracies and pathology (Carey, 2020).

In their article entitled ‘Belief in Conspiracy Theories is not Delusional’, Roland W. Pies MD and Joseph M. Pierre MD describe these beliefs as more like extreme but culturally sanctioned religious or political convictions. But as involvement increases, behavioural addiction and obsessions may arise that interfere with basic daily activities, increase isolation from society at large, and quite often cause a break with non-believing friends and family. And like other addictions over time, they may stop providing a sense of relief and instead bring back those familiar feelings of anxiety, fear, and alienation. The line between belief and delusion can become blurred when believers are compelled to take action as if on a personal mission. Whether as lone actors or in groups, they may act with good intentions, but with opposite results for the greater good – for example, the destruction of 5G towers, the campaign against vaccines, and most dramatically, the assault on the U.S. Capitol. Once in a while pre-existing and unrecognised delusions can propel the highly suggestible into even more drastic action, such as the murder of his own children by Matthew Taylor Coleman, a follower of the QAnon cult. The acts described above show the vulnerability of those unable to resist the workings of the ‘manipulation machine’, and how our ‘free will’ can be so easily compromised.

While ‘truth seekers’ prone to mistrust may demonstrate negative thought patterns, they also exhibit some constructive behaviors and basic human needs at work. Suspicion by its very nature was an adaptive advantage for our hunter-gatherer ancestors. The tendency to find connections and patterns in seemingly random events can serve us in many other ways than just ‘connecting the dots’ to see the outline of conspiracies. This process is called apophenia, and it is the same creative talent that lets us see faces and animals in the clouds. A belief in conspiracy theories can provide simple and accessible explanations for complex events and provide comfort and reassurance, as opposed to the anxiety and overwhelm dispensed by mainstream media.

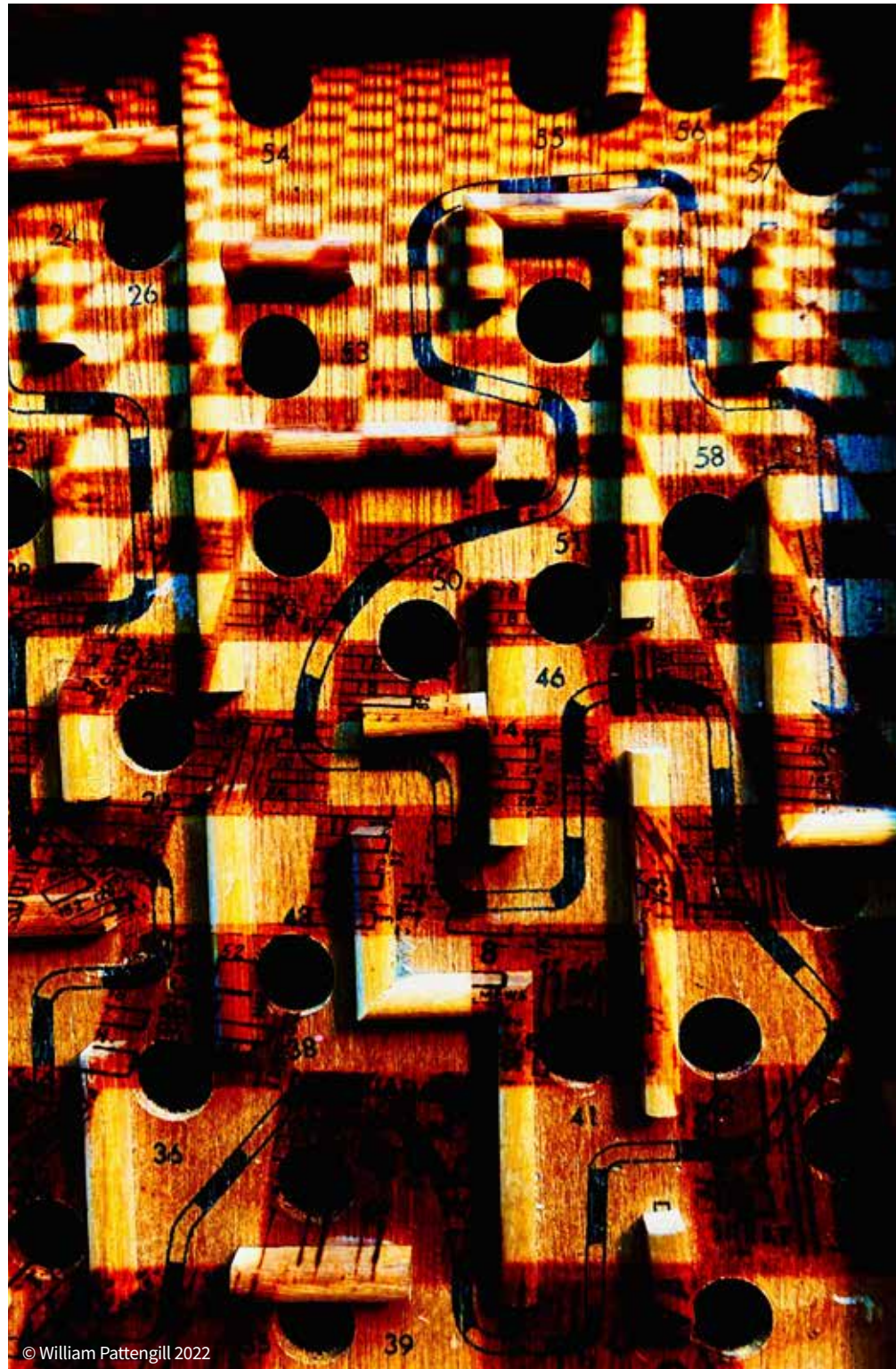
Membership in these semi-secret societies also can provide the sense of ‘belonging’ we all crave, with the added bonus of the superior feeling of having ‘inside information’ that sets its members apart from the flock of sheep blindly following their leaders. Belonging to these groups can counter low self-esteem and the feeling of being powerless over current events. Efforts to convert or enlighten the ‘sheep’ might be altruistic and well-intentioned but are mostly unsuccessful, with the opposite effect of further withdrawal from the larger society.

Since this growing trend has been both recent and unexpected, clinicians have no formal training in working with the proudly converted and/or disillusioned casualties of the rising tide of misinformation. Professional organisations may be hesitant to take a formal position on the subject, in consideration of the political nature of most conspiracy theories. Yet some members of the profession regard it as a public health problem.

If one were to begin a conversation with a committed ‘truth seeker’, there must be an effort made to find some common ground. It would not encourage dialogue to immediately challenge beliefs or question anyone’s version of reality; an apparent attempted conversion could threaten the delicate bond of trust. On the other hand, avoiding discussion could make a therapist complicit and miss an opportunity to address how their client’s beliefs may be negatively impacting their well-being. A therapist with relevant experience observed that talking to people about these theories was like telling a teenage child you don’t like who they are dating. Trying to talk them out of the relationship usually increases their defensiveness and resistance to all arguments, ending the conversation (McNaughton-Cassill, 2021). A more productive approach would be to calmly enquire about the sources of information that support their beliefs and engage their critical thinking to re-evaluate their authenticity.

A psychotherapy client may bring up their belief in conspiracies as a distraction from other issues. Instead of trying to redirect the conversation, it might be useful to enquire as to how their beliefs align with personal values and whether or not it helps them work toward goals. The clinician could also try to determine if their embracing such beliefs could result in violence toward others or harm to themselves, and how much effort should go towards redirecting them. Maintaining respect and compassion for others’ beliefs could be problematic in these situations.

Clinicians have attested to the importance of curiosity, compassion, empathy, and patience. For those in relationships with ‘truth seekers’, those qualities may inspire an emotional generosity that was exhausted long ago. It might be helpful to express ‘creative curiosity’ about beliefs and share the awareness that not all things can be fully comprehended or controlled, especially the complex forces at play in the wider world. This honest acceptance of ‘not-knowing’ could offer comfort to these troubled individuals, in the letting go of attachments to what is really beyond our reach.



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It is important for us all to remember that many conspiracy theories have proven to be true over time, even in our recent history. The CIA actually did secretly ‘dose’ unsuspecting citizens with LSD as part of their experimentation in mind control, and the U.S. government did make under-the-table payments to the Dalai Lama to aid in his resistance to the Chinese takeover of Tibet. Not to mention the conspiratorial cover-ups by the tobacco and oil industries of their own scientific research that yielded results unfavorable to them. These real conspiracies lend credibility to the current crop, and remind us that we do not have any proof (as yet) of their being fabrications.

Science journalist David Robson hopes that government health information campaigns can soon “*help stem the spread of false claims using a form of ‘inoculation’ with ‘mental antibodies’ that can eventually create ‘herd immunity against misinformation.’*” (Robson, 2021).

Some have called Big Tech’s recommender systems a “*manipulation machine...weaponizing every societal fault line with relentless surveillance to maximize engagement*” (Center for Humane Technology, 2020). The ‘echo chambers’ they create can use repetition of baseless claims and falsehoods over time to create an alternative reality. In response to the now-obvious connection between anti-social behaviour, or worse, and the pollution of the internet’s information stream, a number of health and tech leaders are exploring ways to address this metastasising social illness. The World Health Organisation (WHO) has joined forces with the UK government to raise awareness and caution about Covid-19 misinformation. Moonshot, an Irish co-founded tech startup, uses data analytics to reach people both engaging in and affected by a range of online harms, and not just disinformation: they also address human trafficking, gender-based violence, and child abuse. They offer positive, supportive messages and services to vulnerable individuals as they perform online searches for anti-social content.

Similar work is being done by the Radicalisation Awareness Network (RAN), a grouping of frontline practitioners who work with those vulnerable to radicalisation, and those who have already been recruited. I found on their website the partial answer to a nagging question that arose during my research: would a person paranoid enough to endorse conspiracy theories be willing to trust a psychotherapist? According to RAN, internet browsing self-proclaimed radical right-wingers were 48% more likely than average to click on mental health ads, and among those browsing those sites but not yet recruited, the figure was 115% - encouraging statistics.

In the interests of adding a more personal angle to this research I briefly interviewed some attendees of anti-vaccine/anti-lockdown protests in Cork and asked them about their earliest awareness of mistrusting ‘the authorities’ of any kind. I wanted to keep my focus on the socio-political realm as opposed to the cosmic/apocalyptic, though the two can sometimes overlap. For some there was a common theme of betrayal by those they had placed trust in: parents, priests, physicians, or teachers, as I had suspected. Others could not identify any particular event or experience and identified as ‘born skeptics’. I also contacted some organisers and activists for groups sponsoring these protests and found them initially open to interviews, but they then became very inquisitive about my credentials, affiliations, etc. and when it came time to set a time to meet, my emails went unanswered. This was despite, or maybe due to, my claiming to be non-judgmental and open-minded.

As I followed the many links in researching this subject, I experienced increasing curiosity about these alternative views that are so contrary to my own. As I unearthed more and more ‘evidence’ and ‘expert testimony’ debunking the ‘myth’ of the virus, I started to ask myself, “What if some of this IS the underlying reality?” My father was a lifelong cynic and skeptic and I heard his voice echoing, “Don’t

believe everything you read in the papers.” I could feel the seductive allure of these narratives and some empathy for those already mistrustful by nature. Was the allure some sort of resonance with my own unaddressed fears and suspicions? I also felt a newborn compassion for my brother, who clearly inherited the skeptic gene from my Dad and was always forwarding me his latest frightening prophecy or exposé. Is he tapping into a vein of truth, and am I the blissfully ignorant ‘sheep’? Fortunately, I never had to arrive at a definitive answer for that question once my own research offered me the option of honestly saying to myself, “It’s OK not to know.”

In other words, how do we form our concepts of the wider world beyond our first-hand experience? We are being offered more options than ever before, and the choices we make not only reflect our past experience but can shape us and change the directions our lives may take. According to the Broadcasting Authority of Ireland (BAI), in 2020 46% of 18-24-year-olds prefer social media websites, while 33% of the general populace choose televised news and 13% prefer radio.

In simpler times we relied on the accounts of travelers or emissaries to learn of happenings in the next town or province, and our concerns were more with changes that might impact us directly, not so much the happenings in faraway lands. I suppose most of us trusted the spoken words of the bearers of news in those days, but as ways of communicating expanded our world view and pumped up the volume of information, the measure of trust has not followed suit. And our attention has moved from our nearby surroundings to the international scope of history in the making, with its inevitable struggle and suffering. Now we can indulge in ‘All News, All Stress, All of the Time’.

Some of us might remember a time when there was something of a national consensus and a reliance on accredited newspapers, radio, and television – people didn’t always agree of course, and opposition views were also presented in the name of free speech and democracy. Today we see the mainstream news establishment competing for our attention with folks on their laptops in their basement offices, daily dispensing their personal views of reality. Some have called this the ‘Post-Truth Era’, which is appropriate since we now have *alternative facts*. We can allow our individual beliefs and bias to guide us through the digital menu of news to find our favorite flavour, unencumbered by factual evidence or inconvenient truths, and discover the vast range of conspiracy theories on display.

So why is this not a good thing? It’s a triumph of democracy, and freedom of speech on steroids. Why shouldn’t we Hoover three hot fudge sundaes and let the (chocolate) chips fall where they may – it’s a free country, right? Wouldn’t we all like to think so. But the ever-expanding internet has become a virtual wilderness of quagmires and bottomless rabbit-holes where our freedom is often an illusion.

Besides the high-profile popular conspiracy theories, there are other actual conspiracies at work very much hidden behind the scenes, at almost every click of the keys. They are known as algorithms and are designed to not only reinforce our pre-existing beliefs, but also entice us to explore content of ever-increasing extremity, contributing to the unhealthy polarisation and fragmentation of computer-literate societies worldwide. We can follow the links like tasty breadcrumbs to find an abundance of sites offering a different reality than what the state-sanctioned media voices have to offer. At one end of the continuum, we can find a dose of ‘healthy skepticism’ of the dominant paradigm, then an array of ‘alternative voices’, eventually spiraling downward to where warning cries emanate from a dark world of dystopian dread. It is significant that the BAI media user survey revealed that only 28% of Irish internet users know the definition and function of algorithms.

Anyone not buying what the government is selling has to find where their tastes are most satisfied along that convoluted ‘information highway’. We have such little first-hand experience of the complex and rapidly unfolding events that shape our world, who do we entrust with our continuing education? Do we still trust the words of our government, our religious leaders, or the mainstream news reporters, despite being the exposure of long-running coverups and corruption in high places? The answer is, most of us do not. According to the BAI 40% of news consumers do not trust their own preferred sources (a lower percentage than in the US, UK, or EU) and 62% are concerned about the proliferation of ‘fake news’.

We all have been told ‘we are what we eat’, but I also believe ‘we are what we read’. Just as our choices of diet have great impact on our physical health and development, our media choices can have a significant influence on our mental health. I certainly hope there is not an ongoing parallel process between the impact of fake news on our mental health and our consumption of junk food and sugary drinks that is slowly but surely causing us harm.



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Time out of mind: The unspoken language of dissociation

by Ann O'Connell

Let's talk about the intriguing and magical phenomenon of 'dissociation', and its younger sibling, 'day-dreaming'. We all love to sneak out of consciousness whenever our mind's eye forgets to blink, to dilute the roaring silence of the abyss, and the existential yawning of our cramped inner landscape. We actively seek out the expansive, soul-stretching freedom of delicious day-dreaming by playing hide and seek with ourselves. We all love to flirt with, and associate with our inner dissociates!

Dissociation is where we go to, and come back from, when we want to explore our creative right brain. Actors would not be able to mesmerise and hypnotise us on the celluloid screen if they could not disavow their sense of self, and inhabit another self-state. Mystics would not be able to traverse the continents of their minds in search of the divine, were it not for the trick of dissociation. Artists would not be able to seduce us with the allure of their work if they could not lean into, and caress those dissociated parts that reside both within and without their many selves. Writers would not be able to weave textured, lived-in characters that compel us to turn the pages, were it not for their ability to divest themselves, and try on the coat of an altered state. Even the rave-apostles of dance culture groove and move to the sound of dub-step, trip-hop, and trance music in a state of psychotic grace - and take dissociative communion wafers such as ketamine, DXM and PCP. "God is a DJ" (Faithless, 1998).

The Purkinje Shift

The Czech anatomist Jan Purkinje is credited with identifying that in the most magical hour that we call twilight, the eye shifts away from red, and towards the blue end of the colour spectrum. This is a response to, and part of dark light adaptation (Purkinje, 1823). Likewise, dissociation can be viewed in that same grey-light spectral corridor. We know that dissociation presents particular challenges to the therapeutic work of recovery and healing, both as a transference and a defence mechanism. Indeed, by its very nature, dissociation is the desire to get away from, and 'not know', or 'disconnect' from the memories/experiences that caused the dissociation in the first place! And yet for therapy to be effective, we need the client to stay in the room with us, so to speak. So, the psychotherapeutic/trauma informed response to dissociation is to ground the client back in present moment experiences, bring them back to their optimal window of tolerance, and reduce hyper/hypoarousal.

Skipping through Dresden

If we use the city of Dresden during World War II as a metaphor for the destructive impact of chronic childhood trauma, the mindscape would look like it had been aerial bombed with a persistent and casual violence. The heart and soul of the city would be pulled asunder and infrastructure would be wiped out. Buildings would be deemed collateral damage, and their inner walls would be demolished floor by floor, leaving just a skeletal and asphalt shell.

A child could not survive the implosion of a mind bomb of this magnitude, so the tectonic plates within the child's internal streetscape would have to undergo a seismic shift to create a split or fault-line in the psyche. This geological re-ordering of the ground would ensure that the child could continue skipping through Dresden.



When there is nobody to soothe a child during 'The Blitz', one creative response is to dissociate. When the child is amygdalated, an orchestral manoeuvre in the twilight introduces the parasympathetic strings section, which activates an autonomic arousal response. The symphony conductor then brings in the sympathetic brass and percussion section (enter stage left), flooding the body with opioids in order to ease the crescendo of traumatic pain. However, the contra-

indications of these endogenous narcotics inhibit the child's cry reflex/response, and decreases their mobility. Consequently, traumatic memories are not stored, integrated, or encoded in the brain in the same way as non-traumatic memories because of the extreme arousal of the hippocampus, and the chemical interaction of endogenous opioids. It is a melodic and narcotic overture of the mind!

Memento Mori

Dissociation is a structural separation of part of the experience of self. It is a "violent affair" when one part of the psyche attacks other parts, in the process of the severing of the self (Kalsched, 1996). Dissociation moves, transforms, and brings us into shifting worlds of colour and light, like a fractured puzzle that takes flight in the mind. It is a kaleidoscope of ever-changing and complex patterns being nudged and jolted into view, with every twist and turn of the cylinder. So who is the real me? "Will the real slim shady please stand up?" (Eminem, 2000).



Dissociation is an actor who stops speaking mid-scene and walks off set. Nobody shouts “Cut!”, so the movie reel plays on in the absence of this audience of one. There is no linear or sequential recall of the film script and no prompts from a backstage understudy. I am reminded of a similar but different trauma affect that was beautifully transcribed to celluloid by the director Christopher Nolan in the movie, *Memento* (Nolan, 2000), based on the short story “*Memento Mori*”, written by his brother Jonathan (Nolan, 2001). The main character, Leonard Shelby, suffered from anterograde amnesia as a result of a traumatic life event (no spoilers here)! It is similar to dissociation because it is wrapped up in themes of memory and identity.

Van der Kolk and Fisler (1995) describe dissociation within the context of traumatic experiences that are not integrated into the underdeveloped hippocampus and left brain. Instead, they are stored in the right brain as shards or fragmented images. These gleams of splintered memories can be both known and unknown to the trauma survivor at exactly the same time - a paradoxical double-think, if you will - *it was me and yet it wasn't me - I know and yet I don't know*. So, the person is tethered to that confusing world of not consciously knowing things, yet sensing them in an elusive and inexplicable manner. This is what Ivor Browne called “*the unexperienced experience*” (Browne, 1990).

Dissociative attunement

In the world of neuroscience, researchers like Sands, Schore, and Howell & Blizard are taking a curious look at dissociation (Sands 2010; Schore, 2010; Howell & Blizard, 2009). It is a primitive form of communication, and yet despite the best efforts of clients to keep certain self-states out of their own conscious awareness, survivors of trauma feel compelled to show therapists their dissociated aspects of self. The veiled intention of the client is to be seen, understood, and to literally and figuratively show us their original wound. So, when an attuned other can tap into the dissociated aspects of a person's mind, it transcends communication because dissociation is the silent dialogue of connection.

These subtle attempts by clients to connect can get lost in translation in traditional talk therapy because survivors with dissociative minds utilise an almost backwards or atypical style of connection. This is the duality of approach and avoidance which comes under the rubric of a disorganised attachment style. This happens when there is a marked absence of an attuned other in the child's life, so the child learns to withdraw when they are distressed. This pattern continues during maturation because of a consistent and persistent lack of dyadic regulation. This type of relationality must be repaired and revived in order for dissociation to be rendered unnecessary, and for the dissociative states to become known to self and other.

So maybe we are looking through the wrong end of the telescope when it comes to communicating, connecting and tuning in to the secret language of trauma. The goal of integration of both self and object may require another field of contact for resolution of both experience and memory to take place. So instead of interpreting, we might enter the dissociated space of a client's mind (Hopenwasser, 2008). This would facilitate the therapist to ‘*know*’ via their own countertransference what the client is showing us of their fragmented experiences. This is an issue of relatedness, whereby these unformulated experiences become known within the therapeutic alliance, and the attuned other helps the client to regulate.

See-Saw Margery Daw

Dissociation is a labyrinth of the mind that is born out of constant hyperarousal and a lack of attunement to the caregiver who did not soothe this flight response. However, the context of therapy

can initiate the very same processes of hyperarousal and dissociation that were set in motion by the original trauma! Clients can oscillate on a metronome of extremes like constriction, numbness, deadness, trance-like affect, and detachment from self and therapist, to the other end of the spectrum of overwhelm, flooding, dysregulated affect, intense shame, fear, and aloneness.

Dissociation comes out to play on the twilight corridor of the therapist's room. When the temporal lobe shuts down and goes offline, verbal communication cannot be received or processed. However non-verbal and implicit channels are wide open in this two-way street of human traffic. In the relational matrix, when clients move in and out of dissociative states in the in-session experience, the therapist can experience a dissociative countertransference reaction by dissociatively attuning with the client and entering this conceptual space. The therapist attunes to the self-state of the other via their own creative right brain functioning, while firmly keeping the executive functions of their left brain online in order to fully meet the suffering of the other. This facilitates the therapist to decode traumatic experiences, and for the client to form a secure attachment to the other. When we enter the disassociated space of the other, the disassociated space enters us!

Schore (2001) has indicated in neurobiological research that people remain hyperaroused even when in dissociative states. This means that active mental processes occur during dissociation. Clients can (and do) make veiled attempts to communicate with us in this paralytic grey-zone. The dual function of ‘*knowing*’ while also keeping a parallel but segregated aspect of ‘*not knowing*’, is the paradox of the child learning to play dead in order to promote bodily integrity and survival. The client does the same thing in the therapy room when confronted with what appears to be a deadly (relational) encounter!

When the healthy ego steps aside and clients enter this altered field of contact, this allows dissociated states to step forward into the therapy room. The dissociated mind is not in need of insight in the traditional sense. However, it is in need of a relational dyad in order to integrate self-states, and find expression to unexperienced trauma.

Peek-a-boo

Dissociation is the ultimate show and (*don't*) tell. It is not a case of ‘*move along folks, there's nothing to see here!*’ There's everything to see here, folks! It's all on show if we know what we're looking for. We often say that some traumas are so unspeakable that there are no words (Herman, 2015). Well dissociation is the foreign language of trauma - but there's no need for subtitles here - we just need to creatively read the room. If dissociation is the royal road to split off experiences and memories, then mutual dissociation and attunement are literally and figuratively straddling the intimate edge, ledge, and precipice of trauma.

It is said that when clients dissociate, ‘*the work*’ stops until therapists bring them back to their optimal window of tolerance (Ogden & Fisher, 2015). But what if dissociation is the work? What if grounding the client should happen at the end of the session instead of at the moment they dissociate? Clients are clearly trying to orientate themselves towards their own true north (their aurora borealis) by treading close to the margins of their unconsciousness with us. What if the path to healing lies within the four corners of this profound presentation that our clients honour us with every time they lift the veil and show us their *time out of mind and mind out of time*?

Dissociation is the gold, frankincense, and myrrh that gifts us a half-open door to this split in the human psyche. When we step into the crumbling world of the client, we are spectators to their present moment disintegration, as we observe their war-torn child. We watch as they leave the scene of the

crime and glimpse images of past infractions committed by those who trespassed against them.

Dissociation is like living in width instead of length. It is the pull of the infinite into a finite and fractured world. It is like wandering unmoored around the fringes of the empty rooms in the mind. As therapists, we can make an enchanting and elegant enquiry, while standing in the face of the client's ambiguity and cognitive dissonance. Dissociation is not a meaningless trance designed as a defensive wall to keep intruders out. It is intuitively designed to let us in! Clients help us to hit upon the right password that grants unfiltered access to the gossamer threads of harrowing memories that are ordinarily inaccessible to therapists.

Dissociation is experienced as a fragmentary, piercing meditation of time. The past and the present merge in concentric circles, as we look past ourselves and lean forward into the next moment. There is a stillness that can be felt in the middle of each moment and is part of the vertigo of dissociation. It is here that clients experience the spiritual doldrums because they cannot open the door to the magical gateway of the self. It takes immense courage for both therapist and client to contemplate stretching further than the mind's comfortable reach, into the ultra-dazzling blankness of dissociated paralysis. This is where tenses and worlds collide as we can skate across the icy surface of their many selves, and take a peek inside without breaking each layer.

Last call for Dresden

The psychotherapist, writer, and podcaster Jimmy Judge, with three decades of experience of working creatively with the aftermath of childhood trauma has this to say on the subject:

The iconic, late, and very great David Bowie was the master chameleon, by creating and developing a cast of characters that spanned his six decades as a singer, songwriter, producer, actor, and performer. Even 'David Bowie' was the alter ego of David Jones, his birth name. Here's where it gets intriguing, an arc within an arc, which is synonymous with the dissociation associated with psychological trauma: Whether it was Aladinsane, Major Tom, or The White Duke, his most compelling alter ego was Ziggy Stardust. This androgynous, sexy human/alien hybrid had a powerful impact on 1970s society and remains highly influential to this day. Did Jones know Bowie? Did Bowie know Ziggy or vice versa? The answer is both yes and no simultaneously – to know and not know, and yet exist and desire expression and recognition. Welcome to the mystical, magical, painful, confusing, and transformative world of dissociation, or as this article names and introduces us to, "Time out of mind". More often than not, the C-PTSD sufferer is concerned and gauging how you will receive them - can you hear me? Will you believe me? Will it be too much for you? Will I blow your mind because it sure as hell is blowing mine!

Judge continues:

At a basic level, dissociation or 'time out of mind', is quite simply a no-brainer. Who would want to 'associate' with the awful people who treated you horrendously with 'unspeakable' abuse? Of course, you would want to disconnect or dissociate from such awful, uncomfortable memories/experiences. This is our most natural and healthy instinct. So far so good, right? Okay but what if those despicable acts were perpetrated by our loved ones? And what if we were far too young to process such violent onslaughts? What if our nervous systems had not developed sufficiently to manage and integrate such horrors? Enter the amazing, creative, and miraculous world of time out of mind where the Dresden children play hide and seek in the burnt-out debris of the traumatised mind. Their hope now as adults in the therapy room is that the therapist doesn't give up on them, keeps looking and listening to them, watching for signs, prompts and clues. Be

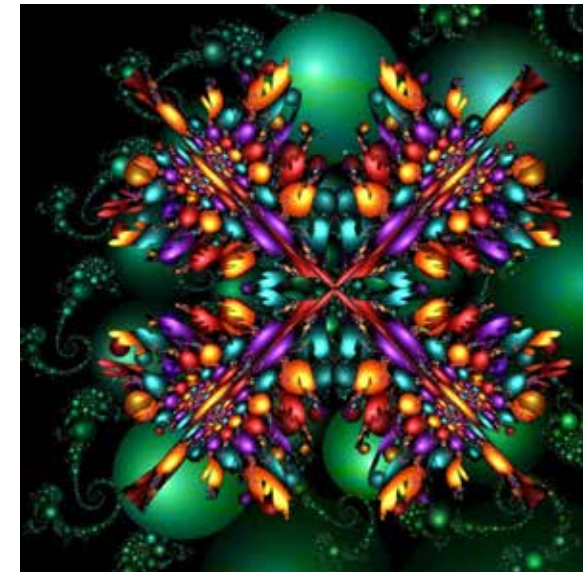
patient. Ya just have to let your client show you where they are. The adult/child client is in fact trying to teach us how to find them. So, when you feel lost, inadequate, and powerless as the therapist, watch and listen very carefully. Ya hear that? Ya see them.

(Judge, 2021).

*"He'd like to come and meet us,
But he thinks he'd blow our minds"*

(Bowie, 1972)

War baby



Darkness belongs to that class of blessings that are vital to the human spirit. There is an allure to the dark that delivers us both to and from our inner children when we wrap ourselves up in the pitch black. As we dig past the surface of dissociation, there is an absurdity and pernicious tenet that runs through the epicentre of our sense of identity and who we think we are.

Therapists are the issuers of open invitations to clients, but in this case, the clients are inviting us into their world. The question is, can we RSVP in a timely fashion, so that we might have a different conversation with them than the ones we have been having up until now? The

mind's capacity for freedom is infinite, but it can default to the imprisonment of repeating patterns if we are not listening with our third ear when we traverse the wreckage and spectacle of childhood trauma.

If we strive to live out of the mantra that the client is the expert in the room, then let them lead us by the hand to the nexus of their woundedness. The magic of mutual dissociative attunement can take us on that journey with them to their promised land! Let's celebrate this extraordinary non-verbal language. This complex architectural puzzle was constructed by the children of Dresden when they were all alone in the trenches. Nobody came to their rescue so they had to find a way to play hopscotch on crumbling streets, listening to a discordant, internal beat that had its own tone and colour. This was not 4/4 time. This was a disjointed jazz harmony with syncopated rhythms, and a heavy emphasis on improvisation.

So maybe our gift to clients is to sit with them under a strung out, battle-scarred sky, and help them to rescue their inner refugee who is caught between the synaptic cracks of their cerebral cortex. There may be more than one inner war-child who needs to grab a winch from our psychological helicopter and be pulled to freedom and safety. We can assist them to introduce themselves to themselves and say, "Hi Ann, it's nice to meet you. My name is Ann. The war is over baby... It's time to come home."



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Conflict in the therapy room

by Mary Spring

Looking back along a life's journey, you come to see how each of the central phases of your life began at a decisive threshold where you left one way of being and entered another.

(John O'Donohue, 2007)

The purpose of this essay is to describe and subsequently reflect on an experience of conflict. I wish to firstly consider both an understanding of conflict and my relationship with this reality. I will then illustrate a personal encounter with discord. I will subsequently review the incident through the prism of the core existential theme of relatedness and consider how different theories and perspectives might inform an understanding of this conflict and offer potential responses and pathways to reconciliation.

What is conflict?

Weixel-Dixon (2017: 11) observes that conflict is always personal and challenges the individual's invariably subjective and incomplete world-view. Capturing its very essence, she iterates that “*in the most violent contest or in the more discrete disagreement, one side wants something the other side will not give*” (2017: 11). Attesting to the impact of friction on the whole person, Mayer (2000, Loc.125) states that conflict “*may be viewed as occurring along cognitive (perception), emotional (feeling), and behavioral (actions) dimensions*”. It is not then necessarily surprising that emotions and memories are evoked in me as I reflect on my ambiguous relationship with conflict. On the one hand, I have feared and felt decidedly uncomfortable in my body when confronted with discord. I grew up in a conformist country hugely shaped by a Roman Catholic ethos where, as in many faith systems, forgiveness is valorised (Farhadian and Emmons, 2009: 61). Obedience to the traditional religious, cultural and behavioural mores were expected. In the family setting, the little girl in me learned early in life to be watchful of parental looks, to be vigilant of mood shifts, and to retreat from brewing conflict lest my words and needs disturbed what already was disturbed. Ironically, conflict, real and barbaric, in the northern part of the island between two warring traditions, and arguably mirroring the transgenerational holding of familiar views (MacGinty, Muldoon & Ferguson, 2007: 9), was the constant political landscape of the late 60s and 70s of my childhood. On the other hand, the adult in me today recognises the richness in encouraging an exploration of one's relationship and experiences of conflict. The awakening existentially-minded therapist in me appreciates that one is “*always becoming which means potentially in crisis*” (May, 1983: 50) and begins to understand discord as an inevitable condition of being-in-the-world-with-others; here the therapeutic emphasis becomes not its “*alteration, reduction or removal*” (Spinelli, 2015: 93) but instead an exploration of the conflict and the worldview that determines the friction.

An experience of conflict

The example I describe comes from my time as a trainee therapist and captures the dynamic within the therapeutic matrix when conflict is encountered between client and therapist.

It was the closing few minutes of the last session before Christmas and I remember feeling decidedly unimpressed, indeed put out with the psychotherapist who answered my ‘Happy Christmas’ by directing a seasonal response not towards me but towards her now financially-enhanced handbag. In

a deeper place however, I felt hurt, dismissed and very small. The look or *le regard* was exclusionary and diminishing. The ensuing three-week holiday period encouraged me, in the words of Frost, to “keep the wall before us as we go” (2002: 27-28); at different times I fantasised two ill-serving scenarios: one where I would be strong, articulate, domineering and dismissive, in effect, rendering the therapist an ‘it’; another, where I would continue to be walled in by old and readily accessed pattern of protective withdrawal, in effect, rendering myself “as an unfree object for others” (Cox, 2020: 42). We subsequently met in mid-January. Mirroring Glasl’s first stage of Conflict Escalation (Jordan 2000), my stance had become quite hardened and entrenched, encouraged by the familiar need to stay safe and say nothing. Yet also nestling within me was a desire to do something very alien to me, and that was to state how I had felt and continued to feel following our last session. Responding to what was then an unconsidered but living existential pulse that “the human being is a meaning-making agent from birth” (Adams, 2019: 96), I plumped for the latter response. In that moment, penetrating “behind the polite superficialities and defences which we habitually armour ourselves” (Yankelovich, 1999: 14-15) and eclipsing the incessant chorus of the *they-self*, I felt shaky yet emboldened in expressing my emotional reactions. The gift and the learning were both found in this action and in the unexpected response. The therapist, embodying “the present other to the client” (Spinelli, 2015: 110), and open to the un-knowing “which presents itself in the current and on-going encounter” (Spinelli, 2015: 12), did something quite professional but also something profoundly humble – offering no defence, and offering no bandaging apology, she acknowledged that she had been rude towards me in the closing moments of the pre-Christmas session. And, looking straight at me, she said, ‘Let’s talk about it and see can we sort it out’. The look or *le regard* this time became something different – not exclusionary and diminishing, as previously experienced, but a meaningful exchange between two “fellow travelers” (Yalom, 2009: 6). The response, the royal ‘we’ hinting at a joint investigation, was unfamiliar to me as was the terrain of meeting head-on both the fragmentation of relationship and the possibility of reconciliation. Instead, and as affirmed in Oliveira, Sousa and Pirea (2012: 297), my subjective experience of being-in-the-world was validated in the ensuing co-operative exploration. Furthermore, early life wounds that yearned to be witnessed, reflected upon and knitted into my understanding simultaneously began to be unearthed, such an enquiry, as prompted by Georganda (1993), confirming that we want, above all, “to know the truth about ourselves and our life”. In this rich therapeutic movement, not necessarily in one session, the conflict was understood and resolved. I felt seen; I felt heard; I felt known - by the therapist and by myself. My relationship with conflict had moved. As for the act of experiencing and bestowing forgiveness, deftly captured by Ducommun-Nagy as an action “that sets us on the path to autonomy because it allows us to remain connected with others and allows us to ascertain our existence as autonomous selves” (2009: 53), how could I but not allow for another person’s humanity which simply reflected my own ability to get it wrong?

Considerations on the existential theme of relatedness

Heidegger’s seminal principle, of being-in-the-world, as summarised by Iacovou and Weixel-Dixon (2015: 17), proposes that each human existence or *Dasein* is “situated within the world, involved in a meaningful context consisting of people, ideas, places, objects and events – inter-connected and inter-dependent”. On reflection then and, if understood through an existential lens, the fracture that had occurred between the therapist and myself was a subjective, situational, relational and temporal experience. My outdated response to the therapeutic schism would, if activated, have merely re-cemented the old, sedimented ways of being and numbed the reality of “one’s existential situation” (Yalom, 1980: 359). My updated response was answering the call of conscience, “the call to ourselves” (Tillich, 2014: 136), which is only discovered “through committed and coherent action and connection, or not at all” (Howard, 2000:

329). Reminded by Massey (2009: 87) that reconciliation is grounded in the mutual investment of the participants in the relationship and emerges from the attentiveness to “mending the small ruptures that inevitably occur as two or more persons navigate their way forward”, the listened-to heart of the client that was me, responded to the reality of disharmony and to the potential for the emergence of a new dialogical way of being in relationship. And intriguingly, power, always a presence in conflict (Mayer, 2009: 151), and always a presence in the therapeutic relationship, began to be experienced as something personal and accessible within me, not a negative or feared encroachment by the other.

If, as Heidegger asserts, that “the world is always already the one that I share with others” (Heidegger, 2010: 115-116), to then exercise one’s freedom, one’s “unfounded, free, spontaneous consciousness” (Philips, 1986: 167), is not always easy. Freedom is always embedded, sometimes deeply encrusted, within a situation. It implies responsibility and authorship, each choice excluding other possibilities (Georganda, 2016: 266), each non-choice arguably a failure to act and respond. So, in a strange way, death and emergence, which arguably percolate in myriad forms through every therapeutic session, accompanied my response to this experience. What began to die in me was the reliance on the old fear-filled amygdala and on the well-honed avoidant worldview of self and of relatedness - all familiar to the long compliant and enmeshed daughter. Contrastingly, what tentatively began to arise from within me was a different meaning of being and of being-in-the-world, one which was more relational, less *they-driven* and less *they-defined* as embodied, for example, in the early Sartrean characters of Roquentin and Anny in *Nausea* (Satre, 1938). The emerging me crucially began to authenticate lived experience, curiosity, exploration and human connection in its endless hues.

Disharmony is not always resolved and, as noted by Hamber (2007: 115), forgiveness and reconciliation have often come to represent the “paradise lost” of warring perspectives, the world surely testifying to such a truth. I was however supported by the therapist in interpreting, re-interpreting and making meaning of thrown circumstances that had determined my understanding of conflict and relationship. Echoing the challenging movement which always necessitates being-in-the-world-with-others, yet paradoxically also existentially apart and isolated, I was encouraged to observe and consider that conflict is an inevitable human dimension, “a powerful source of communication” (Weixel-Dixon, 2017: 14), which “gives us the energy to overcome our powerful inclinations towards passivity” (Mayer, 2009:19). In this dynamic and interactive movement of three living tenses, I was prompted to withstand the impulse to run towards the familiarity of *das Man*, urged instead to run towards life, including the encounters with conflict, and grow deeper into my own skin, my own self becoming the determiner or author of present and future potentialities, possibilities and the accompanying responsibilities.

Concluding thoughts

As this essay draws to its close, I’m reminded of Michelangelo’s statue *The Awakening Slave*. It speaks stirringly to me and mirrors Sartre’s primary tenet that “man first exists, encounters himself, surges up in the world – and defines himself afterwards” (Sartre, 1973: 28). To have resisted my being-in-situation would have been an expression of bad faith. I didn’t, instead assuming and affirming my freedom and, in doing so, wearing my freedom clothes. Were there to be further conflicts and boundary situations (let’s call them ‘scraps’!) to encounter in the therapeutic relationship? Of course there were - the therapist twiddling with her rings during another session and once failing to show up for an appointment being other stand-out frontier movements. Over time however the dialectical engagement in the “therapeutic processes of unpacking, challenging, interpreting and educating” (Cooper, 2012: 68) has enabled me to consider my sometimes Sisyphean encounters with relationship and its companion ‘conflict’. Such

skirmishes and, crucially, the observed attitude of ‘let’s talk about it and see can we sort it out’ have provided huge learning for me as a therapist in relationship and as a human being in relationship. And what were and continue to be the biggest learnings? Perhaps, the simple yet profound truth that the therapeutic relationship is at the very core of the therapeutic encounter. One is changed by this encounter. What else? Perhaps too that conflict is an existential condition and one need not be afraid of conflict in relationship. One can learn, with “*heroic intensity*” (van Deurzen, 2012: 10), to welcome discord on the life-long Ithaca journey home to the ever-becoming, enabling self.



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Keep on (grey) rockin' me baby: creative and imaginative approaches to dealing with narcissists

by Jimmy Judge

*Well I ain't superstitious and I don't get suspicious
But my woman is a friend of mine.
And I know that it's true that all the things that I do
Will come back to me in my sweet time*

(Steve Miller Band, 1976)

I chose this cool, light, breezy, and sexy tune because it captures perfectly the radical love and acceptance that is essential when dealing with the parasitical narcissist. I've played with the title of this groovy tune and inserted 'grey' rockin' me baby' as 'grey rocking' is one of the core strategies associated with managing and negotiating narcissistic relationships. In this article, I will highlight the four pillars that support grounded techniques and creative mind-sets that can be useful for neutralising or minimising the poisonous fumes that emanate powerfully from the narcissist. The four pillars are:

1. Radical acceptance.
2. Going 'no contact'.
3. Grey rocking.
4. The firewall.

Radical acceptance

*Caroline says, as she gets up from the floor,
'You can beat me all you want.
I don't love you anymore.'*

(Lou Reed, 1973)

In this dark, yet surprisingly hopeful song by the late genius, Lou Reed, Caroline recognises a fundamental truth – a truth so profound, it's the deal-breaker for her liberation, when she says, "You can beat me all you want, I don't love you anymore". In that moment, she knows that this narcissist is not really her problem. He is 'a problem', but not her problem. She breaks the sinister, manipulative code peddled by the abuser, and that is: I can make you love me by force, blackmail, intimidation, bullying, and violence if necessary. Narcissists trade off this false belief all of the time. They confuse power/dominance and control with love and through the intoxicating process of trauma-bonding, we buy it.

In this scene, Caroline embodies fully the spirit of 'radical acceptance'. She breaks the spell and the "trance of unworthiness", as Tara Brach calls it (2001). She reclaims her own mind, body, and soul. She embraces completely her freedom to love whoever she chooses and rejects anyone that invades this choice. Caroline knows through bruised, bloody face and body, excruciating pain and humiliation, the 'dark night of the soul'. She sees that beautiful light of freedom and relief, and she knows it's hers, and

nothing or nobody controls this but her. This is radical acceptance.

Okay, so not everyone will find themselves lying in a crumpled heap on the floor, with that metallic taste of blood in their mouth. Caroline is the symbol of the ugly effects of narcissistic abuse and the beautiful *Aha* moment and sweet spot that, against all the odds, you realise deep in your being, 'there is absolutely nothing wrong with me. My kindness and vulnerability was mistaken for a weakness – but no more'. If you are entangled in a toxic situation, please know and take heart that you do not have to be pummelled to the ground to have that light bulb moment. The rock bottom can be raised and you can make changes and take positive action long before the guards and paramedics need to be called.

Grey rocking & firewalls



Carsie Blanton captures beautifully the essence of radical acceptance and the sass and edge required when dealing with life's great pretenders, the narcissists. She sings:

*My momma don't like you. She likes everyone.
She thinks that you're fine but you ain't any fun.
You're always talking out your ass and smokin' too much grass.
That's how I know I'm gonna have to pass
Cause if you like the way you look that much
Maybe you should go and fuck yourself.
Well if you think that I'm still holding on
I think you should go and fuck yourself*

(Blanton, 2018)

The radical acceptance referred to previously underpins and supports all techniques and efforts to deal with the tricky, gas-lighty, and harmful effects of narcissism. In fact, *radical acceptance* will be your ultimate firewall.

Okay, so let's explore the much talked about practice of 'grey rocking'. It's the most widely known and accepted technique to employ when interacting with a narcissist. I suppose it's self-explanatory really,

to adopt the dull, yet secure and stable characteristics of a grey rock! This means you remain calm, solid, and neutral. Give nothing away whatsoever regarding your emotional state. This is crucial as the abuser relies on and feeds off our visible and felt mental/emotional mind-set.

So, by practicing grey rocking with ninja-style application, you cut off the much-desired *narcissistic supply*. Notice I use the word *'practice'*. This is not easy at first, or even second or third! It will feel really uncomfortable initially, and the Cluster B personality type will roll out the favourites: induced conversations (emotive hooks designed to reel you in), manipulation, coercion, smear campaigns (enter the flying monkeys) – so you gotta be resolute, determined and prepared for a narcissistic onslaught! So clichéd conversations, weather talk, unemotional responses are the order of the day here. Eventually the narc gets bored (they get bored really easily), and craves supply. So they fall back on other targets while you get some much needed respite to immerse yourself in radical acceptance, love, humour, and good people.

Combining light-heartedness with grey rocking in my experience can feel utterly delightful. I call it *'polite indifference'*, where you carry an air about you that you have something really interesting and exciting going on that does not involve the toxic individual. You don't need to say it – they will sense it, which is always sweet to behold. Radical acceptance is the staple diet. The Firewall is something you put in place that creates a boundary between you and the narcissist, and finally grey rocking is the attitude/strategy you practice when in their company. Sprinkle plenty of humour and self-love daily and you're well on your way to peace and freedom.

Going no contact



*I was looking back to see,
If you were looking back at me,
To see me looking back at you*
(Massive Attack, 1991)

So, sometimes the universe blows you a sweet kiss, and you find you are in the lucky position where you can remove yourself from, leave, or put distance between you and the narcissist. This is what is referred to as *going no contact*. This does exactly what it says on the tin. It means we literally cut off or block any form of communication with our toxic human. We also place significant physical distance between us and them. This is considered the most effective way to deal with a narcissist – just not be around them and have zero interaction with them. Make no mistake about it, this is much easier said than done. But it can be done. It requires shed loads of radical acceptance, intravenously administered regular doses of determination, resolve, and pure stubbornness! Because the narcissist will

not give up. They see this as a personal affront. 'Nobody dumps me! I do the dumping around here!' So they bounce back like a viral variant called, *'The pathetic narcissist variant'* (PNV). So, you need your booster which involves a clear decision, a carefully thought out plan, and really good reliable, and solid friends who understand narcissism and can see you through this; particularly when you crack and think, 'Maybe they weren't that bad', and you are tempted by the chemical high offered by the narcissist as the use of the *Huva manoeuvre* (hoovering), and love bomb the shit out of you! 'Hoovering' is a classic narcissist strategy which involves attempts to manipulate you (usually via emotional blackmail) back into the relationship, or to discourage you from breaking away. They trot out the greatest hits, "I really love you" or "how can you do this to me?" or "let's get married". Then there's the offers of promotions or raises, and then ultimately..."I can't live without you" (veiled suicide threats), to the more radical, "I've just taken an overdose" or "I'm on a bridge" etc. I am not suggesting for one moment that you ignore a genuine cry for help. If you are concerned, call the guards and/or other authorities. Better still, get someone else to do it because this whole saga can be the narcissists underhand ploy to keep you connected and involved with them.

As I mentioned, they may play the disgusting suicide card. When the narcissist makes these despicable threats as part of a manipulation con, it's seldom serious as it's designed to evoke your guilt and compassion – it's calculated to bring about this response. There is no real suicidal intent when they are running this grift. To be clear, I am not saying narcissists do not genuinely feel suicidal or contemplate taking their own lives. I am saying that they do exploit this extremely painful dynamic at a time when their motives are as far away from suicide as you can imagine. At these times, they are totally high on adrenalin and cortisol. They are consumed with rage and entitlement. They think, "How dare you reject me" (narcissistic injury). They become obsessed with showing you 'who's boss' and will go to any lengths to regain control over you and keep you as a supply source. I will say a little bit later about when they genuinely experience suicidality. This is a horse of an entirely different colour. Going no contact (if possible) can be hugely rewarding and liberating. Enlist plenty of positive support as you wash this abuser out of your hair/energy field...Bon voyage! I will now focus more on what to do when it's not possible to go no contact.

I love the smell of love in the morning



So, what if going no contact is not an option? What then? This is where your radical acceptance really earns its stripes! Fire walls and grey rocking become as essential as breathing itself. At this stage we have fully accepted who and what we are dealing with. We have no illusions that they are going to change or that we can somehow love them back into good mental health. We know now in every fibre of our being that we cannot trust this person with our heart, soul, or wellbeing. This is our job, not theirs. So in order to firewall successfully, practice effective grey rocking and emanate radical acceptance vibes that would make a yogi or mystic envious. We must immerse ourselves in positive, uplifting love energy. Whether that's through prayer, meditation, a gentle caress, a warm embrace, the beautiful look of love in the eyes of a friend, deep laughter, hitting that sweet spot, whatever that might be, or a combination of all these things – we must feed ourselves high quality human interaction if we are to counteract and offset the regular contact with a narcissist. The feeling of joyful and healing human interaction is described beautifully by the late and totally great Bill Withers in his iconic song, 'Lovely day'.

*Then I look at you and the worlds alright with me.
Just one look at you and I know it's gonna be
A lovely day (lovely day, lovely day, lovely day, lovely day).*

(Bill Withers, 1977)

It's not you, it's me (but we all know it's really you): fluffing or plumping the inflated yet fragile narcissistic ego

We are all familiar with the, 'it's not you, it's me' routine, and most people feel quite insulted to find themselves at the receiving end of this encounter. This was illustrated brilliantly in the enormously funny and clever 90's sitcom, *Seinfeld*. The complex character, George Costanza, flies into an indignant rage when he's dumped by a woman who chooses this technique. Costanza protests, "You're using the, 'it's not you, it's me', routine on me – I invented that routine. Nobody tells me it's them and not me – if it's anyone, it's me"!! (Seinfeld, Ep.6 Season 5). So, we can use this with the narcissist for all kinds of situations. The narcissist will sense they are being played (as they're always playing people). But they can't resist the attention. They are hooked on the compliment. They won't take responsibility and say, 'yes it is me – I'm such an arsehole'! So, you plump up their sagging ego, lean into their narcissism and say, 'you're far smarter than me – I couldn't keep up with your high level of intelligence because you're way out of my league'! Control the narrative. It stops them in their tracks. They don't know what to do with it! You need to be fully pumped on radical acceptance and courage to pull this one off. But with practice it's quite effective. I have found that it's great fun to observe the confused look on their face as you take a leaf from their playbook and exploit and manipulate their obsessive need for attention – the only difference is that you are not doing it to cause suffering. You are doing it to get through the day.

*Where are you going my friend? Have you forgotten when
There was a time filled with hope instead of fear that's in your heart?
There was a time when life was simple and innocent to start.
Do you remember? Do you remember?*

(Heartless Bastards, 2021).

Let's remember that the narcissist relates in a transactional style, often devoid of empathy, subtlety, or compassion. They are hollow, vapid, and place their entire value on hits, optics, and a manufactured false public image. So the words of the wise fox in Saint-Exupéry's enchanting tale of *The little Prince* are particularly poignant, "It is only with the heart that one sees rightly what is essential is invisible to the eye" (Saint-Exupéry, 1943).

Dirty little secrets – Dirty little lies

*Lousy lovers pick their prey but they never cry out loud! Cry out loud!
Well did she make you cry, make you break down, shatter your illusion of love?
Now tell me is it over now? Do you know how to pick up the pieces and go home?*

(Fleetwood Mac, 1977)

Let's acknowledge the reality that the narcissist is really suffering deep, deep down. They weren't born this way. They are products of childhood trauma or excessively over-indulgent parents. It is a widely held belief that we alone cannot rescue or save them from themselves. My personal experience certainly bears this out. But we can save ourselves. We can make healthier choices. The more we love ourselves and disengage from the poisonous theatre of the narcissist, the more likely the narcissist will eventually hit some kind of rock bottom. I wouldn't hold my breath waiting but it is possible. In her extraordinarily insightful style, Ann O'Connell illuminates this difficult process:

People with NPD seldom enter treatment due to insight/understanding into their condition. They are more likely to show up in the therapy room because of the inevitable depression/anxiety and anhedonia that accompanies the lack of depth and intimacy that goes hand in hand with grandiosity. Their once raging narcissistic star tends to fade and burn out with age, and the cumulative effects of depressive reactions associated with failed relationships, addiction, or not being lionised in the way that their vanity dictates, drains meaning from their lives.

O'Connell continues:

Narcissism is a paradoxical hall of mirrors, and countertransference reactions can range from anger/resentment to feeling defeated in the face of being constantly evaluated and devaluated in the therapy dyad. Transference-focused Psychotherapy, first developed by Dr. Otto Kernberg, is an effective treatment modality for this and other personality disorders. One phase of treatment is to help clients identify the dominant object relation that gets activated in their interactions with others (depending of the type of narcissistic pathology that they exhibit). Over time, their dismissive attitudes give way to dependent transferences, and they learn to mourn and integrate the damage they have done to others and self. Transient suicidal ideations can manifest as part of the process of integration of aspects of self that were projected onto others, and some residual narcissistic behaviours can continue to manifest over time. But crucially, they learn to self-correct/recalibrate within the therapeutic alliance by reflecting upon these states and promoting a healthier self-structure.

(O'Connell, 2019).

The only way is up baby!

*I'm movin' on up now
Getting out of the darkness.
My light shines on. My light shines on. My light shines on.*

(Primal Scream, 1991).

Okay, so we have acknowledged that the narcissist wears the mask of the false self, and deep in their being, beneath the layers of entitlement, grandiosity, and superficiality, lies deep pain, despair, and self-loathing. We also recognise that it is not our responsibility to reach them, and neither do we or



any one human being have the capacity to reach them. That call must come from them, and as Ann O’Connell showed us, there is a therapeutic model available for them. But they must want it! Stay well away from trying to bring this about. They, and only they can make this decision. This is where they may feel genuine suicidality and deep hopelessness etc. It is then that they must reach out, and I wish them strength, courage, and tenacity in their desire for peace. In the meantime, we are moving out of the darkness into the light of deep radical love and acceptance. Sampling new tastes, sounds, and sensations now we are free and at one with ourselves. Don’t worry, there’s plenty of love out there for you. When you love yourself, love always finds its way to your door. As the late, great mystic and guitar virtuoso, Jimi Hendrix said in his scintillating blues number, ‘Red house,’

*And if my baby don’t love me no more
I know her sister will...!*

(Hendrix, 1967).



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The Dead Parrot

by Sarah Kay



Recovering from surgery, I’ve had plenty of time to watch the unfolding events of COP26 with a vague hope that given what we had experienced and learned during Covid-19, our global leaders would finally call a moratorium on our addictions to fossil fuels and money markets. Look what we have recently witnessed: melting ice caps, polluted oceans, forest fires, animal extinction due to deforestation and disease. On the plus side the world limped towards cooperation on a vaccine. Scientists and writers who have been shouting in the wings for forty years are finally being listened to. Young people, justifiably angry, potentially face a devastating future. With all of this knowledge and a raft of solutions, we remain preoccupied with selfish distractions. We fiddle, while the planet burns. Yes, some progress was made but ultimately COP26 watered down their recovery plan and went for a methadone solution.

I wrote this short story on November 15, 2005. Sadly, it speaks more to me today than it did then. I dedicate it to my grandchildren but I don’t want them to read it.

It all started with a dead parrot. At least that’s my perspective. I remember thinking at the time when the world as we knew it came to an end that there was a terrible irony in the whole situation. A bleak

absurdity. There had been occasion when millions of people had belly-laughed at the sketch of a deadpan John Cleese taking on an obdurate Michael Palin as to whether the stiff parrot lying in a cage was in fact, dead or alive.

This happened in another era altogether. We were due for a fall. A decline, or whatever you want to call it. We had pushed Mother Nature to her limits. I can only think now in apocalyptic images and general sweeps. I cannot think chronologically. All I know is that increased global warming, waves of natural disasters occurred and oil reserves ran out. Droughts, floods, deforestation and low water reserves caused panic. Terrorists, distracted governments and economic pundits predicted stock market crashes and depressions. House prices skyrocketed in the west and in developing countries, the poor died of Aids and malnutrition to the point where aid agencies could no longer cope. The general mood was gloomy. Television stations followed the four horsemen from one disaster area to another. Earthquakes triggered tsunamis. Hurricanes wreaked havoc and volcanoes spewed out lava and dust, which added to the increasing pollution. Even the media were becoming saturated. When Mrs. Jones managed to grow a giant dahlia in Wales that last summer, every television station showed the bright yellow flower, its petals fanned out with pride. I do remember that dahlia.

There were endless debates and discussions about our decadent consumer societies, our addictions to fast food, gambling, travel, and our struggles with obesity, alcoholism and traffic chaos. The violence in major cities in Europe was escalating out of control. Then the United States invaded Iran and we all watched the bombing on our television screens. Some people must have thought the end of the world was at hand.

Once again, we were taken by surprise. Or I should say I was taken by surprise. I no longer know what anyone else thinks. Overnight our golden era of technology ground to a halt. I can only speculate at what must have happened. I think quite simply that all the manpower died. I can't be sure because there is no hydroelectric power and no way of checking. All I know is that one day not so long ago the lights went out, the telephones went dead, television screens faded, all central heating stopped and life as we knew it changed forever.

Once upon a time...there lived a parrot. I always go back to the parrot. Well, to be fair the parrot was just the messenger. It carried the avian flu, which was to change the course of our history. Those of us who are still here refer in whispers to the times before the Slaughter. I privately think pre-parrot and post-parrot.

I am careful whom I talk to. All my close friends and most of my neighbours died in the Slaughter. I can't imagine why I was spared. I'm old and not particularly robust and I don't want to be here. I would have preferred to die along with all my family and friends. I think about death all the time. There are no doctors or chemists and no medications. So, the easy option of overdosing is not available to me. I could slit my wrists but I can't sum up the courage. I could starve to death but I don't have the guts to do that either. There must be something deep down in the psyche, which finds ways to live.

Lining up for food at the makeshift centre once a week gives me something to do. I don't use the word *survive*, because all we do is *exist*. You need a reason to survive. We scrape through the day. It's not living. There are no clocks. There is no time. I sleep fitfully when I can. I eat when I have food just like a cat or a dog on the scrounge, and like a wild animal, I live all the time in a state of anxiety. It's an existence running on tension and exhaustion. Awareness is heightened. The present moment is vivid. Animals of course are used to this. We humans, are cursed with memories. Memories of losses so

great, they have buried themselves somewhere in the psyche waiting for a moment of outpouring. It hasn't happened yet. There's just a grey numbness. Cold and shivering, I drift into sleep and wake to a soundless grey dawn. There are no more birds. No morning birdsong, and a few leafless stumps, which once were trees. The silence is hard to bear. I used to resent the sounds of the city; the ambulance sirens, house and car alarms and the neighbour's dog barking. Now I would give anything to have them back. I miss not hearing the sounds. Living sounds. All there is is the heavy deadness of silence.

After the parrot died, the war started in Iran and governments took their eye off the ball. Birds started dying all around the world. Migrating wildfowl like geese were the first victims. Then it spread to pigeons and garden birds. Panic set in and all wildfowl were targeted. It was the beginning of the Slaughter. The swans that had bred on our canal and who were tame were rounded up and shot along with the mallards and coots. As the Slaughter picked up momentum and people became more frightened, they just threw the terrified birds into plastic containers and let them suffocate to death. You could see the sacks flapping and heaving as the swans and geese struggled. Then human beings caught the virus from the birds and died. Then overnight the virus mutated and became the human form of bird flu. It started in Vietnam and spread around the world within a few weeks. There was an immediate rush to produce a vaccine. But production and distribution worldwide were to take months. The human virus form spread rapidly and killed old and young indiscriminately. In the meantime, the virus spread to pigs. All poultry farms and piggeries were declared unsafe and destined for Slaughter.

The animal factory farms we had set up to provide us with cheap food became death camps and a holocaust ensued. Then a cat was found infected and the Slaughter policy was extended to all household pets including cats, dogs, hamsters, rabbits and mice. Anybody found sheltering or hiding a pet could be fined or jailed. Neighbours reported on each other. The crematoriums used to burn all the corpses became overloaded so people just made giant bonfires. The stench of burning fur and flesh is still in my memory. I can't bear to think about my cats. There are days, if you can call them days, when I cannot think at all. I have become an animal. I feel ashamed to be human. I shut down all emotions and numbly snooze the time away. Snoozing is different from sleeping. Sometimes I fall into a deep sleep but then I am open to dreaming.

I am back in my house with its kitchen and bathroom. Rooms so central and which I took for granted. There is a fire in the grate as well as radiators warming the home. There is soup cooking on the stove. My cats sleep on the chairs. It is autumn and the geraniums are still blooming. The vine is changing from lime green to brown. The goldfish in the pond are still feeding in preparation for winter. Leaves are piled high in brown and gold heaps around the garden as if searching for nooks and crannies to nestle in before they decay. The hydrangeas are drying into a glorious lime green. A pair of robins are making winter preparations. He is stabbing for worms in the rich soil and she is nervously watching him as he boldly ventures forth like a knight preparing to joust. My children and grandchildren are living and working in different parts of the world. I communicate with them through email, which is so immediate. I am able to share their lives through this spontaneous piece of technology. I can also communicate with my friends and family all over the world. Everything in my dream is in its place.

Waking up after one of my dreams is traumatic. There is a brief period of suspended disbelief when a little voice says. *This is all a dream and you are back in your world before the day of the parrot* but the other voice beckons. It says *this is now and you have lost everything*. Bone-stripped. I am unable to cry. I slowly defrost. I am still in my house, if you can call it a house. It is a roof over my head. It was looted during the Slaughter and I have burnt most of my furniture to keep warm. I was fortunate to have kept

pencils, paper, books, photographs and some matches and candles hidden along with my food tins and bottles of water. I also have a very precious commodity. A bicycle. I dare not even write here where I have concealed my supplies in case someone reads this. As I said earlier, I am becoming an animal. My feral skills are increasing. I am becoming more cunning. I trust no one.

The avian flu pandemic spread like wildfire around the globe. It crossed species into humans, pigs and then other animals in Africa and Asia became infected and died. In the West, all herds of livestock were slaughtered in an effort to contain the virus. The stench of burning animals polluted our cities. We became vegetarians overnight. There wasn't enough food to go around. People frantically tried growing their own vegetables with leftover seeds. Most gave up because of looting and stealing.

The Americans pulled out of Iran not because they won or lost the war but because their soldiers were dying of flu. All healthy soldiers were used to guard hospitals and food depots from people desperate for medical care and basic supplies. Then the hospitals collapsed because the MRSA bug was killing people along with the flu. Many doctors and nurses just never showed up for work. Those who have, died. We were witnessing a rapid meltdown of our infrastructure. A single mutating virus was bringing us to our knees, and we were helpless. We had poured money into armaments and aid thinking we had secured our future, convinced by the politicians that terrorists would destroy us while behind the scenes a minuscule life form was travelling the globe on the wings of a bird. How are the mighty fallen.

When I go to the makeshift shelter where we trade water and foodstuffs for firewood and seeds, I hear people making the same old arguments.

“This is God’s punishment to us.”

“Mother Nature is angry.”

“We knew it was happening, but we thought we could control it.”

“We are going to mutate.”

I no longer care who is right and who is wrong. All I know is that I have lost everything that is familiar to me that makes any sense. I have no reason to be here, to be alive. I have no idea where my children and grandchildren are and if they are still alive. The worst is not knowing and that I will probably never know.

Some people are trying to organise themselves. They have set up a system of pooling resources. Most of us co-operate as best we can. But we are guarded with each other. People don't trust each other. It is like we have to start all over again. Even relationships. Re-inventing the wheel. Wheels without motors for there is no fossil fuel. There are no animals to pull carts. We have burnt the wood and we have slaughtered the horses. In our panic to save ourselves, we have killed off our future. It is rumoured that in the Slaughter people including families killed each other. Some did it to spare their children suffering and some did it out of desperation and greed. I no longer judge. We have killed everything that was living and breathing and that is enough.

I think about death and dying all the time. I plot and plan. I found some Solpadeine under bits of the lino floor in what was the kitchen and hid it with my supplies. I will use it to ward off terrible pain. I also have another very valuable tool. A spade. It's useful. I can bury my shit in the hope that it will fertilise this battered soil so that I can grow some vegetables in the warm months. It also serves

another purpose. I reckon if I dig down around ten feet I may hit water and will then have my own water supply. Ten feet is a lot of digging at my age but I do a little bit every day. Also, there is not much else to do. I also collect the rainwater in a plastic bucket. But the other use for the spade is that I can dig my own grave. I've chosen a spot near the old compost heap. It seems fitting. We can decay together. I just hope I get the timing right. At least there is no chance of being kept alive artificially.

An irrational fear is that I will run out of pencils and paper. There is this need to communicate even to the blank page. For what: Posterity? Hope? Arrogance? The possibility that a mutated race of people will discover my writings wrapped in plastic in the compost heap? Who were these people of the hydrocarbon age? How will they judge us who died during the Slaughter? Were we any worse than say the Romans? Were we any greedier, more arrogant, more stupid and cruel, or were we just victims of evolution? I go over and over in my mind what went wrong and could we have prevented it. The signs were all there. We had the knowledge, the technology, and the solutions even. What we lacked was imagination.

I walk along what was once the canal. It's now a dried-up trench. A shopping cart lies upended along with old beer cans and other plastic bits and pieces tossed into the canal in the days before the Slaughter when people imagined their litter would just disappear. On a sunny day, the sun's rays catch on the rusting metal and I can see a swan. I know I am hallucinating. We used to have at least thirty swans here during the winter. White, proud swans paddling along followed by the dirty grey cygnets. I can see the old rat holes, empty gaping holes. Before the Slaughter the rats were so tame they would run around during the summer and steal the bread for the swans. I even miss the rats.

I am always searching for some sign of life other than the sad furtive human beings that have been left behind in what was once a vibrant community and neighbourhood. I liked my neighbours but one of them and I have no idea who it was, reported me to the Pet Control when I tried to save my cats from the Slaughter. Since that day I have been wary of my neighbours.

Those of us still here have not managed to bond through adversity. We pull together reluctantly, like an exhausted team of donkeys. We don't share our losses. We are like frozen leftovers from a bawdy banquet; congealed little messes on dishes, which will eventually be thrown out.

I survive by writing, reading and digging my three holes in the garden: my water hole, my shit hole and my burial mound. It's also a way of keeping warm and distracts me from continual aches and pains. The cold and the damp are sometimes unbearable and even though I put on layers of clothes my bones rattle and shiver and the arthritis throbs. I think about the days before central heating when the pioneers braved savage winters. How did they manage? They died young. Our golden era predicted that we would all live into our hundreds. What a thought. I am eighty and the idea of surviving like this for another twenty years is unthinkable.

I used to live my life within my house and reach outward from the comforts of my home. Now it's the other way around. What happens outside dictates my routine. I am acutely aware of the weather. I always was even before the Slaughter but now I trust my intuition. I can predict rain, changes in temperature, winds and sunshine. My garden is not what it was. Imagine no trees and what that does to the skyline. The plants that grow are what we used to label weeds. The survivors. Widow's weeds: ivy, borage, and bindweed. I can make mint tea and dandelion roots are tasty.

I suspect there are some people camped in my shed at the bottom of my garden. I don't go looking

but I hear voices and movement. Brambles have grown up around the shed so we have our territories marked out. The fact that they haven't attacked me or looted is comforting. I still have a good supply of tinned foods. I try to keep the tins for the cold times; baked beans, tuna, sardines and some soups. And, of course, lots of cat food. I have even eaten heated up cat food on a cold night – sardine and trout – and enjoyed it.

One night I was burning one of the chairs from the bedroom. The cold was fierce and penetrating. I could do nothing when it was cold except keep moving. I could not read nor sleep. So I built a fire and sang songs. As I warmed up, I sat by the embers and looked out into the night. In a clump of borage, I saw what looked like two yellow eyes. I was finally going demented. I was imagining things. The eyes were there and they blinked. Something alive was out there. I opened the back door, very slowly watching the eyes to see if they would disappear but they stayed. I found myself whispering into the night *who are you? Please don't go. Please stay.* We gazed at each other through the darkness for quite a while until frozen with cold, I had to come back into the house and retreat under my blankets by the fire.

The following evening, I opened up a tin of cat food and put it outside the back door. I watched and waited. I felt a great sense of panic followed by disappointment when nothing appeared. This *"Tyger, Tyger, burning bright"* was only my imagination after all.

Then I saw the eyes. This time they peeped out from an old rose bush closer to the house than the borage. Holding my breath, I sat by the little back window and waited. Slowly the eyes moved and I was able to make out the outline of what looked like a fox. The fox made straight for the food and ate it quickly. Instead of running off into the night it sat down and licked its paws and then made its way back into the bushes.

All day I thought about the fox. I wondered how it had survived. Were there other foxes? Where did it go during the day? Was it a fox or a vixen? I had something to think about other than digging my three holes.

That evening, I put out more food and some of my precious water. I also left the door open ajar, made a big fire and waited. I could feel my heartbeat. The sense of anticipation was almost a new experience. Feelings I had once had before the slaughter. Excitement, nervousness and dread all rolled into one. Like waiting for a phone call from a new boyfriend. Here I was, over eighty, chilled to the marrow, sitting by a fire in the dark, eagerly awaiting the arrival of a fox. Would he wouldn't he? He loves me, he doesn't, he would if he could but he can't! And then he arrived. Swiftly and silently out of the dark, the fox trotted up to the food and started eating. This was a small fox with a small head. A vixen. When she stopped feeding, she drank greedily and then paused to lick her paws. Through the small window, I could see her looking around and watching the open door. She started slowly walking in through the door. She stopped as she saw me standing very still by the window and then quickly trotted through to what had once been the living room to where the fire was still burning. She saw the pile of blankets, sniffed at them and then settled herself down, gave a sigh and started to doze. I stood still for several minutes hardly daring to breathe and then, leaving the door slightly open, walked slowly into the old sitting room and wrapped myself up in an old blanket and settled down by the fire. She opened an eye but didn't move and then decided I was harmless and went back to snoozing.

I fell asleep easily that night and dreamt of my house as it was before the slaughter, when the cats slept in the chairs, and there was warmth and birdsong to herald the dawn. I woke up to find the fox gone.

She must have crept out during the night or in the early hours of the morning. The sense of loss and terror was unbearable and I read to distract myself. When I went out later in the morning she was out in the garden lying in the sun. She looked at me and did not run away. That evening, I put out more food and she ate, came in and went straight to her place on the blanket and settled down. I was still tiptoeing around terrified she would leave me but I made an effort to settle myself. That evening, for the first time since the Slaughter, I found the courage to go through some of my photo albums.

The black pages were damp with mildew but the pictures although curling at the edges still told their story. I was transported briefly through my past life. My childhood, wedding day, baby pictures and life before the slaughter played like a video recorder before my eyes. My past came back to life. Feelings of love and warmth returned to my frozen body parts. I could feel the presence of another. A companion. The vixen had moved from the blankets and was sitting up next to me like a dog, her muzzle facing the fire. Instinctively, I stroked her coat. She felt warm and rough. She smelt foxy. She arched her back as if enjoying the contact. I continued to stroke her firmly, starting up at her neck and pushing my hand down her spine and along her bushy tail. I could sense her aliveness. Her energy like electricity entering my fingertips and flickering up through my arm seemed life-giving. For the first time since the Slaughter, I felt deeply moved. There was a reason to be alive.

As I stroked the fox, she responded by arching her back. She then turned and looked at me. Her eyes were soft amber pools and I felt myself dissolve into tears. Months of held grief poured out. I sobbed my heart out. All the while, the fox sat by me and allowed herself to be held as I wept for everything that was lost. I wept for an insane world. I wept for my dead husband, my children, grandchildren and all my friends. I wept for my dead cats, animals, birds and every living thing left upon the earth. I also wept with relief and joy at finding this fox.

I feel a surge of energy. We are going to keep each other alive. I'm afraid to use the word hope. I feel determined. My garden holds promise. I will grow more things. The weeds are now plants. I can trade in my bicycle for food and water. I will find water. There are possibilities, uncertainties for sure, but still possibilities. For now.

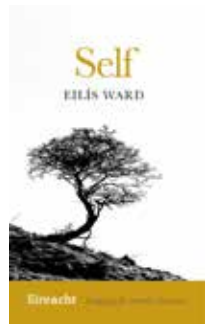


Sarah Kay MIAHIP is a Gestalt therapist.

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Self by Eilis Ward

Published by Cork University Press (2021)
ISBN: 9781782054870

reviewed by Barbara Dowds

Self contrasts the concept of the self in the neoliberal world with the non-self of Buddhist thought. It details the attributes of the successful neoliberal subject under the acronym of CARRPP: the individual who is competitive, autonomous, resilient, responsabilised, perfectible and positive. It shows how much of self-optimising ‘therapy culture’ (as distinct from the actual practice of psychotherapy) and uses of secularised mindfulness support the ideology of neoliberal capitalism in attributing mental disorder or unhappiness (and their solutions) to the individual rather than to an increasingly atomised and uncaring society. Thus, employees blame themselves for being inefficient or unhappy when their depression is a sign of the exploitative and precarious nature of their employment and their society.

Ward introduces the Buddhist concept of non-self as an alternative to such hyper-individualism. Non-self refers to self that is neither fixed nor individual, but rather is a process that depends on ‘myriad relationalities’ past and present and therefore is ‘irreducibly social’. This ‘dependent origination’ of self (or non-self) is elegantly and patiently explained. Ward corrects the common misconception that Buddhism is about transcendence beyond the human condition. It is not; it is, she claims, about connection, and is therefore the antidote to western individualism and narcissism. The liberation of non-self arises from being open to receive life in all its fullness when the cravings and obsessions of the ego have been released.

Ward avoids the idealising trap of the new convert – in fact she is a long-term practitioner of Zen – and shows how Buddhist principles can themselves be subverted to dark ends. Counter to this, she also shows how Buddhism has been used reparatively in peace-keeping in post-Khmer Rouge Cambodia. This remarkable chapter describes how peace-keepers who have truly inhabited the idea of dependent origination are able to see that the torturers no less than the tortured are part of the same system. This enables them to move towards understanding and even to regard with kindness those who murdered their families and are still unrepentant.

A major theme running through this book concerns how vested interests hijack and manipulate positive qualities, values and activities for their own ends. For example, autonomy and self-responsibility are not problematic in themselves; but when the dominant narrative excludes counterbalancing relational qualities of interdependence and care, then we do have a problem. This is the callous world of neoliberal capitalism. In south-east Asia, Buddhist ideas of non-self and acceptance of what is have been appropriated to enable genocide in Cambodia and other Buddhist countries, while the Japanese military made use of the intense concentration learned from meditation to focus their wartime violence. Just as self is dependent on myriad relationalities, in an ethical and humane society no individual value can stand on its own but is part of a network of interdependent values. Abstracting any value from its network enables it to be abused. Likewise, practices such as psychotherapy and

meditation can become stripped of their ethical core by being instrumentalised to distract from the need for systemic change.

This is a deceptively scholarly work, disguised in a highly readable form. I loved it, both the chapters about which I knew quite a lot and especially those of which I knew little. Ward’s background in sociology, politics and philosophy, her research into peace studies, her commitment to Zen practice, and her counselling training generate a unique combination. The book is beautifully written, and complex and subtle distinctions are clearly delineated. It flows easily, with her argument illustrated with pertinent personal stories and observations from her time as a lecturer in NUIG.

A note about *Self* for therapists: Ward’s book does not address the complex topic of the tensions between psychotherapy and Buddhist practice. The former sees the need to build a stronger sense of self whereas meditation can be aimed at eliminating the self. Practitioners of both, such as Jack Engler or Brant Cortright, argue that you have to have a self before you can give it up. Thus, for clients such as borderlines with an underdeveloped self, it is crucial to go down the therapy route before committing to Buddhist practice. Leaving this aside, I highly recommend this book because it highlights and provides alternatives to some of the common psychological cul de sacs (CARRPP) in which we in the developed west have become trapped.



Challenges in Working with Depression with Barbara Dowds

As part of our 30th Birthday celebrations in 2022, IAHIP are delighted to announce that Barbara Dowds will present a workshop on the ‘Challenges in Working with Depression’.

The workshop will be delivered in person on 2nd April 2022 in the Glenview Hotel, Wicklow.

Barbara has extensive clinical experience and combined with her knowledge of current research this workshop will be of interest to anyone working clinically who wants to expand their understanding of what depression is.

The workshop is open to all IAHIP members and associates to attend free of charge.

Further details of the event and registration instructions will issue shortly and be available on the IAHIP website in the coming weeks.

The inner journey

by Margaret Brady

The inner journey is a winding one.
No clearcut paths here, no way stations,
Nothing to tell you you've arrived.
Just one foot in front of the other,
One breath, and one, and one more.
One sorrow, one love, one grief, one joy,
Lived and gone - present, past and we move on,
Not a line, but ever deeper spirals.
Here, and here again, but it's different.
Lean into the pain this time:
Let it carry you through,
Let it change you.
Surrender to it,
To the inner journey of becoming you.
In the end that's all there is.



Margaret Brady, MIAHIP is a psychotherapist, spiritual companion and workshop facilitator based in Dublin 6. For more information see www.margaretbrady.ie

David Boadella RIP



Dr David Boadella, founder of Biosynthesis Body Psychotherapy, passed away in the arms of his loving family on the 18th of November 2021. He was one of the last great founding members of Body Psychotherapy and was an international expert in trauma recovery and Interpersonal Neuroscience. His legacy is immense. David trained Biosynthesis Body Psychotherapists worldwide since the early 1970s and was a founding member of the European Association for Body Psychotherapy in 1989. He was key to Body Psychotherapy receiving international scientific recognition. David's influence on all modern Somatic Psychotherapists and scientists is wide-ranging and can never be underestimated or forgotten.

On a personal note he was our friend, our mentor and teacher. We were very fortunate to spend five years in Switzerland working and learning from him. We remember him with deep love and gratitude for all he gave to us and the world of psychotherapy.

May David rest in peace in the arms of his beautiful daughter Eilidh who passed away many years ago.

Attracta Gill and Austin Breslin

Directors of the Irish Institute for Biosynthesis.

The One Who Paved The Way

by Attracta Gill

In memory of David Boadella (1931-2021)

He is the one
Who taught me
About Reparative
Motoric Fields

Like the Extension Field
Which,

Encouraged my arms
To reach out
Just like the
Little Baby
I once was

Now a woman
Who has needs
That deserve to be met.

He is the one
Who taught me
That Centring
Emotional Breath
Brings regulation
Of my nervous system

A return to the
Window of tolerance

A safe place
Within....
For all the memories

A safe place
To create....
Healthy Boundaries.

He is the one
Who taught me
The importance
Of solid Grounding

Rooted like a tree
As the storms raged
Around me.

He is the one
Who taught me
The courage
Of Facing my past
In the present

As I welcomed tears
For all the years
I had none

Moulding my heart
Into a melting pot
Of compassion
And self-care

Strong to my core.

David is the one
Who spoke as a poet
A dancer of words

Restoring healthy
Pulsation
Through progressive
Movement

A soul pulsator
A body pioneer
A giver of light
A giant of a man

David Boadella

You are the one
Who paved the way.

Theresa O'Farrell RIP



Our colleague and dear friend, Theresa O'Farrell died on Monday 29th November, 2021.

She trained at the Institute of Creative Counselling and Psychotherapy from 2006 - 2010. Before that she was a Palliative Care Nurse Specialist.

During our training Theresa was a steady presence; calm, wise and deeply compassionate. She was highly astute and had a great sense of humour. She was also a wonderful, generous friend to those who knew her. She was a big-hearted person who gave everything to her family, whom she loved more than anything. She bore her illness with dignity and grace.

Our thoughts and prayers go out to her beloved husband Tom, her children Amy, Ruth, Kim and Colm, to her grandchildren, her extended family and to her many friends and colleagues who love her so much.

Belinda Kelly

Notes:

A series of horizontal dotted lines for taking notes.



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The Space...

Please don't try to fix me

I'm broken.
Please don't try to fix me.
It doesn't work.

When a vase is shattered
It's never the same again.
You can glue the pieces together
And maybe it'll stand up
But everyone can see the cracks.

The Japanese have a practice called *kintsugi*
In which broken pottery is mended with golden lacquer
Which makes it more valuable.

I haven't found this golden lacquer
And I find it hard to believe
That this broken vase could end up more valuable
But maybe one day I'll find a way to repair.

In the meantime my life is in pieces
And I'm not going to pretend I'm whole.

Paul Daly

Would you like to write for *Inside Out*?

insideoutjournal@iahip.org

Have you ever thought about writing for publication? It might be time to start.

Do you have a subject, an issue, or a topic of concern that you think other psychotherapists might be interested in hearing about? Why not share your ideas with your colleagues?

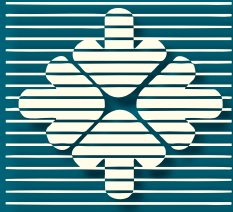
Have you completed a thesis that could be turned into an article? We want to hear about your original research.

If you attend a workshop that sparks your imagination, if you read a good book or find something of relevance online that you think other psychotherapists might find helpful, please consider writing a review.

Our Editorial Board members would be happy to discuss your ideas with you and can guide you through the process of bringing your article to print.

Inside Out is a resource for psychotherapy and psychotherapists in Ireland. It is published by the members of the IAHIP collectively, through their Editorial Board. The journal accepts contributions from members and non-members alike. Having work published can qualify for Continuing Professional Development credit (CPD).





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